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Message from the President, GNFSL

With great pleasure I welcome you to the 19th Annual General Meeting of the Graduate Nurses' Foundation of Sri Lanka (GNFSL). I am honoured and privileged to send this message to the respective members of this association.

Since its inception in 2003, the GNFS has provided considerable contributions to enhance nurses' knowledge in diverse aspects related to nursing education, nursing practice and research. Though during the past two years, the Foundation has eventually limited its activities due to the pandemic situation, moving with the emerging trend, it was able to achieve its purposes to some extent using the online platform to share knowledge among nurses.

The need of developing a website for the Foundation was identified as a priority task a few years back as we believe that the GNFSL could serve a wider nursing community by minimising the physical distance barrier. As a result of dedication and the support of the Executive Committee, the official website of the GNFSL (https://gnfsl.lk/) will be launched on 12th February 2022. We, GNFSL, eagerly request the Sri Lankan graduate and undergraduate nurses to join with us and obtain the membership of this professional nursing association.

Third Biennial Academic Sessions is the most significant event in the calendar of the GNFSL. To make it a reality, all the groundwork has been organized to conduct it as a virtual conference, and we are pleased to invite you to join us on 12th February 2022. I am taking this opportunity to record my appreciation to the members of the Executive Committee of the GNFSL for their immense contribution and to many others who are tirelessly working to make the event success.

The success of our Foundation depends on the members. I earnestly invite you to join various committees of the GNFSL and come forward to do activities to serve the nursing professionals to move forward.

Dear members, please feel free to communicate with us any constructive comments on the development of the Foundation. I would like to invite you to participate in the events of the GNFSL and extend your contribution and encouragement to move forward in serving the profession.

Thank you
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Message from the Secretary, GNFSL

It is my privilege to write a message as the Secretary of the Graduate Nurses' Foundation of Sri Lanka (GNFSL) to the 'New Vision'; the Official Publication of the GNFSL for its 1st issue of the year 2022.

The GNFSL publishes three issues of 'New Vision' newsletters per year, and it provides the platform for nurses, nurse managers and nursing academics to share their knowledge, practices and skills as write ups related to health and nursing. These articles are reviewed by two independent reviewers and their acceptability will be decided based on the reviewers' comments. This process would make sure that the articles which are published in the newsletter of the GNFSL are of a high standard.

I thank all authors for their valuable contributions towards the 'New Vision' newsletter.

Thank you

Dr. G Kisokanth
Secretary/ GNFSL

Workplace Bullying Towards Nurses: An Underreported Phenomenon in Sri Lanka

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Introduction

Workplace bullying is a common phenomenon across the globe. Bullying refers to harassment, incivility, work abuse and mobbing (Gillen et al., 2017), and occurs when a subordinate, peer or supervisor engages in repeated unpleasant activities towards an individual or a group of people intentionally or unintentionally (Einarsen et al., 2011). A nursing career is particularly stressful and demanding, which creates an environment where bullying can happen. Literature evidences that nurses in different cultures worldwide experience bullying in their workplaces (Karatuna et al., 2020; Ovayolu et al., 2014). Therefore, making a bullying free environment for nurses is essential to improve work performances and job satisfaction.

Types of Bullying

Bullying manifests as verbal, psychological, physical or social abuses (Einarsen et al., 2011). Literature document a number of bullying behaviours: persistent criticisms, insulations, circulating rumours that threaten to carrier reputation, offensive actions in forms of verbal, non-verbal or physical behaviours, social isolation, humiliating, intimidating, punishing, gossiping, not greeting, excessive monitoring, not passing information, unmanageable workload, limited carrier opportunities and ignoring (Einarsen et al., 2011; Shorey & Wong, 2021).

The Negative Impact of Bullying on Workers

The consequences of bullying affect people's health, well-being, motivation and productivity (Einarsen et al., 2011). The victims of bullying experience sleep problems, stresses, anxiety, depression, psychosomatic issues and post-traumatic stress disorders (Balducci et al., 2011; Einarsen et al., 2011; Nielsen et al., 2020; Verkuil et al., 2015). Additionally, several organisations, including health care organisations, universities and forest services have reported bullying incidents (Nielsen et al., 2020). Its impact on organisations includes leaving jobs, absenteeism, withdrawal from work or people and poor work performance (Einarsen et al., 2011; Gillen et al., 2017).

Workplace Bullying against Nurses

In nursing, bullying has become a workplace culture and has deeply affected the profession (Hartin et al., 2018). Bullying among nurses includes horizontal or vertical bullying (Karatuna et al., 2020). Horizontal bullying refers to nurse-to-nurse bullying and is more distressing (Hartin et al., 2018) while vertical bullying refers to

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"top level down" bullying that impacts the health of the affected (Hartin et al., 2018). The most reported types of bullying among nurses include verbal or written threats, personal attacks, attacks through roles and duties, unfair negative criticisms, being an object of gossiping and complaining to superiors (Hartin et al., 2018; Ovayolu et al., 2014). Moreover, literature reports that a high workload, unequal work distribution among shifts, for example, extra work on morning shifts, lack of leadership skills and perceived differences in the allocation of daily tasks contributed to bullying (Hartin et al., 2018; Shorey & Wong, 2021). Still, bullying is a poorly addressed issue in nursing globally (Birks et al., 2018).

The Negative Impact of Bullying in Nursing

It is reported that bullying towards nurses adversely affects patients, nurses, the profession and the organisation itself (Hartin et al., 2018; Shorey & Wong, 2021). Nurses are at high risk for developing psychological, physical, emotional and social ramifications caused by bullying (Hartin et al., 2018; Shorey & Wong, 2021). Health problems associated with bullying among nurses include anxiety, depression, fatigue, burnout and sleeping disturbances (Hartin et al., 2018; Ovayolu et al., 2014; Reknes et al., 2014). Additionally, other reported negative consequences include compromising the standard of care, impairment of nurses' ethics, unwillingness to go to work, lower level of professional confidence for job performance, low self-esteem, feeling of powerlessness, lack of motivation, poor job satisfaction, nursing practice errors, communication problems with staff members and isolation from workplace activities (Hartin et al., 2018; Johnson &

Benham-Hutchins, 2020; Ovayolu et al., 2014). Moreover, creating a hostile workplace, higher turnover rate, absenteeism, decreased productivity and recruitment problems are negative consequences related to bullying towards nurses faced by healthcare organisations (Hartin et al., 2018). Therefore, measures should be taken to reduce bullying towards nurses to improve their job satisfaction and smooth functioning of the organisations.

Some nurses have reported that bullying was unavoidable in nursing, and some nurses have practiced coping mechanisms (Shorey & Wong, 2021). However, nurses and organisations have an essential role in eradicating bullying at the workplace. The potential strategies include identifying incidents and causes for bullying, initiation of bullying prevention interventions, increasing awareness and taking legal actions against prosecutions of bullying (Ovayolu et al., 2014). Treating fairly and respectfully, establishing empathy, introducing rules and providing necessary training are essential in minimising workplace bullying among nurses (Ovayolu et al., 2014). Additionally, victims need psychological support to cope with workplace bullying (Ovayolu et al., 2014).

Workplace bullying in nursing in the Sri Lankan context

To the best of the authors' knowledge, only one research study on bullying towards nurses exists in Sri Lanka. This study reports that bullying among nurses at the workplace is common, which relates to turnover intention (Kaushalya & De Alwis, 2015). However, the impacts of bullying among nurses are underreported and becoming normalising within the profession (Hartin et al., 2018). Consequently, it is vital to understand the

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nature, causes, effects and measures of bullying towards nurses to minimize its negative impact on nurses, profession and organisations in Sri Lanka.

Conclusion

Unaccepted bullying behaviours are a widespread and underreported problem in nursing worldwide. It leads to negative consequences that threaten the physical, psychological, emotional well-being of nurses. Moreover, workplace bullying affects patient care and the functions of the healthcare organisation negatively. Although bullying in nursing has been documented internationally, there are limited studies in Sri Lanka. Therefore, it is essential to explore bullying towards nurses to minimise its negative consequences in Sri Lanka.

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COVID-19: A Boon for Creativity and Inspiration?

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The World Health Organization (WHO) declared COVID-19 a pandemic on 11th March 2020. Within a short period, almost all the countries in the world were affected by the pandemic. Therefore, many countries in the world enforced a temporary lockdown as an immediate measure to limit the spread of this crisis. Furthermore, they extended the Covid-19 lockdown to several months with the progression of the disease. However, this widespread lockdown has contributed to limiting the spread of the illness. It isolated the people and affected their daily activities. These measures may have had undisputedly adverse penalties on citizens' physical and mental health; however, there exists a positive impact as well. This article provides new insights on the effect of lockdown and its positive outcomes on novelty and creativity. Rather than boredom, it might support seeing the quarantine curfew as prospects to explore new panoramas and engross in inventive actions globally.

As seen during the COVID-19 outbreak, uncertainty often leads to stress and anxiety. While creativity is not required in all places, it is appreciated in such extraordinary circumstances. This usually entails questioning one's preconceived notions and attempting new things. As a result, uncertainty provides an opportunity for creativity to flourish (Beghetto, 2019). Uncertainty and its concurrent management are at the root of creativity in social, organizational and entrepreneurial contexts, as revealed by Blauth et al. (2014).

New inventions, innovations and opportunities emerged in several fields to overcome many challenges and threats during this era. As most educational centres including schools, higher degree institutions and training colleges were temporarily closed, various educational innovations supported distance learning and knowledge development. New teaching strategies and channels were designed to make the most excellent benefits out of the prevailing resources. Examples include educational stands developed for sharing live broadcasts, behind-the-scenes videos, collaborative learning environment or art activities, distant cookery programmes, music competitions, business webinars, scientific symposiums and conferences.

An analysis of records collected during the pandemic conducted by Karwowski and his colleagues in 2021 showed that the students who spent more time searching or conversing for information about COVID-19 were identified as having higher creative activity. Some other researchers believe that innovative teaching can be driven in the COVID-19 widespread, primarily by learning domain-specific knowledge and abilities, upgraded individual teaching efficiency and Information and Communication Technology efficacy in an online instructing setting. (Yu et al., 2021). However, informal learning during home quarantine is considered a channel to enhance innovative-seeking performance. In addition, as new teaching and learning strategies, online problem-based learning, individual projects and assignments were highly practiced in the universities and higher degree institutions during this period.

Further, with the decline of the individuals' health and wellbeing, people tried numerous strategies to cope with the new

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situations and adapt to the changes in life to go ahead with COVID-19. Using toothpicks to press lift buttons or covering light switches with saran wrap were the imaginative ways to limit touching surfaces in open spaces. Masks and sanitizers became essential parts of daily life and several types of masks came into the market. Individuals with sewing abilities began making handcrafted masks with the usage of sanitizers, and new job opportunities evolved in those factories.

Moreover, digital technology was incorporated in fighting the crisis. The pandemic united the worldwide academic scientific community clearing novel ways for collaborations and partnerships to overcome the common enemy. The scientific community began to work on COVID-19 directing much more on practical and short-term aspects of the pandemic. Latin American and Caribbean countries managed to improve the quality of scientific research through a public funding structure in the form of competitive funding which undoubtedly improved the quality of the projects carried technology, innovation and communication. Brazil has issued a call for seven scientific and technological proposals in the following areas: vaccine development and social projects related to the pandemic, COVID-19 drug clinical trial protocol, artificial intelligence-based selection of molecules that can inhibit virus replication, coronavirus gene sequencing, innovative research on diagnostic kits (Kapoor et al. 2021).

However, as the ultimate result of the new study conducted in this field, the genetic sequence was identified in February 2020 (Ren et al., 2020). As a result, specialists started fostering a vaccine against this novel COVID. The companies began manufacturing medical kits during the COVID-19 pandemic in scientific creativity. The COVID-19 vaccines could substantially lessen future attack rates, hospitalizations and deaths.

The economy of the country has been drastically affected by this crisis. The UNEP suggests attractive modifications that are greener and more sustainable to face the global economic crisis. The relevant stakeholders including the United Nations, governments and businesses should cooperate to accomplish the target. To shift employees to new greener jobs and more sustainable economies, UNEP is ready to support countries recovering from COVID-19 (UNESCO, 2020).On the other hand, the various invention efforts exerted by small and medium enterprises to mitigate the adverse effects of COVID-19 strengthen the positive impact of innovation practices on business survival (Adamand & Alarifi,2021).

Several nations introduced many strategies and ways to spend a hard time. In Italy, one of the most brutal hit nations globally, people sang from their overhangs to preserve solidarity in troublesome times. Many UPS workers took to dressing up as superheroes to bring a few cheers into their customers' lives.

Therefore, the partial lockdown will benefit the health and wellbeing of the environment, and it is an inspiration as a whole rather than a relentless global curse. This pandemic situation can be used as a development opportunity and a blessing for the citizens of each affected country. People have upgraded inventiveness and enhanced creativeness within these pandemic years proving a silver line in every cloud where people investigate novel and unfamiliarly stimuli and situations may boost the ingenuity of people to solve problems in a way that permits them to alter their emotional reactions to unpleasant circumstances.

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Continuous Professional Development Framework Needs for Nursing Profession in Sri Lanka

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Introduction

One of the key characteristics of a profession is that it enacts on its members' commitment to expand their body of knowledge continuously and maintain currency in their skills, knowledge and competence in order to do no harm (Iliffe, 2011). The world in which all professionals practice is changing with advanced science and technology and the knowledge needed to function effectively expands with the increment of consumer demand and expectations (Iliffe, 2011). As knowledge changes and new tools, technologies and procedures are developed, on-going education and training for health care professionals is seen as a key investment strategy (Ross et al., 2013). Nurses are personally accountable for the provision of safe and competent nursing care. Therefore, it is the responsibility of each nurse to maintain the competency necessary for current practice. Maintenance of competency includes participation in ongoing professional development in order to maintain and advance the knowledge, skills and attitudes relevant to practice (Ross et al., 2013).

Continuous Professional Development for Nursing

Continuous Professional Development (CPD) is a range of learning activities through which nurses maintain their skills and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice (Iliffe, 2011). Considering the key points from a number of definitions, CPD is a continuous and a planned process, and one which builds on and enhances existing education and experience for the benefit of the individual nurse, patient and profession.

CPD enables nurses to become updated on changing knowledge and current practices to improve skills and function confidently as a worthy nurse (Iliffe, 2011). It is evident from the literature, that participation in high quality CPD programmes improves clinical practice and healthcare outcomes (Jayarathne, 2017). Sufficient training and education throughout the career facilitate workplace transitions as well as maintain the competency, provide quality patient care and enhance future career opportunities (Price & Reichert, 2017). Thus, CPD providers have a remarkable responsibility in playing a leading role in defining, designing and implementing high quality CPD programmes to enhance the nurses' performance (Ross et al., 2013).

Current Status of CPD programmes for Nursing in Sri Lanka

Whilst CPD is not a new concept for nursing, it has not been well understood by authorities. This may be due to the ad hoc process of undertaking CPD. In Sri Lanka, most of the CPD programmes are conducted as isolated programmes by different organizations without a well-coordinated national level framework (Jayarathne, 2017). Even though CPD programmes are evolving rapidly either on a voluntary or mandatory basis in many developed and developing countries, , CPD participation is voluntary and has not been recognized in career development pathways in the healthcare sector in Sri Lanka (Jayarathne, 2017).On the other hand, CPD necessities are not formalized and there is

no agreements of the content or scope that nurses need to sustain knowledge after basic training for their professional practice. Furthermore, there are no regulations to improve nurses by CPD activities. Moreover, the current situation in Sri Lanka is that, once the nurse is qualified and registered, he or she is licensed to practice for life. There are neither policies nor CPD provision guidelines in relation to CPD for nurses available in Sri Lanka.

Suggestions for Establishing a National CPD Framework for Nurses in Sri Lanka

It is necessary to have the presence of a framework which would ensure a system of effective CPD provisions for nurses in Sri Lanka. By establishing a framework, CPD providers will be more systematic and CPD opportunities and CPD participation will be more enhanced.

A CPD framework should consist of a better functioning structure to operate the CPD programmes. Being the employer, Ministry of Health, Sri Lanka should play a major role as the governing body at national level. Furthermore, establishing CPD committees to plan and implement CPD is essential. Sri Lanka Nurses Association and Sri Lanka Nursing Council can act as a national level committee with other island wide service providers. Institutional and middle level committees should be developed which would be longitudinally connected with the national committee.

Still, nursing in Sri Lanka does not have CPD competencies to plan CPD activities. Therefore, it is reasonable to take existing competencies established by international nursing associations until a set of their own is developed. In order to conduct an effective CPD programme, it is important to identify the learning needs of individual nurses. A suitable need analysis system enhances the relevance of CPD activities to the practice and fills their own learning gap. Furthermore, the adult learning styles and learning theories such as experiential learning theory should be inculcated in the CPD activities. When catering CPD activities for diverse adult learners, a variety of learning methods should be practiced. With national coordination, workplace based CPD activities would overcome the challenges of releasing nurses with heavy workload and nursing shortage.

Since the application of accreditation to the CPD programme is not practical at the moment, proper appraisal of CPD activities by governing bodies such as the Ministry of Health is beneficial for effective CPD programmes. On the other hand, it is necessary to take actions to implement an acceptable reward system to motivate nurses for CPD. Offering the national level certificate, providing career advancement opportunities and establishing an evaluation method of self-reflection of learning such as portfolio are crucial actions at the moment.

Conclusion

In Sri Lanka, CPD activities are provided by various organizing bodies which include a widespread variation and have not been continuously carried out. However, it is vital to have a commonality between CPD programmes which are offered all over the country, and they should be met with the international CPD systems. Therefore, the authoring bodies need to play a pivotal role in developing a formal, feasible framework for conducting CPD programmes to cater to the need of practicing nurses in Sri Lanka.

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Do Nurses Effectively Use Vital Signs in Recognizing and Responding to Clinical Deterioration?

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Measurement of vital signs (VS) is an integral component of the nursing assessment. Traditionally, nurses are taught that temperature, pulse, respiration, blood pressure and oxygen saturation are the five VS essentials in reflecting patients' current health status and must be measured regularly and recorded accurately (Mok et al., 2015). These parameters should be the most reliable information in patients' records and are universally used to monitor patients' progress or deterioration. Changing trends in patients' VS data indicate clinical deterioration, which, without timely recognition and intervention, lead to adverse consequences such as critical illness, cardiac arrest, unplanned intensive care admissions or death (Prgomet et al., 2016).

Measurement of VS and escalation of care is crucial to ensure patient safety and the initial step in patient rescue (Bucknall et al., 2017). Rapid response systems (RRSs) facilitate escalation of care to the medical emergency team (MET) when patients' VS breach accept thresholds. Despite many countries having implemented these systems and showed a reduced incidence of deaths and cardiac arrests in acute settings, the success of RRSs completely rely on timely VS data and detection of deterioration. However, abundant research indicates that monitoring and recording of five VS is often incomplete which leads to the missing of patient deterioration (Prgomet et al., 2016).

Despite the fact that early detection of clinical deterioration is vital in achieving timely transfer to intensive care unit (ICU) and in reducing the rate of preventable in-hospital cardiac arrests and deaths (Churpek et al., 2016), such identification mostly depends on the nurses' ability to perform accurate VS monitoring to gather evidence of physiological signs of deterioration (Mok et al., 2015). Signs of clinical deterioration appears hours before an adverse event having abnormal VS as much as one to 48 hours before such an event (Hillman *et al.*, 2001; Andersen *et al.*, 2016). However, lack of VS measurement in the hours immediately prior to life-threatening adverse events or admission to ICU has been emphasized in numerous studies globally, including in Sri Lanka (Elliott, 2016; Beane et al., 2018). Moreover, the most common physiological abnormalities that develop up to 24 hours prior to death are either undocumented or unrecognized (Rose and Clarke, 2010).

In contemporary hospitals, nurses are increasingly providing complex care for more acutely ill patients in general wards as the population is aging and because the scarcity of intensive care beds. Patient case-mix on general wards has been changed over recent decades, having many elderly patients more acutely ill experiencing more co-morbidities and facing complex procedures (Prgomet et al., 2016). Thus, unexpected patient deterioration in general wards remains a major concern (Vincent et al., 2018). However, general ward patients are still monitored mostly the same way as it has been for more than a century with nurses intermittently measuring and recording VS. Moreover, the frequency of

measuring VS varies with limited evidence to suggest the most effective frequency for measurement (Prgomet et al., 2016).

Monitoring VS is a repetitive and time-consuming task. On average, a nurse measures and records thousands of normal VS throughout his/her career (Rose and Clarke, 2010). The act of nurses VS monitoring appears to be disintegrated into a routine task focusing little emphasis on the significance of results in communicating deterioration (Mok et al., 2015). Serious concerns on incomplete and infrequent VS monitoring in general wards leading to delayed detection of deterioration have been raised (Mok et al., 2015). VS monitoring is often delegated to non-registered nursing staff (student nurses) or to automated devices. However, registered nurses (RNs) should be mindful that they are still responsible for responding to deteriorating VS and must be alert on VS trends and abnormal values. Moreover, effective communication between non-registered staff and RNs to convey patient deterioration is essential for RNs to seek medical care on time (Rose and Clarke, 2010).

Reasons for nurses' failure to reliably measure, record and interpret vital signs include excessive workload, low nurse-patient ratio, inability to recognize the importance of VS, infrequent and incomplete VS monitoring, lack of knowledge on normal VS values, poor application of monitoring skills, poor design of VS charts, use of technology and unclear delineation of accountability for decision making (Rose and Clarke, 2010; Beane *et al.*, 2018). Uncertainty about appropriate monitoring frequencies and the impact of these on nursing workload makes accurate workforce planning a challenge. Although nurses measure and record patients' VS at regular intervals often guided by protocols, these protocols vary widely across different healthcare systems

and are usually based on expert consensus (Dall et al., 2021).

Nursing practice leaders, educators and researchers should work collaboratively to find reasons for many nurses' failure to monitor VS effectively and to propose evidence-based solutions. The need for educational development with system modifications to enhance ward nurses' ability of recognizing and responding to patient deterioration has been raised. Proper training with well-designed observation charts together can most likely improve detection of deteriorating VS (Mok et al., 2015). Education programmes on recognition and management of patient deterioration can make the nurses aware of the extent that they strongly emphasize the need for extra vigilance on VS monitoring (Rose and Clarke, 2010).

Poor application of monitoring skills remains the major reason for nurses' failure in timely detecting patient deterioration rather than the lack of knowledge. Perhaps, extra attention should be focused on teaching physical assessment and examination skills for nursing students. Attention should be paid to individually targeting and tailoring VS measurements and to better equip nurses for correct interpretation of VS data through continuing professional education (Rose and Clarke, 2010).

Observation charts play a critical role in detecting patient deterioration as primary tools for recording VS data and they should be user-friendly to ensure that the data are accurate, legible and easily accessible in order to support clinicians in decision-making. The design of VS charts has shown a significant impact on clinical staff's ability to detect patient deterioration (Stevenson et al., 2016). Therefore, redesigning or modification of VS charts is

required where necessary in collaboration with medical experts to enable nurses to be extra vigilant on VS trends rather than attending to single VS measurements.

Nurses acquire a wide range of knowledge base and skills in serving the public. Therefore, no excuses can be entertained for neglecting the most fundamental assessment at our disposal. The longer we wait to acknowledge, discuss or research this situation, the greater the risk of facing future challenges by the nursing workforce, which could shift the responsibility of VS assessment away from nurses, a move which will not be benefitted by the patients or the profession of nursing. Therefore, nurse clinicians, administrators and educators should implement possible interventions to enhance the nurses' role in VS monitoring for early recognition and response to patient deterioration. This could ultimately improve patient outcomes, quality of nursing care and upgrade the profession of nursing.

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Postpartum Depression: An Inconvertible Side of Depression in Public Health

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Introduction

The WHO-UNFPA (World Health Organization - United Nations Population Fund) clearly emphasizes that the maternal mental health is fundamental in achieving the Millennium Development Goals (WHO, 2008). When considering the maternal mental health, postpartum depression is one of the uppermost problems among postpartum mental health disturbances. Thus, postpartum depression is a significant public health issue that not merely affects women but its consequences directly impact their partners, family and the psychological development of the baby. Nevertheless, many cases of postpartum depression are not identified as there is no international agreement on screening for postpartum depression. Public health nurses have a major role in supporting families with newborn babies for the improvement of maternal health ((WHO, 2008; Pathak, 2020).

Depression during Postpartum

The postnatal period is well recognized as an increased time of risk for the development of serious mood disorders. There are three types of postnatal affective illnesses: The blues (baby blues, maternity blues), postpartum (or postnatal) depression and puerperal (postpartum or postnatal) psychosis, each of which varies in its prevalence, clinical presentation and

management. Usually, interventions may be required for postpartum depression for identification and management as most cases of postpartum depression do not resolve on their own (O'Hara & Swain, 1996). Likewise, among them, postpartum depression is the most common complication in postnatal period representing a considerable public health problem (Heh, 2013).

The "Diagnostic and Statistical Manual of Mental Disorders"- defines that onset of postpartum depression symptoms occurs within four weeks of giving birth. This time period depends on the rapid hormonal changes of the mother. Likewise, depression that begins later than 4 weeks after delivery or does not fulfill the whole criteria for a major depressive episode, could still cause harm. However, postpartum depression is defined as depression that occurs within 4 weeks after childbirth, or 3 months, 6 months, or up to 12 months after childbirth (Mauri et al., 2016).

Likewise, long-term adverse effects can occur due to untreated postpartum depression such as chronic recurrent depression. The mother's ongoing depression associated with poor mother-infant bonding and negative infant feeding, and it can affect emotional, behavioural, cognitive (such as language and IQ) and interpersonal problems in later life of

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babies. Therefore, postpartum depression has a significant impact on not only the mother but also on the newborn, partner and the family.

Diagnosis of postpartum depression usually consists of changes in mood and behaviour: dysphoric mood along with several other symptoms such as sleep, appetite or psychomotor disturbance, fatigue, excessive guilt and suicidal thoughts that a woman be experiencing that may be chronic and long-lasting. Those symptoms are present within a least amount of time (minimally, within one week) and result in some impairment in the woman's functioning (Mauri et al., 2016).

Postpartum Depression as a Public Health Issue

Mainly, postpartum depression is a considerable public health problem affecting women and their families, contributes substantially to maternal mortality and morbidity. Occurrence of postpartum depression is associated with both overall social support during pregnancy and support from the baby's father (O'Hara & Swain, 1996). Furthermore, maternal depression affects lower birth weight of infants, higher rates of underweight at 6 months of age, poor long-term cognitive development, children's physical and psychological health; higher rates of antisocial behaviour and more frequent emotional problems among children (Pearlstein et al., 2009).

Thus, a mother with postpartum depression has substantially reduced capacity to care for herself and her infant. Infants are entirely dependent on their caregivers for provision of nutrition, physical care, comfort, social interaction and protection. If infants lack day-to-day interactions with

a caregiver who can observe cues, their neurological, cognitive, emotional and social development are adversely affected. Through bonding and attachment in the early years, lifelong capacity to build and maintain satisfactory relationships is established. Likewise, problematic patterns in relationships can be conveyed and continue across generations. This affects society desperately decreasing the quality of life. Thus, for both maternal and infant wellbeing, early recognition and treatment of postpartum depression are essential that have to be focused on as a public health matter (WHO, 2008).

Controversy, economic development and mental health are reciprocally related. Women with mental health problems find it difficult to participate in economic and social contribution. Thus, a huge loss of their contributions to society and the economy can occur. Further, clear economic costs have to be divided amongthe decreased participation of children who have not been able to reach their full potential. Therefore, postpartum depression conditions cannot be neglected (WHO, 2008).

Prevalence

In the year 2020, depression was predicted to be the second leading cause of disability worldwide. Statistics indicate that 450 million people were seriously affected by neurological and mental illness. Nearly 10% of pregnant women and 13% of women who just gave birth were suffering from mental health problems globally. It was higher in developing countries where 15.5% developed mental illness during pregnancy and 19.8% after childbirth continuing to affect the welfare of mothers, their babies, partners and family members

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(Pathak, 2020). In Asian countries, 65% or more among new mothers were expected to have postpartum depression. Likewise, in Sri Lanka, an island-wide study found a prevalence of 27.1% of postpartum depression mothers that needed signifying urgent attention (Agampodi & Agampodi, 2013).

Potential Risk Factors

Though exact cause of postpartum depression is unknown, different risk factors have been suggested. Thus, postpartum depression could results from hormonal imbalance, physical changes after delivery (changes in muscle tone and difficulty in losing weight, soreness and pain in the perineal area making women uncomfortable), previous history of postnatal depression or psychiatric disorders, biochemical abnormalities, family history, recent stressful life events or stress related to child care, previous pregnancy loss such as miscarriage or still birth, antenatal depression or anxiety, lack of supportive relationship with partner, lack of a stable relationship with parents, poor marital relationship and inability for adjustment in the changes after childbirth.

Management

The prevention, detection and treatment of postpartum depression in women are crucial. Nevertheless, through the identification and diagnosis of symptoms at an early stage can hopefully help the mothers to recover within a year. Thus, the management of postpartum depression includes general care of puerperium, supportive psychotherapy and reassurance. If depression persists for long periods, antidepressant drugs are used, and in case of severe depression with suicidal risk, hospitalization and ECT (Electroconvulsive therapy) are considered.

Although multiple gaps have been identified in the existing health set-up/policies, the most cost-effective and easily implementable intervention to prevent postpartum depression will be improving the quality of services offered to an antenatal mother during her pregnancy and in her postnatal period. There are significant beneficial effects of public health nurses' support and midwives' visits during the postnatal period. These postnatal visits must include screening for psychological morbidity. Facilitation of social support for mothers from social networks is very important. Modified postnatal visits can be made as a help to mothers who seek help from health professionals. Furthermore, previous research indicate that social support from partners, maternal mothers, peers and home visits from public health nurses have an effect on reducing postnatal depressive symptoms.

Conclusion

Depression was expected to become the second most prevalent of all general health problems by the year 2020 globally (Pathak, 2020). Depression during pregnancy and in the postnatal period is a serious public health issue. Therefore, it is important to identify the management of postpartum depression as early as possible during the postnatal period to avoid harmful consequences. It requires continuous support from health professionals. Advantage of improvement of their health is not only to the affected women, but also the child, family, the community and health care professionals.

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Emotional Intelligence: Is It Important for Nursing?

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The popularity of the traditional concept of intelligence was challenged by the introduction of the concept of emotional intelligence (EI). This concept was initially proposed by Salovey and Mayer (1990), which was defined as "the ability to monitor one's own and others' feelings and emotions, to use this information to guide one's thinking and actions". Daniel Goleman, psychologist and award-winning author of the book Emotional Intelligence and other books on EI, suggested that EI has four components: self-awareness, social awareness, self-management, and relationship management (Cherniss & Goleman, 2001).

We tend to make decisions according to our emotional state at a particular time. Our emotions play a key role in our negative or positive reactions in facing daily incidents. Each person understands and reacts to emotions in various ways. These differences affect the way in which they adapt to challenges as individuals. Thus, it seems emotions control our lives and affect our well-being. It is observed that people with a good understanding of their emotions show well-adjusted behaviour in their life. Therefore, it is important to manage emotions for the well-being of a person both in personal as well as professional life.

We may experience both negative and positive emotions at the workplace. Positive emotions influence aspects related to success such as positive beliefs, creativity, work engagement, positive coping, health, teamwork and collaboration, customer satisfaction, leadership, and high performance (Diener et al. 2019). Expressing and amplifying positive emotions would foster goal attainment in social interactions at workplace, particularly when dealing with superiors (Wong et al., 2013). However, it is common that most people may experience negative feelings at work. The most common negative emotions experienced in the workplace are frustration/irritation, worry/nervousness, anger/aggravation, dislike, and disappointment/unhappiness (Fisher, 1997).

It is important to be aware of and be able to regulate emotions to attain a desired outcome. Goleman (1995), introduced EI as one of the best predictors of success in life, and maintaining fruitful and secure relationships with others. EI and interpersonal relations were examined by Schutte et al. (2001) and found that participants with higher scores for EI had greater satisfaction in their life.

Further, EI is a predictor of significant outcomes across life domains, as it can predict social relations, workplace or academic performance, and psychological and physical well-being (Mayer et al., 2008). Both theory and research findings suggest a link between EI and emotional

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well-being. Theoretically, various authors have suggested that persons who can understand and regulate their emotions will have greater feelings of emotional well-being (Goleman, 1995; Salovey & Mayer, 1990).

There is an increasing interest in the associations of EI with health and well-being. EI may be a valuable asset for nurses as it is a predictor of nurses' attitudes towards interpersonal communication (Giménez-Espert & Prado-Gascó, 2018). Further emotionally intelligent nurses can enhance cooperation in multidisciplinary teams, promote better communication, and demonstrate leadership to improve patient outcomes (Cox, 2018). Dealing with conflict can be uncomfortable; however nurses are subject to different workplace conflicts daily. Thus, resolving conflict is an essential skill to succeed in their career. It is noted that individuals with high EI prefer to seek collaborative solutions when confronted with conflict, to ensure successful conflict resolution in the workplace (Jordan & Troth, 2002).

Nursing is a profession within the health care sector that is highly focuses on caring. Stressful situations happen in every workplace as stress is an inevitable part of nursing life due to a strenuous job with high and complicated demands. Nurses with physical and mental well-being are likely to deliver effective quality patient care (Utriainen et al., 2014). Workplace bullying is a serious threat to nurses' health and well-being. However, it was reported that individuals with greater EI can better recognize early signs of negative behaviour, such as bullying. Therefore, fostering emotionally intelligent leadership is a strategy to create less bullying and

more positive workplace environments for nurses (Bennett, 2013).

The performance level of clinical staff nurses correlates positively with EI which improves the clinical care environment and offers specific skills to enhance collaboration, positive conflict behaviours, and healthy relationships in the clinical care environment (Codier et al., 2003). Nurses with high EI have reported engagement in more professional development activities of continued learning which helps them to actively improve their nursing skills (Fujino et al., 2015). In addition, nurses are the frontline healthcare professionals who actively engage with the COVID-19 pandamic. It has been found out that EI has a protective effect against nurses' burnout and psychosomatic complaints, and a favourable outcome on job satisfaction during the peak of the COVID-19 pandemic (Soto-Rubio et al., 2020). Alonazi (2020) reported a significant impact of EI on job performance of nurses who had direct contact with novel COVID-19 patients. In conclusion, emotionally intelligent nurses can manage their own emotions and can help to manage the emotions of their clients and those working with them. This would improve caring, communication and relationships within the working context in which nurses can cope more effectively with conflicts. Therefore, the introduction of the concept of EI among nurses may provide fresh insights to improve patient outcomes.

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Do Nurses Have an Adequate Knowledge in Wound Care Management?

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Introduction

Nurses' knowledge in wound care management is vital in the provision of better care for patients. However, literature shows gaps in nurses' knowledge on wound care across many types of wounds. Thus, understanding these gaps and use appropriate strategies to overcome the gaps is paramount in optimizing wound care and improving the quality of life of patients.

What Do Nurses Need to Assess?

Knowledge of wound assessment is more important to optimize healing (Greatrex-White & Moxey, 2015) and it should include a comprehensive assessment of individuals, their wound, and/or their risk of wounding and their healing environments. Not only at the initial assessment, but also in ongoing wound assessment, the type of wound, etiology and original mechanism of wound, duration of the wound, location, dimensions of the wound, and characteristics of the wound bed, wound edges and peri-wound appearance, exudates, odor, inflammation, local and systemic infections, pain, previous wound treatment, and their therapeutic outcome should be assessed (Grey et al, 2006; Hess, 2019).

What are the Gaps Exist in Wound Care Management Knowledge?

Globally, many studies have revealed the gaps in knowledge in different aspects of wound care management. A French study has shown that nurses have little knowledge on new dressings used in chronic wounds (Couilliet et al., 2001). In addition, the finding of this study has indicated discrepancies between local practices and actual knowledge of wound care management. As shown in a Bangladeshi study, nurses' level of knowledge on prevention and management of diabetic foot ulcers (DFUs) was found to be poor especially on detecting protective sensation of the foot using Semmes-Weinstein monofilament and caring of callus to avoid DFU formation (Sharmistha et al., 2014). As reported in a Nigerian study, nurses had a lack of knowledge on wound assessment, wound assessment tools, and documentation. This study further revealed that associations of nurses' grades and years of experience with knowledge and practice of wound care. Another comparative multicentre study in Sweden on knowledge in preventing pressure ulcers among registered nurses, nursing assistants, and student nurses has demonstrated that knowledge deficit and discrepancies on ulcer classification and observation (Gunningberg et al., 2015). Student nurses' knowledge on 'etiology and causes of the wound' was lowest while student nurses' knowledge on 'nutrition for wound care' was highest compared to other categories. Thus, this study has emerged the need for an educational campaign in hospital settings and nursing education. A recent study in the local context has assessed the knowledge of nurses regarding four aspects of diabetic ulcer care management including predisposing factors, ulcer characteristics, ulcer complications, and

ulcer care (Kumarasinghe et al., 2018). As indicated by findings, nurses had poor knowledge especially on the aspects of ulcer characteristics and ulcer complications. In addition, wound care experience of nurses, and their working units were significantly associated with nurses' knowledge.

Consequences of Inadequate Knowledge of Wound Care Management

Inadequate knowledge and skill in wound care management often deliver the low-quality care to the patients (Flanagan & Tariq, 2014). Lack of knowledge often leads to provide sub-optimal care. Consequently, patients may have prolonged healing durations, increased discomfort, and thereby reduced their quality of life. Moreover, gaps of knowledge leads to provide unfavourable care (McIntosh & Ousey, 2008), which drastically affects the patients by increased wound infections and physical and emotional stress. Improper use of dressings imposes huge impact on the patient, family, and the society. But, better education and specific training about wound management could lead to provide optimum wound care (Dugdall & Watson, 2009) to enhance healing, thereby helping to not only reduce the burden of the patient and the family but also the cost of care.

What Does Prove from Previous Research?

As shown in previous studies, formal training in wound care is lacking in many settings including Sri Lanka (Couilliet et al., 2001; Kumarasinghe et al., 2018). However, many investigators have shown the advantages of wound care training in improving nurses' knowledge (Dowset, 2009; Zarchi, et al., 2013). In a small-scale experimental study conducted by Dowet (2009) examined the impact of the educational programme for improving wound care knowledge of community nurses. The educational programme has

involved the concept of wound bed preparation (WBP) and TIME framework (tissue, infection/inflammation, moisture, edge). Comparisons of pre and post-scores were proved that nurses' wound care knowledge and practice were significantly improved after the educational program. An interventional study in Jordan (Saleh et al., 2012), compared the pre-test and post-test status of knowledge, practices, and attitude of nurses those who received education on pressure ulcer prevention and treatment with a group of nurses who did not receive this education. Post-test results have shown significant improvement in nurses' knowledge and practice, attitude, and intention towards pressure ulcer prevention and treatment with effects of education.

Summary

Since the nurses play a major role in wound care management, they must be adequately aware of each aspect of it. However, evidences from international and local contexts prove various gaps. Individually every nurse can make an effort to enhance the knowledge while it is vital to establish appropriate wound care training widely for nurses in order to provide maximum wound care and promote the quality of life of patients with wounds.

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Nursing Portfolio

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A professional portfolio is a structured collection of carefully selected materials that provides credible evidence of a nurse's employment, education and professional development as a health professional over time (Oermann, 2002).. Portfolios showcase achievements, demonstrate professional development and help in career planning (Blog Post, 2020).

In early eras, most of the professionals including nurses, use curriculum vitae resume to express their educational and professional qualifications. A resume is a kind of synopsis used in a minimized form with a few pages using numbers to quantify work. If help is needed with deciding how to write a CV, reading a sample or following a CV example guide will provide additional information on the paper. A CV is also like an invitation card that can be used to introduce someone to the world in a precise and time saving manner with general impression.

A professional portfolio is an effective tool to assess efficiency and effectiveness and achieve the desired outcome of the work in real time. If the employer or the interviewer wants to learn in depth about the candidate, the portfolio could be used in order to fulfill the shortcomings of the resume. By using a portfolio, nurses can showcase their work in action and the recruiter can testify the holders' type and quality of work done. In case someone has a great masterpiece, the portfolio is the best tool to brand a nurse, best work and impress the interviewer in a local or global context. Nursing professionals, according to their field of service, education or public health, have to customize the paper to give the exact picture and nature of the performance, since a masterpiece helps to assess the true quality of work.

Organizing a Portfolio

Prior to organizing a portfolio, deciding on the structure of the portfolio and organizing the content is important. For its completion, some questions have to be asked by own self. Who am I as a health care professional? What contribution does the society expect from me? What capabilities do I have and how did I achieve these? What do I value as a nurse? What are my long term goals? Who is reading my portfolio? Are my readers from a nursing regulatory body like the Nursing Council, an employment agency, an educational institution or somewhere else? What will they want to know about me and see in me that will help in reaching my goals and the organizational goals? To ascertain the purpose of the portfolio, to show that the holder is in continuous professional development, demonstrate educational achievements and impress the reader.

Professional development is an essential component for the nursing professional portfolio. A nursing portfolio has to include a concise resume; similarly, an abridged version of the CV which outlines the details of qualifications, employment and experiences as a nursing professional. This resume acts as a neat and brief introductory about the holder, the background and capabilities to open the professional portfolio.

In the professional pathway, continuing professional development (CPD) is an essential component for the professional portfolio. The CPD record demonstrates

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how the holder maintains and develops competencies as a nurse. Therefore, constructing a professional portfolio is not going to be an overnight work. In order to build up a professional portfolio effectively you need to document what and how your learning and development align with and demonstrate professional standards of practice. However, all work must be compiled in a concise and comprehensive manner continually reflecting, evaluating, learning, developing and applying the learning to the practice.

As a nurse professional, if need to evident a quality portfolio, will need to think about the best evidence that can be provided to support what is stated in the portfolio. Without validating the evidence and just stating the work done will not impact oneself. To validate with evidence, selecting a true scenario is important. For example, a identifying a reflective piece of evidence about a clinical incident in workplace is a quality piece of evidence, as it shows what and how to learn from the particular incident/ experience and how to apply the new learning in practice.

Purposes of a Portfolio

Depending on the purpose, audience and expectations, the best structure for one's personnel portfolio may be in categories that classify evidence with supporting documents. A professional nursing portfolio will include documents of evidence related to educational qualifications, programmes of study, courses or similar records of CPD, career and learning plans, writing samples such as papers, reports, publications, journal entries and reflective accounts, projects or papers prepared for study activities, evidence of competence and performance, evidence of extracurricular activities such as leadership, awards and any voluntary work. Feedback forms or emails give a better impact to the portfolio. Activities or achievements related to specialty or focus of work (educational, clinical, management,

research) are some of the areas to address in a portfolio. A portfolio, unlike a resume, consists of images, vectors and other pictures that make it much more perceptive to the viewer and helpful to the viewer to evaluate action. If the work is too heavy to be presented as a hardcopy, the online portfolio format could be used for more vivid and fulfilling gallery of work under different categories with a greater amount of flexibility in terms of editing and customization.

Enrich the Portfolio

There are certain tips that must be kept in mind when creating a useful portfolio: The holder has to select the best pieces of experience in the field which s/he has been practicing, the nature of employer or interviewer, evidence, completion of work, a common theme, description of all work and reflections are some of them. Moreover, focusing on the benefits of nursing portfolio rather than just a visual showcase of carrier achievement and personal mastery, it shows the holder a pathway to grow and develop personally, academically and professionally, regardless of the path they take (Clarke, 2019). As a professional nurse, according to the field of work, extra miles that are taken to complete work will enrich your work; for example, as a nurse educator, what have been done to improve the weakest students to improve them, what extra hours and activities done to develop them etc.

By using professional portfolios as a way of maintaining evidence for their learning and practice also, nurses can use the portfolio not only to store but manage their revalidation and registration which can be easily updated and produced when needed (Cope & Murray 2018). We, as nursing professionals, in any field of practice, education or public health, require assuming continuing professional development activities. This will be immensely supported by a portfolio enabling the nurses to identify their

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learning needs and to develop future carrier plans to address these needs in a

well-structured manner.

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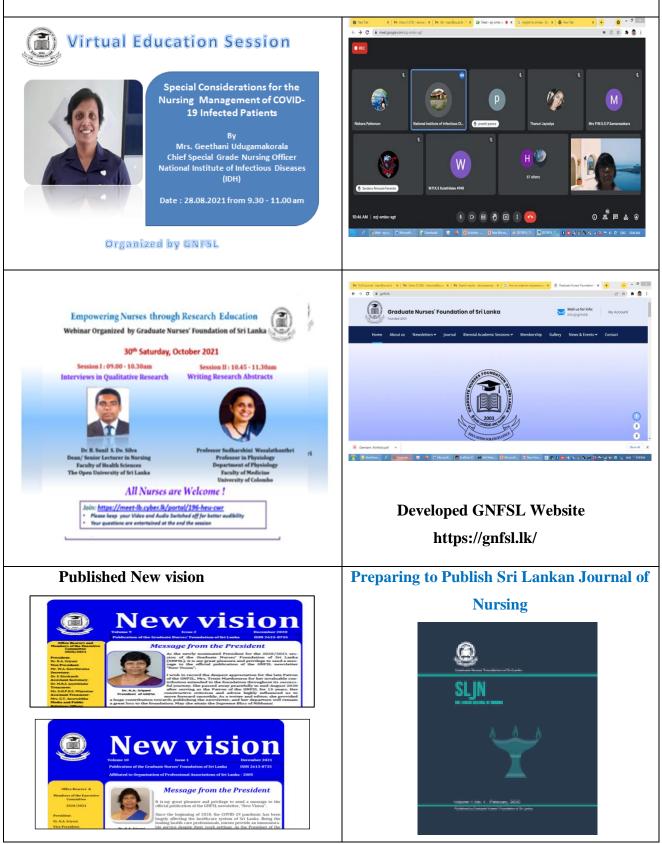
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