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Message from the President



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

I am humbled and honored as the president for the 2018/2019 session to serve the association of Graduate Nurses Foundation of Sri Lanka, and I look forward to leading our members to fulfill the objectives of the association in the coming year. Indeed, the development of GNFSL has been driven collectively by the individuals, all the past presidents, and past office bearers and of the GNFSL. Therefore I wish to extend my gratitude for all the members who have given their fullest support throughout the journey.

I like to remind you that we as a professional organization are the members of the Organization of

Professional Associations of Sri Lanka which consists of more than 45 leading professional organizations in Sri Lanka. As graduate nurses in Sri Lanka we need to identify the requirement of having a degree education for all the nurses in Sri Lanka and thus the members of this foundation will gradually be increased to become the members of the said Organization of professional associations.

We could be able to complete several educational activities for the nurses and undergraduates throughout the last session. During this session, we have conducted few educational sessions and still have a few upcoming events that you will not want to miss, educational workshops which will be conducted by university experts will be the leading events.

All the members of our association should know that in our executive committee we discuss very important issues which our current and future members are facing. Most of the nursing graduates who graduated from Sri Lankan universities still do not have their registration in the Nursing Council and this is one of the burning issues and it is one of the challenging issues for their future. Graduates from universities present their research evidence in immense national international forums that the nursing graduates who were trained to work specially in the nursing profession are leaving the idea and try to find jobs in different non-nursing areas which require degree qualification. This is a pathetic situation for the nursing profession.

Our success can only be measured by your success as members. How can you provide support to the betterment of this professional association? Join as a member, volunteer to aware graduates and undergraduates to get registration in GNFSL, attend educational programs and attend general and annual general Meetings. We must come together to share our opinions and resources so we can plan and create a better future for the next generation of nurses.

Finally, I would like to acknowledge and thank the current Executive Committee for their time and dedication extended towards the special activities conducted throughout this year for the success of the association. And, I would, of course, like to thank each of you, for your support this year.

Please do not hesitate to contact me with any concern or question.

Thank you.

Dr. M.K.D. L. Meegoda
President /GNFSL
Tel: +94777793020

Editors

Dr. M.K.D.L. Meegoda
Dr. S.S.P. Warnakulasuriya
Mr. B.S.S. de Silva
Ms. P.W.G.D.P Samarasekera
Dr. K.A. Sriyani
Dr. M.R.S. Jayethilake

Inside.....

Patron's message.....	p.2
Traditional nurse transforming...	p.3
Gerontological nursing trends ...	p.4
Palliative care for elderly	p.5
Health-related quality of	p.6
It's not too late to care	p.7
"We did so", "we taught so"	p.8
Current trends and	p.9
Evidence based practice	p.11
Members' publications and	p.12

Message from the Patron - GNFSL

Sophistication Vs Personal Touch

Mrs. Trixie Marthenesz

Since I was a Student Nurse in Delhi, that is over seventy years ago the human being and his environment have changed tremendously. It seems faster than ever before leaving me convinced that planned learning is the chief contributory cause. Such planned learning has thus resulted in our behaviours in all spheres of skills, namely, knowledge, attitudes and practice skills.

As Arthur C. Clarke of the Space Odyssey fame has presented to us, our survival is attributed to numerous changes; intellectual adjustments from time immemorial. That was Clarke who said that we have changed from "The beating with the hands stage through a tearing apart stage with razor sharp instruments to the present through throwing across the outer terrestrial air space stage." It is going to be a very sad time indeed when the personal touch becomes a thing of yester year.

Our concern in Nursing Care Management (NCM) tidings is changing very fast indeed no doubt throughout the world. Our Altruistic Practice too is hastening towards a sophisticated, robot- controlled goal I fear. Will Nurses of the Future have to perch themselves behind the mechanical monsters and not even sight a patient; his or her Most Important Person?

Chances for such sophistication are remote as far as I can see today. The chief reason I see is perhaps the

stable foundation on which Nursing Care has been built by our ancestors.

The foundation is also the basic principle which requires one person to offer another person the help to help himself or herself. HERE COMES THE NEED FOR HOME ADAPTATION UNITS IN OUR HOSPITALS too, as in Delhi seventy years ago.

Perhaps a machine can be invented to do the needful, but for certain not with understanding together with the tenderness and loving care that comes from closeness and the personal contact or touch. Facial expression, gestures and speech further enhances the touch and closeness, don't you think so?

Such aspects of Tender Loving Care (TLC) have come down through the ages without changes. The Primitive Mother, human, beast or bird has always nurtured its young. The stronger has always protected the weaker when sick and required support. Such an attitude towards the sick and the infirm is observed even in Concentration Camps during bitter warfare.

Thus if this attitude holds good today, it should hold good tomorrow. Let us hope for the best.

Point to Remember.....

Professional development does not end with graduation from nursing school / University. The progression of professional development is a lifelong process that requires active participation. Joining a nursing organization is only one path to consider as you continue to develop into a professional nurse.

Upcoming Events

- 03rd International Nursing Conference -07th -09th November, 2018. Tokyo, Japan.
- Open University International Research Sessions, 2018 -29th and 30th November 2018, OUSL.
- International Conference on Women's and Children's Health. -14th December 2018, Colombo.
- International Conference on Mental Health (ICMH)-Feb 22, 2019. Colombo.
- International Conference on Infectious Diseases (ICID) 2019- Feb 22, 2019. Colombo .
- International Conference on Community Medicine and Public Health (ICCMPH) 2019. Feb 22, 2019.
- 13th CNMF Europe Region Conference - 8-9 March 2019 - St Paul's Bay Malta.
- 5th Commonwealth Nurses and Midwives Conference- 6-7 March 2020 - London UK.

Traditional Nurse Transforming to a Professional, Dynamic Status through the Process of Critical and Reflective Thinking

W. M. Thejanganani K. K. Wijekoon (RN, B.ScN, MN Reading)

Diploma in Nephrology Dialysis and Transplantation Nursing, Advanced Training in Operation Theatre Nursing

The nursing profession continues to suffer from the influence of traditional values and cultural and social norms with respect to gender and professional status. Nursing began as a domestic work that women were expected to fulfill at homes (Manojlovich, 2007). Ohlen and Segesten (1998) found that a stereotypical image of nurses is an expression of the tradition of viewing nursing as a part of the female sphere of the family. The early days of modern nursing began with on-the-job training, later, nursing training was made hospital-based, with students spending more time in the wards working as “unskilled workers” and less theoretical input. Even with this move of training nurses, nurses’ power was minimal (Chitty, 2001). In most hospitals, there exists a hierarchal system where doctors at the top followed by nurses (Hunt, n.d.). This situation is still prevalent in the Sri Lankan healthcare system. For nurses, yet nursing is money earning a job, doctors still expect nurses to meet their needs and many times, nurses are not treated as colleagues.

Over the past few decades, there have been tremendous changes in the nursing profession. Nurses have moved from simply being “doctors’ handmaidens” to professionals, particularly in the Western setting, and this is slowly happening in Sri Lanka as well. However, nursing has progressed from its passive traditional role into a dynamic profession that requires nurses to have the ability to think critically and reflectively in their day-to-day patient care routine. Currently, there is also an increasing emphasis on providing evidence-based care in an effort to improve the standard of nursing care.

Why critical thinking is important for professional nurses?

“Functions at a high intellectual level” is a criterion of a professional nursing, thus reflective thinking, and critical and reasoning skills needed to provide quality care. Nurse needs to make critical decisions, especially when the doctor is not around. Main difference between „thinking” and „critical thinking” involves, while “Thinking refers to any mental activity include uncontrolled mindless thoughts like when you are daydreaming or doing routine tasks like brushing your teeth”, whereas, “critical thinking is controlled and purposeful thinking which focuses on using well-reasoned strategies to get the results intended”.

With the move of nursing education into tertiary education, there has been an increasing interest in critical thinking. Nurses must understand that critical thinking is not just about being critical but being able to question and evaluate at face value before accepting it. Critical thinking requires excellent problem-solving skills, as well as the ability to anticipate and decide the results that should be achieved. It is an intellectual process which includes

prudent analysis of information to aid nurses’ reasoning, judgment and decision-making (Alfaro-LeFevre, 2013). It is considered as critical thinking that is necessary for nursing because nurses need to identify a patient’s problems using data. The nurses will use the data appropriately to identify goals and intervention in assisting the patient to overcome actual or potential problems. A positive outcome can only be obtained when the nurses use critical thinking.

Why reflective thinking is important to a professional nurse?

Before address the above question, it is important to have a general idea about the term “Reflective thinking”. When I ask “what is the reflection?” from the nurses who already involved in active practice, all of them were speechless at the matter. Reflective practice is part of critical thinking. It has often been used together with critical thinking and termed as critical reflective practices. When used independently, critical thinking assists nurses in making decisions while reflective practice relates to reflecting upon a particular practice for improvement.

Reid (1993, as cited in Atkins) defines reflective practice as “A process of reviewing an experience of practice in order to describe, analyze and evaluate and so inform learning from practice”. From this statement, we can see that reflective thinking does not involve habitual work, but rather, it involves self-questioning, exploring, and contrasting phenomena, in order to create meaning and understanding from the reflective process. The reflective practitioner must keep comparing theory to practice, and exploring the relationship between the two. That is how reflective thinking will help us improve in our practice. This is because the learning potential will be lost eventually if we do not reflect upon the situations that we experienced. New concepts will emerge from our reflective thinking through our thought and feeling processes and gaps in the remaining theory and practice can be argued. Therefore, nurses as continuous learners must develop a self-commitment to practice and the motivation to learn from that experience.

Ultimately, if we want to understand nursing and see ourselves as nurses in this profession, we must try to make sense of the complexity of the situation. Thus, reflective thinking will help us to become better nurses. This is because, during reflective thinking, learning does not occur strictly in the traditional academic sense. Rather, reflective thinking can take us further in our nursing profession as the journey should start by bringing our realization into our nursing practice.

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Why the public image of nursing is important?

The image of nursing is important. Public image creates a frame-work by which others approach nursing as a profession, as well as each nurse individually. Image influences patient safety, resource allocation, public policy, recruitment into the profession, and other issues that have far-reaching consequences.

Source: <http://blogs.hcpro.com/nursemanagers/2009/09/why-the->

Gerontological Nursing Trends and Issues

S.M.S.R.Senadipathi, Nursing Tutor, College of Nursing, Colombo

Current demographic and health care utilization trends indicate an increased demand for nurses who need to be prepared to provide care for aged people (Population Reference Bureau, 2016). Nurses are positioned to assume leadership roles in geriatric nursing care and they must first acquire adequate preparatory education.

According to world population data, world aged population is increasing. In 2016, it was 12.3% and by 2050 it will predict to rise up to 22% (Census Bureau Report, 2016). Considering the Sri Lankan situation, in 2002 aged population was 9.1%. It was estimated to increase aged population in 2021 by 16.7%, 2041 it will reach 24.8% and 2061 it will reach to peak 31.3% (United Nations Organization, 2015).

Many reasons affected for increasing aging population including achievement of development in better nutrition, sanitation, health care, education and economic well-being (UNO, 2015). In addition, increasing aging population ratio and extending the life expectancy of women also affected.

Aging population tends to have an increased incidence of chronic disease, physical disabilities, mental illness and other comorbidities (Prasanth, 2014, Rocha, 2014). Most of these aged related problems are chronic and that require long-term health care management (Prasanth, 2014, Rocha, 2014). Increasing aging population has an impact on increasing health care cost as most of the aged people tend to take free treatment from Government hospital. This is may be due to getting dissolved extended family in Sri Lanka families. Moreover, children also struggle to earn money so aged people have to live alone in their home or elderly homes.

Nurses have to look after them all these situations; healthy aged care, acute care, long-term care, palliative care and end of the life care. However, the majority of nurses have little or no background in geriatric nursing. Thus, promoting healthy aging and providing standardized care for well and ill with equity, dignity, respect and individually is a challenge (Prasanth, 2014, Rathnayaka, Athukorala & Siop, 2016).

American Association of College of Nursing introduced Adult-Gerontology acute care and primary care nursing competencies

and core-competencies in 2016. Competency areas are the scientific foundation, leadership, quality, practice inquiry, technology and information literacy, elderly polices, health delivery systems, ethics, and independent practice. According to the Canadian Gerontological Nursing Association, there are six standards; physiological health, optimizing functional health, responsive care, relationship care, health system, safety and security (Canadian Gerontological Nursing Association, 2010).

As elderly care is a growing need and specialty in nursing, it is essential to pay greater attention. Yet, it is a less touched subject area in the Sri Lankan context (Rathnayaka, Athukorala & Siop, 2016). Thus it is timely important to review nursing curriculum to incorporate gerontological nursing as a core subject.

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International Nurses Day Themes

2019 - Nurses: A voice to lead - Health for All

2018 - Nurses: A voice to lead - Health is a Human Right

Source: <https://www.icn.ch/what-we-do/campaigns/international-nurses-day>

Upcoming Events of GNFSL

January 2019: One Day Research Workshop

Palliative Care for Elderly People

K. W. M. R. Jayanatha, Nursing Tutor, College of Nursing Colombo

"Palliative care (PC) is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness through the prevention and relief of suffering by means of early identification, impeccable assessment and treatment of pain and other problems like physical, psychosocial and spiritual" (World Health Organization, 2018).

The older population in the world continues to grow at an exceptional rate. Today, 8.5% of people worldwide (617 million) are aged 65 and over (World's Elders Population Grows Dramatically, 2016). Especially older population in developed countries increases dramatically. Similarly there is a significant increase in the patient's rate of non-communicable diseases such as end stage cardio vascular diseases, chronic renal failure, cancer and obstructive pulmonary diseases (Esra et al., 2016). These diseases are not cured therefore patients have to live with stress (Esra et al., 2016). These life threatening diseases are directly affected the physical, psychological, social and spiritual problems of the patients. To develop the quality of life and to meet patient's needs, palliative care has been developed (Esra et al., 2016). Now this quality care is providing almost all the countries. Advancement of medicine and prevention of diseases will help to reduce death rate (World's Elders Population Grows Dramatically, 2016).

Currently, health care system focuses special attention to palliative care because increasing number of older population with incurable chronic illness and multiple morbidities (Kassa, 2013). However, around 40 million people need palliative care in every year in the world. Most of them are from low and middle income counties. The major barrier to improve palliative care among health professionals in these counties is lack of training and awareness of palliative care (World Health Organization, 2018).

Palliative care on the other hand provides end life care. During palliative care we need multidisciplinary approach which is specialized medical and nursing care for people

with life limiting illness (Perrin, 2011). Physicians, registered nurses, nursing assistants, social workers, physiotherapists, occupational therapists, complementary therapists, volunteers and most importantly family members should be included in to the interdisciplinary team of palliative care. Multidisciplinary therapeutic approaches prevent or relieve the symptoms of patients with the severe disease condition (Perrin, 2011).

Sri Lanka as a developing country there are various changes in human lives. Life pattern, food pattern and occupations are changed according to the industrial revolution in the country. Therefore people who are living in the country automatically become sedentary. As a result people get affected various diseases, earlier called as western diseases. In 2012, the average total population of Sri Lanka is 20,715,000 million. Life expectancy is age 72 years (male) and age 78 years (female) (Annual Health Bulletin , 2012). There were 112,500 deaths take place annually in Sri Lanka. Further the number of patients in need of palliative care can be estimated to be 60% of all deaths or 68,000 people in the year (Annual Health Bulletin, 2012). Majority of people are died due to Non-Communicable Diseases. The rapidly increased ageing population due to higher health facilities the number of people who need palliative care in future will be increased. The people who are above, 60 years old are suffering from various chronic illnesses (55.2%) (National Survey of Health Report in Sri Lanka, 2014).

According to the health report in Sri Lanka there is a significant decrease in communicable diseases due to availability of health facilities. However the numbers of non-communicable diseases are increased. Increasing of health care facilities people used new drugs and controlled the disease and have more life expectancy (female-78 years, male-72 years) (Annual Health Bulletin, 2012). Therefore, the elderly population in Sri Lanka is increasing and they need health facilities more than previously. Non communicable diseases cannot be curable, but health care facilitators need to look after them until die. Therefore palliative care demand is increasing gradually.

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Health-Related Quality of Life: The Impact of Diabetic Ulcer on Different Aspects of Patients' Life

*Dr. K. A. Sriyani (RN, Dip. Teaching & Supervision, BSc.N Hons. (OUSL), PhD (USJP)
Senior Lecturer in Nursing, Department of Nursing, The Open University of Sri Lanka.*

The terms of „quality of life (QoL)“ and „health-related quality of life (HRQoL)“ are interchangeably used by the researchers. According to WHO, QoL is defined as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns (WHO, 1997). The concept of HRQoL is derived when QoL is related to the context of health and disease. The HRQoL is a multidimensional concept, and incorporates domains related to physical, mental and emotional, and social functioning“. It is a subjective assessment of an individual's physical and psychological well-being while it denotes a patient's evaluation of how a specific disease or intervention has impacted on their life (Hogg et al, 2012). Gilpin & Lagan (2008) describes four areas that can affect foot ulcer on HRQoL, including physical, social, psychological, and economic aspects of life. Ribu and Wahl (2004) highlighted the importance of considering the patients' subjective feelings on different aspects of patients' lives and how to influence that situation on changing their QoL.

Physical aspect

Diabetic ulcers have a significant impact on the physical health of a person, especially due to restricted mobility. Patients with diabetic ulcers are often depressed due to physical symptoms of the ulcer and unknown ulcer outcomes. Limited mobility has reported in many patients with diabetic ulcers and 85% of them required some form of ambulatory assistance to move (Evans & Pinzur, 2005). These patients had restrictions in carryout all physical activities than the general population and patients viewed that these ulcers hampered their lives. Kindmond et al (2012) noted that patients living with foot ulcers often have to be depending on others due to restrictions in mobility, work and lack of social confidence. Inability to perform even a simple daily task such as cooking and driving are led to seek others' help, often impose a great burden on patient's quality of life (Kindmond et al, 2012).

Social aspect

The social aspect is connected with individuals' daily activities include work, interactions with family, friends and significant others, and leisure activities. Many studies have identified that diabetic foot ulcers have an impact on individuals' daily, social and family life, participating in leisure activities (Brod, 1998; Ribu and Wahl, 2004). A pilot study by Brod (1998) assessed the impact of ulcers on lower extremity ulcers on QOL of the patients with diabetes caregivers. Their general health negatively influenced by increased family tensions,

decreased social activities and loss of time to work. In a qualitative study by Ribu and Wahl (2004) identified that diabetes patients with lower extremity ulcers experience social isolation, loneliness, and restricted life.

Psychological aspect

Many studies demonstrated that consequences of diabetic ulcers have huge psychological and emotional impact on patients' lives. Immobility has been recognized as a highly connected disturbance to various emotions in the literature (Brod, 1998; Kinmond et al, 2002). Patients with diabetic ulcers have more frustration, anger, guilt and depression (Brod, 1998). In a systematic review by, Herber et al, (2007) reported that patients with leg ulcers have a pessimistic vision of their future. These patients have low self-esteem and more health-related worries than patients without leg ulcers. And also, previous studies revealed more depressive symptoms, poorer psychological well-being and perceived health among patients with a history of DFUs. Diabetic patients with chronic foot ulceration or lower limb amputation have a poorer psychological adjustment to illness than and the diabetic patients without ulcers. As well as diabetic patients with ulcer more depressed and dissatisfied about their personal lives and hold a more negative attitude towards their feet than diabetic controls (Carrington, 1996).

Economical aspect

The economic impact on QoL among ulcer patients is hugely reported in the literature. Patients' have restrictions in mobility due to ulcer location and size, pain, large dressings and medical advice on offloading the foot often result in an inability to work or lost time to work. Consequently, these patients have enormous financial constraints (Brod, 1998; Ribu and Wahl, 2004), which affects receiving treatments. Financial expenses may be related to ulcer treatment, traveling to seek treatment, additional footwear, and cost involving for increased use of telephones (Gilpin and Lagan, 2008). Many individuals with ulcers are frustrated due to the possibility of losing their jobs and show lack of compliance to follow the advice at the initial stage of the ulcer (Brod, 1998).

As shown above, diabetes foot ulcers hugely impact on patients' QoL in four different ways. Thus, it is essential that all nurses involve in managing these patients highly consider these impacts, and plan and provide needed care to improve the healing of the ulcers. Not only that, it is imperative to educate patients' families, and their relations to provide tender care and psychological support for patients to reach their recovery soon.

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It's Not Too Late To Care Yourself

S.N.A.M.Nawarathna, University of Sri Jayewardenepura

All of you see the light of this world, experience dark moments throughout our life journey and face the end of this life which is death, is common to every individual on this earth. In all these moments of our lives, we meet a special person, who is none other than the nurse. Nursing is one of the noblest professions in the world and those who have the opportunity to become a nurse definitely will have a credit for this life as well as their next life.

As a student nurse, I have taken the oath "to care sick and feeble and fit and well", which shed lights the fundamental role of a nurse. Nurses are close to the heart of the patient because of their compassion, but if their compassion is not included in themselves it is incomplete. As a nurse, therefore, caring yourself is critically important. Self-care is vital for our personal health, continuing care for others and also for our professional growth. Working in the nursing field can be tremendously fulfilling but caring for ill patients, coping with the stress of the job, and managing long shifts may affect our own health negatively. For being healthy, we need to attend to our own needs as we care for our patients. However, it can be very challenging. If the nurse is physically in pain due to any reason he or she is not in the best position to care for others. As the nurse is the most active person in the health care team, her physical fitness is vital. Prevention is better than cure; hence preventive measures are the best ways to achieve good health. Like every person, nurses need adequate rest and sleep healthy food and regular exercises. It is particularly important for nurses maintaining proper posture while doing procedures which minimizers some health issues.

Treating our brain and our body is equally important. As a student nurse, I have taken the oath with a three wick lamp in my hand. These three wicks symbolize of the heart

which shows the compassion of the nurse, hands which show the skills, and the head denotes knowledge of the nurse. We can treat our brains with knowledge and by updating with new information. We should always try to share our knowledge with peers, participating in discussions. If you are a staff nurse, share your knowledge with the students which will refresh not only your knowledge but the student nurse too. Furthermore, if there is anything that we don't know we should always seek advice from the senior staff of the health care team. This will create a conducive, pleasant environment in the workplace.

In addition, caring our emotional health is vital, as emotions are unexpected and unpredictable. We should try to enjoy every moment that we encounter. We have to be empathetic toward others, as everyone has critical periods of time which create disappointment, frustrations, and dissatisfaction leading to them making mistakes. Eventually, those affect the quality of care provided by them. Mutual understanding is very much important in working with other professionals. We have to pass .emotional lines during our lifetime. Whatever happens, keep your head up and walk through the obstacles with the most beautiful curve of your body that is your precious smile.

Practicing professionalism will help us to be a good professional. The way nurse behaves, the way she communicates, her knowledge skills, and attitudes will affect her professionalism. Showing respect to patients and co-workers, helping colleagues, and accepting diverse skills of other members of the health care team will build up a good professional.

Social health is also very much important in nursing. The Nurse has to be a good communicator and a smart leader. Nurses have to manage difficult and emergency situations without being panic and maintaining good interpersonal relationships with other professionals indicate the good social health within the nurse. Another important aspect is spiritual health. Spirituality is highly personal and it helps overcome issues. Managing such occasions successfully cope with pain and promote the healing process. Participating in mindfulness activities such as meditation or yoga helps us build up good spiritual health. In all, good balance in body, mind, and spirit creates a successful nurse. The nurse with good physical, emotional,

social and spiritual wellbeing is an asset in increasing a healthy world. Nurses provide tremendous support to restore health and promote the well-being of people using holistic approach during the caring process. As nurses, it is not enough to consider only others' health, you should love and care yourself too. Then only you can provide better care to patients. It's not too late to love and care to yourself.

Assertive people state their opinions, while still being respectful of others.

"We Did So", "We Taught So" and "It Happened So"

Esini Thilanka Jagoda, Nursing Tutor, College of Nursing, Galle

Research in nursing ultimately leads to quality care. Jayasekara & Amarasekara (2015) mentioned that, with intense changes in health care, it is a challenge maintaining the quality of care and preparing student nurses for the future profession (Jayasekara & Amarasekara, 2015). Research culture in nursing improves patient care and develops the profession. Research or evidence-based practice has two aspects; "doing" and "utilizing". This paper will discuss the research culture in nursing based on personal experience and reflection.

Many nurses of Sri Lanka in both clinical and education settings always express that "we did so", "we taught so" and "it happened so". They are very reluctant to change or accept new and global findings. Many of them do not search new knowledge in teaching and practicing. However, nurses cannot do some changes alone. Interdisciplinary collaboration is also one requirement to change the culture within the hospital.

Research was defined as "the collection of facts about a specific problem, their measurement, their comparison with other facts and generally accepted truths, and the arrival at conclusions which must be in harmony with the stated objective" (Ferguson, 1951). Nurses are expected to utilize and conduct research with a clinical focus. There are many examples which prove evidence-based practices are a lacking aspect in the country. For example, nurses all over the world have researched on music therapy in caring. However, the nurses of Sri Lanka rarely add such concepts in practice. The reason may be due to lack of influence from the policymakers and lack of influences from the hospitals. On the other hand, there is no published research on culturally accepted music therapy for Sri Lankan nurses.

The author has teaching experiences in two College of Nursing and one Allied Health Sciences Faculty. The students are taught that there are four vital signs; respiration, pulse, blood pressure and temperature. Nowadays, blood saturation (Tierney, Whooley, & Saint, 1997) and pain (Campbell, 2015) are considered vital to

examine, therefore considered as 4th / 5th vital signs. However, it is essential to assess blood saturation with the patients in critical conditions as a part of A-E (airway, breathing, circulation, disability, and exposure) assessment. The Sri Lankan nurses including nurse educators and higher level clinical experts do not use such evidence-based practices and poorly engage or poorly publish research findings to identify the gap of existing practice. On the other hand, policymakers in clinical nursing and education field in Sri Lanka might not use research findings to upgrade knowledge and practices until otherwise individual educators and clinical nurses use these findings individually.

Barriers of conducting research by Sri Lankan nurses

There is a lack of appropriately qualified research academic staff in the College of Nursing and might be in the faculties in different universities for nurses in Sri Lanka. On the other hand, if a nurse needs to carry out a research individually, there is no systematic way of having the assistance of a supervisor unless there are personal contacts. The help of the qualified supervisor is a benefit as the student nurses from colleges of nursing don't engage in research. They only exposed to prepare proposals, however, all the colleges do not have human resources to guide the students to develop research proposals.

Engaging in a research costs more. There is no dedicated research funding for nurses even for postgraduate students except academic staff of the universities. It is essential to disseminate research findings in Sri Lanka through local nursing journals, conferences and education programs, according to Jayasekara & Amarasekara (2015). Publishing a research in a high recognition platform is also a dream that never comes true for many nurses. Finally, getting ethical approval from the non-nursing ethical clearance board is a painful experience for some nurses. There is only one Ethics Review Board in Sri Lanka that has a nursing background in the Faculty of Allied Health

Sciences, Peradeniya. The author faced issues when requesting ethical approval for the research based on “Nurses” caring behaviors”. The Ethics Review Board informed to remove several questions from the questionnaire. The question was related to therapeutic touch, informing investigation results and giving information on disease condition to the patients. They claimed that Sri Lankan nurses do not have these types of practices.

Research culture of nursing in Sri Lanka

There are poorly developed research activities in nursing in Sri Lanka. The research nurse is a specialized role in nursing, globally. But for Sri Lanka, it is a dream up to now. Moreover, many research studies conducted by nurses in Sri Lanka are surveys, descriptive studies, qualitative approaches and rarely quasi-experiments. True interventional studies are rare in the clinical field of nursing.

On the other hand, when we are discussing the utilizing and doing research by professionals like nurses, the global trends go in different directions. There is a new trend that shifts of full engagement of the research process from professionals to public involvement. It is “patient and public involvement and engagement in research”. Rather than being subjects of research, the patients and public are actively engaged in the research process (“Patient and Public Involvement and Engagement,” n.d.). It is our duty to break the culture, “We Did So”, “We Taught So” and “It Happened So”, to develop the quality care.

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Cont. from page 11...

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Assertiveness is a skill regularly referred to in social and communication skills training. Being assertive means being able to stand up for your own or other people's rights in a calm and positive way, without being either aggressive, or passively accepting 'wrong'.

Current Trends and Expected Outcomes of Nursing Education in Sri Lanka

M.T. Ismath Banu, Department of Supplementary Health Science, Faculty of Health Care Sciences Eastern University, Sri Lanka

Medical sciences and technologies are changing dramatically and turned into more advanced due to the new discoveries in clinical research. These expanded technological advances improve the quality of care and prolonging life, but require more highly skilled personnel to absorb these at the health care delivery system.

The scope of nursing opportunities is growing rapidly as nurses become the frontline key professionals in the health care delivery system. Because they are the responsible persons for providing direct patient's care, educating the public and addressing the social and economic factors that impact the quality of care. These positive changes of nursing profession cause the significant challenges in terms of maintaining the quality of services, preparing nurses for the future demand and need of upgrading the standard of nursing education. But the shortage of skilled nurses in the country is a major health crisis to achieve a quality health service (Hellerawa & Adambarage, 2015).

In Sri Lanka, the early history of nursing education was hospital-based apprenticeship training and later moved into three-year pre-registration nursing education at a diploma level nursing program where is conducted by schools of nursing that are attached to the Ministry of Health. But based on the recommendation of the World Health Organization Global Advisory Group in 1992 that, basic nursing education should be at university standards and it was strongly supported by the Sri Lankan government to establish a policy (Jayasekara & Amarasekara, 2015). This nursing education is moving from diploma level to a four year Bachelor of Science in Nursing programs (B.ScN) at government universities that are attached to the University Grant Commission and the Ministry of Higher Education (MOH). Currently, five universities of Sri Lanka are establishing pre-registration degree programs. The Open University of Sri Lanka offers the B.Sc. in nursing degree program for registered nurses of the Ministry of Health, Sri Lanka as a post-registration degree. This program provides registered nurses with an opportunity to upgrade their current qualification to degree level. In addition to that

proposed affiliation of existing schools of nursing to the university sector, several other universities, including the Open University will propose to establish similar programs in the future and this program widens its capacity to offer the degree to students who had completed their high school (GCE A/L) in Science and Mathematics streams.

As an initial steps for changing the history of nursing education in Sri Lanka, The Sri Jayewardenepura Nurses Training school has been affiliated with the University of Colombo and formed a Nursing Faculty at Sri Jayewardenepura General Hospital premises to produce more number of graduate nurses annually which has been a long-term demand of the country (Colombo Page News Desk, 9 April 2017). Recruitment of degree nurses and filling of the vacancies in the nursing service at the national level will be supported to take our health service forward as a more qualitative and stronger service. This milestone contributes to creating graduate nurses with knowledge, attitudes, and skills required for better future. It could be able to absorb the expected number of nurses in the government and private healthcare sectors. If the government could be produced more nurses than the required numbers who meet the international industry standards, could be sent overseas where persistent big demand for Sri Lankan nurses and support the government to earn foreign exchange from nurses. In addition to that, there are large numbers of private sector nursing schools, but these are not considered as recognized nursing schools by the MOH and the Sri Lanka Nursing Council due to the inconsistency of program durations and standards.

This four-year undergraduate Nursing degree program is providing the evidence-based clinical practice and increasing the use of modern teaching and learning strategies such as student-centered learning, self-directed, self-motivated, discovery learning with educational technology and information technology. It helps to improve the professional nursing skills such as clinical, technical, critical thinking, leadership, teamwork and interpersonal skills to enhance the decision-making abilities clinically, academically and socially, develop the nursing competency standards and form leaders in the society (Jayasekara, 2013).

Due to the incorporating module of research education and training into Bachelor of Science in nursing curricula

(BScN) help to implement the evidence-based practice of patient care. It helps to establish a close link between the education and clinical sectors to conduct research, evidence utilization and delivers holistic care for patients and primary health care for the community. The dissemination of research findings in Sri Lanka through the establishment of local nursing journals, conferences and education programs could maintain the standard of nursing globally.

As a greater understanding of the Sri Lankan government that, upgrading higher education for nurses is the contemporary basic need, would provide the postgraduate educational opportunities through local and international universities with the aid of international funding agencies at very near future. And it increases the quality of the nursing workforce in the education, nursing practice, research and administration sectors. This positive forwarded movement could change the societal outlook of the nursing profession.

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Special Notes

The GNFSL is accepting articles from 1st December 2018 to publish in an upcoming News Letter which will be published at the next Annual General Meeting, 2019.

Please be ready with your research papers to present and publish in conference proceedings (January 2020) print with an ISSN number. We will inform you soon after the paper acceptance opened (During February - March 2019).

Key Critical Thinking Skills

Some skills are more important than others when it comes to critical thinking. Some of these skills are applied in patient care, via the framework known as the Nursing Process. The skills that are most important are:

- **Interpreting** – Understanding and explaining the meaning of information, or a particular event.
- **Analyzing** – Investigating a course of action, that is based upon data that is objective and subjective.
- **Evaluating** – This is how you assess the value of the information that you got. Is the information relevant, reliable and credible? This skill is also needed to determine if outcomes have been fully reached.

Based upon those three skills, the nurse can then use clinical reasoning to determine what the problem is. These decisions have to be based upon sound reasoning:

- **Explaining** – Clearly and concisely explaining your conclusions. The nurse needs to be able to give a sound rationale for her answers.
- **Self regulating** – You have to monitor your own thinking processes. This means that you must reflect on the process that lead to the conclusion. You should self correct in this process as needed. Be on alert for bias and improper assumptions.

Source : <https://nursejournal.org/community/the-value-of-critical-thinking-in-nursing/>

Evidence Based Practice through Nursing Research

H.S.Senarathne, Nursing Tutor, College of Nursing , Kurunegala

Researchers have confirmed that patient outcomes improve when nurses practice in an evidence-based manner. Therefore nurses need to stay up to date on the research findings in order to provide high-quality care through the evidence-based practice by utilizing the research knowledge.

What is nursing research?

Research is defined as a systematic inquiry that uses scientific methods to answer questions or solve problems. In nursing, it defines as a „systematic inquiry designed to develop knowledge about issues of importance to nurses, including nursing practice, nursing education, and nursing administration“ (Polit and Beck, 2006,p. 4). Therefore, research plays an important role in the nursing context. When considering the current situation, nurses like to engage in research in two ways. At one end, nurses read research reports to keep updating findings that may affect their practice. Therefore EBP depends on well-informed nursing research consumers. At the other end, nurses who are actively involving in designing and doing researches. In the past most researchers were academics but now are increasingly being conducted by practicing nurses.

Why research is important in Nursing?

Doing researches in every aspect of nursing is very much important to improve the quality of nursing care provided for the client through EBP. Because nurses can alleviate misunderstandings, identify new treatment methods and create new methodologies which improve patient the outcomes through the evidence gained by the researches. In addition to that, research helps to nurse to change the health care environment and regulations of the government. Not only that nursing research is becoming more important in health care due to increasing aging population that people are living with long-term conditions. Therefore nursing research can help address the healthcare needs of these patients and enhance their well-being (The Conversation, 2018). Research offers numerous benefits for nurses, for an instance, it helps nurses to build a good relationship with health care providers and patients. It provides professional standards which inspire the nursing profession. Research promotes shared governance which focuses on responsibility. Not only that research enhances job satisfaction by improving quality care while promoting self-development and moreover research builds confidence in nurses and fosters an exciting thriving work environment (Flaucher, 2009).Therefore nurses should identify the importance of carrying out researches and need to continue research works.

What is evidence-based practice (EBP)?

As patient care decisions should be appropriate clinically, cost-effective and result in positive client outcomes, those are should be based on evidence (Polit & Beck, 2014). The EBP generally defined as the use of the best

evidence in making patient care decisions. These pieces of evidence come from research conducted by nurses and other health care professionals. The EBP further describes as the conscientious use of current best evidence in making decisions about patient care to increase patient safety, improve clinical outcomes, reduce health care costs and to improve patient outcomes.

The barriers to implementing evidence-based practice in nursing

There may be individual and professional or organizational barriers to conduct researches and to utilize research knowledge for evidence-based practice in nursing. Generally, nursing professionals have less value on researches and they do not like to change their practice using new knowledge. Moreover, nurses do not have the support from administrators to conduct the researches and they do not have knowledgeable mentors to support for the research. Nurses are in busy schedules with their duty works hence they do not have sufficient time to conduct researches and no time to learn the research process. Lack of awareness about research or evidence-based research, research reports not readily available and difficult to understand due to the complexity of the research reports (Beyea & Slattery, 2006). These are the identified barriers to implement evidence-based practice in nursing.

Recommendations to improve research and evidence-based practice in nursing

Nurses can gain knowledge about the importance of doing clinical researches and can do researches. As well, they can assist researchers to collect information, and offer advice to clients about the importance of participating for the researches. Not only that each and every nurse can use the available evidence to improve their practice to provide quality of nursing practice as much as possible they can. Nursing professionals should identify the above barriers for conducting research and barriers for the EBP. Awareness programmes should be conducted to enhance their awareness of both in research and EBP. As the beginning, adequate time, guidance should be provided for the nurses to carry out research.

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