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**Dr. K.A. Sriyani**  
President of GNFSL

## Message from the President

It is my great pleasure and privilege to send a message to the official publication of the GNFSL newsletter, "New Vision".

Since the beginning of 2020, the COVID-19 pandemic has been hugely affecting the healthcare system of Sri Lanka. Being the leading health care professionals, nurses provide an immeasurable service despite their work settings. As the President of the Graduate Nurses' Foundation of Sri Lanka (GNFSL), I wish to record my great appreciation to the Sri Lankan nurses who provide their uttermost contribution to the healthcare service in the country during this pandemic situation.

Though the pandemic situation considerably restricted the activities of the GNFSL, we were able to organize webinars to share knowledge among nurses to improve their nursing practice and research. One of the important efforts that has been taken by the GNFSL during the past few months is working towards the initiation to publish the first nursing journal in Sri Lanka, "*Sri Lankan Journal of Nursing (SLJN)*". Another important aim of the GNFSL was developing a website to open the door for graduate nurses to easily join the Foundation and access knowledge and information shared. It is noteworthy to inform you that both these tasks will be completed in the near future, and you will have easy access to both.

We have observed a growing interest in submitting articles for publishing in the New Vision. While this trend is appreciated, it is essential to motivate nurses to disseminate their research findings among the scientific community. Therefore, we are pleased to invite you to submit your research articles to the SLJN. At the same time, we would like to invite you to join the GNFSL through the website.

The 3<sup>rd</sup> Biennial Academic Sessions is a significant event in the calendar of the GNFSL. To make it a reality, all the groundwork has been organized to conduct it as a hybrid conference and we are pleased to invite you to join us on 12<sup>th</sup> February 2022.

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 and meetings of the GNFSL and extend your contribution and encouragement to move forward in serving the nursing profession.

Thank you.  
Dr. K.A. Sriyani  
[presidentgnfsl@gmail.com](mailto:presidentgnfsl@gmail.com)

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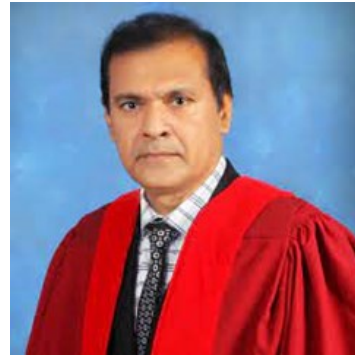
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# First Nursing Professor in Sri Lanka

**Professor Sudath Warnakulasuriya**

RN, RMN, BScN (OUSL), MScN (Adelaide, Aus.), PGDCP(Col.), PhD (USJP)

Professor Sudath Warnakulasuriya is the first-ever professor in Nursing in Sri Lanka. He is the present Dean of the Faculty of Nursing, University of Colombo. Prof. Sudath Warnakulasuriya commenced his professional journey as a nursing student in 1987 and completed his basic Diploma in Nursing at School of Nursing, Galle. Ever since he has been able to achieve the highest educational qualification and highest academic position in Sri Lanka within his 34-year service.

He graduated with a Bachelor of Science in Nursing (BScN), from the Open University of Sri Lanka in 1998 with upper-class honors, which was the only Nursing degree program in Sri Lanka at the time. He completed his Master's degree (MNSc) from the University of Adelaide, Australia in 2003, which sparked his research interests and motivated him in scientific research.

In addition to working in different hospitals in Sri Lanka as a nursing offer as well as a nurse educator in the School of Nursing Kandana, he has worked in the Republic of Seychelles for two years as a lecturer for mental health at the National Institute of Health and Social Sciences (NIHSS) by making a significant contribution to the field of Mental health at the international level. Prof. Sudath Warnakulasuriya went on to complete his Postgraduate Diploma in Psychological Counselling and Psychosocial Work (PGDCP) from the University of Colombo in 2010, and he obtained his PhD in 2014 from the University of Sri Jayewardenepura, making him the first PhD holder from a conventional university in the history of Sri Lankan nursing profession. His research interests mainly lie in the area of occupational health and work ergonomics which has led to a multitude of research discoveries and subsequent scientific publications in many peer-reviewed, high-impact scientific journals. Besides, he pioneered in better understanding of the mechanisms of low back pain and musculoskeletal disorders among different occupational groups including nursing.

Prof. Sudath Warnakulasuriya has been recognized as a leading scientific researcher in the nation when he was awarded the "Presidential

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Award for Scientific Publications” by the National Research Council on three occasions (2013, 2014 and 2017). Moreover, he received many professional awards including the “Florence Nightingale Award”, “Hedda Uttamabimani” award, “Psychiatric Nursing Award” for his contribution to the field of nursing. After spearheading the first BSc Nursing program in Sri Lanka at the Faculty of Medical Sciences, the University of Sri Jayewardenepura for 13 years, he joined the Faculty of Nursing, the University of Colombo in 2018 where he played a pivotal role in the committee for establishing the first-ever Faculty of Nursing in Sri Lanka.

Prof. Sudath Warnakulasuriya was also served as the Head of the Department in the Department of Clinical Nursing before being appointed as the Dean to the Faculty of Nursing in 2020 making history as the first Dean from the nursing profession itself. In addition, he had served as the President of the Graduate Nurses; Foundation of Sri Lanka (GNFSL) and Sri Lanka Nurses’ Association (SLNA) as an executive committee member for many years and currently serves as the President of Sri Lanka Nurses’ Association.

Prof. Sudath Warnakulasuriya has contributed as a resource person for various policy forums for nursing organized by the Ministry of Health, while being the Chairperson for program and curriculum review committees at the Ministry of Higher Education related to nursing. Prof Warnakulasuriya has participated in many national and international forums as a keynote speaker, orator, plenary speaker and conference chair on many occasions. He is a prominent member of the International Council of Nurses (ICN) and serves as a member of the scientific steering committee established for changing the code of ethics for nurses since 2018. Professor Warnakulasuriya has also been awarded the global nursing leadership training at Global Nursing Leadership Institute (GNLI) in Geneva Switzerland in 2018 under the International Council of Nursing and he has been awarded GNLI facilitator training in 2020. GNLI Alumni regional committee has selected Professor Sudath Warnakulasuriya as the regional facilitator for the South East Asian Region (SEAR) for the year 2022.

Sri Lankan nursing profession which dates back to 1939, saw the first-ever Sri Lankan Professor Nursing in Sri Lanka, when Prof. Sudath Warnakulasuriya was inducted in 2021 (effective from 2019) by the University of Colombo. This is a significant historical landmark in Sri Lankan nursing profession that all Sri Lankan nurses could be proud of and ignite the passion to embark on a similar journey.

The GNFSL is pleased to congratulate Prof. Sudath Warnakulasuriya for his achievements.

**Dr. G. Kisokanth**  
Secretary/ GNFSL.



### **Vice-President of OPA**

Dr. M.K.D.L. Meegoda has been appointed as one of the twelve Vice Presidents of the Organization of Professional Associations (OPA) of Sri Lanka for the year 2021/2022. The OPA is the apex body of professionals in Sri Lanka consisting of 52 member associations representing 32 disciplines. The Graduate Nurses' Foundation of Sri Lanka obtained OPA membership in 2005. Dr. M.K.D.L. Meegoda has been representing the GNFSL at the OPA as a Forum member and actively served in various Standing Committees for more than ten years. She has organized webinars and contributed in organizing annual conferences of the OPA for several years. She is currently serving as the Chairperson of the National Issues Committee in OPA for 2021/2022.

The GNFSL is pleased to congratulate Dr. M.K.D.L. Meegoda on her accomplishments and wishes her very best in all her future endeavours.

**With hard work and dedication,  
anything is possible.**

**Timothy Weah**

# Forensic Psychiatric Nursing and the Current Mental Health Legislature in Sri Lanka

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Nurses are employed in the psychiatric units island-wide. Though there are no designated positions such as 'Forensic Nurses' or 'Forensic Psychiatric nurses' in our country, nursing officers working in psychiatric wards are still performing more or less comparable duties to a designated "Forensic Nurse". The speciality in forensic nursing is multitude and the role related to forensic psychiatry is one of the most challenging duties of a nursing officer (Houck, Crispino & McAdam, 2017). This particular speciality links the medical field and the justice system.

The roles and responsibilities of a forensic psychiatric nurse would be many because they have to work with both who are involved in crimes and mentally ill; providing treatment, care and rehabilitation while protecting their rights (Dikeç, 2017). Further, to carry out a wide range of work included within their role, nurses in this field have skills in mental status assessment, preventing aggression, violence management, medication administration and balancing legal and medical issues (Jamerson & Turvey, 2014). Thus, a forensic psychiatric nurse should possess favourable attitudes and qualities to play the above role.

The first and most important quality that a forensic nurse has to be equipped with is, being non-judgmental about their patients since those patients are victims of crimes. Certainly, such victims are double stigmatized; on the one hand, they are suffering from a mental illness and on the other hand, they are convicted criminals or suspected to have committed crimes. They should be more empathetic towards the aggressive behaviours of victims. It is useless to be empathetic only, at the same time nurses should have the ability to identify high-risk patients who may warrant restraining to minimize the risk posed to others or themselves (Lyons, 2009).

Furthermore, nurses who work in psychiatric units should possess good knowledge of criminal law disciplines related to specific court cases especially criminal law, criminal procedural law, criminalistics and forensics because of the complexity of their work (Franjic, 2018).

With the above background, in the absence of any research evidence from Sri Lanka, according to the authors' view, the knowledge about the legal provisions regarding the current Mental Health legislature is not adequate among nurses in Sri Lanka, especially when it comes to involuntary admissions. Since a detailed analysis is not warranted for day

-to-day ward management, such aspects are rarely spoken out and totally neglected. Therefore, it is important to inform the readers on how the relevant Sri Lankan legislature had been formulated, the present Mental Health Act and the draft law with amendments.

## The Sri Lankan Mental Health Act and Involuntary Admissions of Patients

The current legislation, the Mental Health Act has its roots in the Lunacy Ordinance of 1873 and to the Mental Diseases Ordinance 1956. Though involuntary admissions should be in accordance with the Mental Health Act in Sri Lanka it is far from achieving. The reason is the out-dated current legislature.

## Overview of the Current Mental Health Act

As mentioned before, the current act is 155 years old to date. From time to time there had been amendments and the latest was in 1956. The act was formulated based on the prevailing social, economic and educational developments during the era. Concepts of abuse, human rights, rehabilitation, and counselling had not been recognized when the law was formulated. Therefore, the Mental Health Act is only proportionate to the medical knowledge and understanding of that era.

Thus, the act has considered only 'confinement' of aggressive or critically ill patients. Thereby the emphasis is more towards isolation and the main focus was the protection of others/society from dangerous acts by mentally ill people. There had been a minimal number of medical officers during that time and hardly any specialists in the field of psychiatry. Treatment methods and options were also limited. Therefore, it was not surprising to adopt 'isolation' or 'incarceration' as the best available treatment option. At that time, the main concern was about incarceration and the mental health institutions were considered "lunatic asylums" (Pengilly, 2019).

Furthermore, many methods of admission of the mentally ill had been recognized in this Act. The admission power had been vested upon District Courts, to police officers, Minister (most probably health), Grama Niladari of the areas etc. The current act has not recognized the stigmatization of the mentally ill and

the concept of equality have not also been respected. Involuntary admissions are to be directed to the National Institute of Mental Health (NIMH) and treating locally is not recognized. Even the consent of the patients has not been much emphasized, but surprisingly the act is still functioning.

### The Recent Advances

Over the years, knowledge, culture and society have developed extensively and it became evident that fundamental rights / human rights should be respected (Saya et al., 2019). As a result, the existing act was revised, and a new draft Mental Health Act was produced in the year 2007. The draft had been forwarded to the parliament and it is still at the bill level with the expectation of approval.

With recent advances, all the possible best outcomes had been considered during the formulation of the draft act and the objectives of that are as follows (Mental Health Act Draft, 2007).

- Protection of rights
- Establishing required services for treatment and care, rehabilitation
- Promotion of mental health and prevention of mental illnesses
- Provide equal access to mental health services for,
  - Involuntary patients
  - Prisoners and mentally ill offenders
- Establish Mental Health Board and Provincial Review Committees to regulate mental health services.

The other aspects that are worth mentioning in the new act are as follows (Mental Health Act Draft, 2007).

- Non-discrimination
- Respect, human dignity and privacy
- Access to medication
- Care of property of mentally ill people
- Consent for care
- No exploitation and abuse
- Promotion, prevention, and community services
- Acute inpatient care in regions
- Rehabilitation services
- Referral system
- Infrastructure as well as human resources

### Conclusion

The importance of nurses' involvement in the care and treat-

ment of forensic psychiatric patients with adequate knowledge is widely discussed. Knowledge of legal aspects of care provision is important for Sri Lankan nurses who work in psychiatry units, as they play an important role in the treatment, care and rehabilitation of forensic psychiatric patients. However, the current mental health act is 155 years old and it is outdated. Revising or amending this existing outdated law was completed years ago, but the country is still waiting to get this bill to be enacted as a law.

With the newly drafted law, rights of the mentally ill, community correction, rehabilitation, non-discrimination, and human dignity which have been identified as essential will be further enhanced.

Looking forward to an era of specialization, nurses should be knowledgeable on the current mental health legislature in Sri Lanka, its limitations and incorporate the essential elements of care stipulated in the revised act into their practice.

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# Assertiveness for a Successful Nursing Profession

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## What is Assertiveness?

Every individual possesses a unique style of communication based on the manner in which they get involved in interactions and share information with others. According to Alvernia University (2018), people demonstrate four communication styles, including passive, assertive, aggressive and passive-aggressive. Individuals with the passive style may not show any resistance when accepting events or behaviour of other people. Nevertheless, society, in general, considers the passive style as weak and vulnerable, and negatively evaluate those who demonstrate this communication style as fearful and futile (Maloney & Moore, 2019). On the other hand, the style of being aggressive, "pursuing one's aims and interests forcefully, sometimes unduly," is seen as powerful, dynamic, spirited, courageous, or innovative. However, the assertive communication style is recognized as the most effective type (Taghavi et al., 2014).

Assertiveness is a vital interpersonal skill that facilitates the imbalance of power among individuals (Alberti & Emmons, 2008) and is identified as the capacity possessed by the individuals to recognize and respect their own beliefs and those of others. It can also be defined as the ability possessed by individuals to fulfill their desires, defend one's rights, and express one's beliefs, feelings, and thoughts while concurrently recognizing and respecting the rights of others (Roya et al., 2014). Assertiveness is also considered to denote individual's capability of rejection by saying no, expressing requirements and negative/positive feelings, and starting, continuing and finishing a conversation (Lazarus, 1973).

## Factors Affecting Assertiveness

Assertive behaviour is developed with the influence of numerous factors (Binuja & Nagarajaiah, 2020). The general classification of factors that influence assertiveness of an individual is two-fold, namely intrinsic factors or attributes that are within the person. These include intrinsic factors such as gender, inheritance, disposition, sense of self-respect and self-assurance, level of knowledge and skill in practice, defiance, psychological factors such as anxiety and style of coping. On the other hand, extrinsic factors that are remain-

ing external to an individual such as his/her country, culture, religion, type of family to which he/she belongs, socio-economic status, educational status, profession, exposure to mass media, child rearing pattern of the parents, nature of parent-child interaction during his/her childhood, determined to keep up-to-date, peer group, and role models may also have an impact on the assertive behaviour of a person (Binuja & Nagarajaiah, 2020).

## Importance of Assertiveness in the Nursing Profession

Individuals who demonstrate behaviours associated with assertiveness have higher feelings of self-esteem and tend to achieve success in their lives efficiently (Ibrahim, 2011; Karagözoğlu et al., 2007). In addition, assertiveness has the potential to help individuals to demonstrate constructive social behaviours and suitable social interactions with others and improve their problem-solving ability and self-awareness (Hadavi & Nejad, 2018). When people demonstrate behaviours that demarcate positive assertiveness, it helps them in building close relationships. Furthermore, it facilitates the maintenance of healthy human relationships with no harm being caused to others (Taghavi et al., 2014).

Assertiveness is considered a valuable nursing skill since it brings numerous benefits for nurses (Roya et al., 2014). For instance, in healthcare settings, it has been noted that assertiveness strengthens inter-professional relationships, prevents workplace violence (Karakas & Okanli, 2015), reduces occupational stress, minimizes negligence, and improves nurses' leadership ability, sense of job satisfaction, professional autonomy, and professional efficacy. In addition, assertiveness is also directly correlated with nurses' caring skills (Montini et al., 2008). Apart from this, it enhances nurses' professional dignity, enabling them to solve their professional problems and preventing them from making inaccurate judgments (Yin, 2011).

More importantly, assertiveness permits nurses to develop influential team relationships. It has been identified that partnership with other team members needs

both a high level of assertiveness and a high level of cooperation (Boone et al., 2008). Moreover, nurses' assertiveness facilitates them when they are unsure or concerned about medical procedures, patient treatment, or patients' symptoms, which, in turn, contributes to reducing risk and preventing significant medical errors (McVanel & Morris, 2010).

### Improving Assertiveness among Nurses

Improving assertiveness skills among nurses and nursing students is an excellent investment for the future, which can be done through both pre-registration and post-registration education programmes (Timmins & McCabe, 2005). However, improving interpersonal skills like assertiveness is challenging, and several methods in teaching that are highly creative and are supported by empirical evidence need to be used in making the learning experience productive (McCabe and Timmins, 2003). For example, the teaching-learning strategy of role play could be used during particular teaching sessions to ensure that evocative, practically applicable learning occurs (McCabe & Timmins, 2003). Further, previous research conducted on assertiveness training programmes has shown significant impacts on improving assertiveness among nurses and nursing students worldwide (Eslami et al., 2016; Fensterheim & Baer, 1975; Karakaş & Okanlı, 2015). However, the necessity for more detailed research in the form of extensive controlled studies on the process of evaluating the efficacy of assertiveness training of nurses, namely performance of the analysis of subgroup, focusing on nurses working in high risk situations and comprehensive follow-up observations (Yoshinaga et al., 2018).

### Conclusions and Recommendations

Assertiveness is a crucial skill in the nursing profession. Therefore, it is recommended to inculcate well-designed assertiveness training programmes be incorporated into nursing education programmes implemented in Sri Lanka, and to improve assertiveness skills in pre-registration and post-registration nurses. Further, it is necessary to conduct extensive research on interventions to develop assertiveness among nurses in this context.

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# Population Ageing in Sri Lanka: Need for the Establishment of Gerontological Nursing

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## Introduction

Population ageing is a global phenomenon. Older people are at higher risk for developing age-related disabilities and chronic diseases (Maresova et al., 2019), leading to poor quality of life. Today, there is a particular focus on successful ageing. Kim and Park (2017) identified four domains of successful ageing: avoiding disease and disability, maintaining high cognitive, mental and physical function, active engagement in life, and psychological adaptation in later life. However, older people require more nursing care due to a rise in chronic diseases and disabilities as well as demand for health promotion. In light of this, nurses play an essential role in meeting the health needs of older people worldwide.

## Population Ageing in Sri Lanka

Sri Lanka is one of the fastest ageing populations in the developing world. In 2012, the older population in Sri Lanka was 2.52 million (12.4%) (Department of Census and Statistics, 2012); the number of people aged 65 or older will double by 2040 (Asian Development Bank, 2019). As a result, Sri Lanka has faced a significant challenge in meeting the health and other social needs of the ageing population. However, at present, there are no well-established geriatric and gerontological care services for older people in Sri Lanka.

## Need for Gerontological Nursing

Gerontological nursing reflects the broader scope of nursing care for older people, including health promotion, education, and disease prevention (primary and secondary care). Gerontological nurses predominantly work with older people in a variety of aged care settings, including acute care, skilled and assisted living, community and home settings (Miller, 2018). With chronicity and age-related limitations, there is a growing trend in the increased hospitalization of older people in Sri Lanka. However, there are limited facilities and opportunities to provide specialized care for older people within the current acute care settings. It is characteristic of Sri Lankan culture that older people are cared for by their adult children but socio-economic changes have altered this arrangement significantly (Watt et al.,

2014). Recent changes in traditional family structures, urbanization, and migration adversely affect the ability of older people to receive traditional family care within their communities (Kaluthantiri, 2015). As a result, the demand for home care and residential care has increased in the country. However, in Sri Lanka, these services are provided by untrained staff or care assistants. Although these services must be provided or supervised by registered nurses, there are no established systems to look after older people living in the community or residential aged care facilities by registered nurses. Therefore, gerontological nursing is a necessary initiative to respond to the growing nursing care needs of older people in Sri Lanka.

## Role of Nursing Professionals

There has been little improvement in gerontological nursing education in Sri Lanka due to insufficient attention paid by health policy makers, nursing educators and leaders. Nursing education in Sri Lanka has not yet essentially identified gerontological nursing as a core competency in nursing. For instance, majority of nurses in Sri Lanka qualified from Schools of Nursing attached to the Ministry of Health whereas three-year Diploma Programme in Nursing is offered but gerontological nursing has not been identified as a core subject in the curriculum. However, recently, some national universities in Sri Lanka started offering undergraduate degrees for nurses with Gerontological Nursing as part of their curricula. It is apparent that developing a national framework for incorporating gerontological nursing into the national nursing curriculum has become a necessity.

Moreover, the need for the establishment of gerontological nursing education in Sri Lanka is poorly discussed. This situation may be attributed to insufficient attention paid to geriatric and gerontological nursing in basic nursing education programmes. Nursing researchers have also paid limited attention to exploring the needs of the development of care for older people in Sri Lanka. Nonetheless two studies have shown that nursing students had poor interest and unfavorable atti-



tudes towards working with older people (Rathnayake, Athukorala, & Siop, 2016; Thilakaratne & Seneviratne, 2021). This situation implies the need for changing attitudes of nursing professionals towards elderly care in Sri Lanka. Moreover, there are no postgraduate or special training opportunities available for nurses interested in gaining more knowledge and skills on taking care of older people. Therefore, the establishment of postgraduate educational opportunities and special training in Sri Lanka is a timely need.

## Conclusion

In the Sri Lankan healthcare system, the role of gerontological nurses is vital in meeting the health and social needs of older people. At present, it is high time to develop gerontological nursing services and education in the country. Nursing curricula at national level need to be revised to incorporate gerontological nursing, and postgraduate educational opportunities in gerontological nursing need to be expanded. Moreover, priority should be given to improving attitudes and enhancing willingness among nursing professionals to work with older people along with essential policy changes related to elderly care.

## An Angel on Earth

*As beauteous as a flower,  
That always puts an uneasy heart at ease,  
As warm as a sunshine,  
That warms up a heart with kindness and compassion*

*A loving mama to crying babies,  
A kind sister to suffering mothers,  
Patient listener to lonely elders,  
Divine figure to last breathers*

*Hiding tears inside tired eyes,  
And forgetting her untold pains,  
Dreaming of her own baby's smile,  
At the bedside she will keep vigil.*

*Her touch of magic eases pain though  
Her immeasurable grace is unvalued so.  
Wondering when her worth is valued one day  
'The Lady with the Lamp' will care and console all the way.*

**D. M. Madurika**

Matara Regional Centre, OUSL

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# Overcoming English Language Apprehension in Nursing Education

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## Apprehension of Learning English

Apprehension of learning English remains one of the most frequently reported fears experienced by many undergraduates that has directly impacted their careers. This apprehension naturally continues to their professional life and has the potential to become a strong barrier for them to seek new knowledge and pursue higher education (Hashemi, 2011).

As the world moves with the wings of globalization, learning English has become a mandatory need. Moreover, achieving competency in English language plays a vital role in every individual (Rao, 2019). However, at the same time, learning English language is associated with negative experiences by learners in some contexts. They tend to experience an uncomfortable emotional state when using the English language. It makes them feel stressed and powerless (Krishnamoorthy, 2019). It is widely accepted that individuals may feel physiological arousal while using a second language due to the constant fear of being judged and assessed by outsiders (Khawaj et al., 2018). It is observed that apprehension of learning English language is a result of the personal beliefs of the learner, the teacher and the society at large (Krishnamoorthy, 2019).

## Apprehension for English Language and Nursing Education

To confront the new challenges in the healthcare setting, employers worldwide are looking for competent nurses in dealing with international standards. Hence, the need to improve English language proficiency and take appropriate steps to minimize apprehension for learning the language among nursing students. Further, many studies conducted worldwide have proven that apprehension for learning English remains one of the most dominant anxieties even at undergraduate levels of study (Palaleo & Srikrajang, 2018). A research study conducted among nursing students in an Iranian university tested for apprehension using an Anxiety Scale (Amiri & Ghonsooly, 2015). The results revealed that apprehension for English language remained at the topmost

fears among nursing students, and it seemed to have a tremendous impact on their academic performance). Another study conducted among eight nursing students at a Taiwanese university revealed that apprehension for English language remained a massive problem among all the nursing students interviewed and it had become a significant barrier for their professional growth (Wang, 2009).

## Improving English Language Proficiency among Nursing Students

It is observed that nurses with better linguistic competency are given priority in the international context. Therefore, it has become essential for nursing students to improve their language proficiency. It will make them potential beneficiaries while applying for foreign job opportunities. On the contrary, lack of such competency has the potential to become a primary cause for potential health risks for patients due to issues related to miscommunications and social misunderstandings. Hence, improving language proficiency will potentially benefit the well-being of both the patient and the nurses. With globalization, a commendable level of English language proficiency is a must to maintain standards of professionalism. As English is the primary medium of communication among people in the international context, English language proficiency of nursing students is a significant concern. Hence, it is essential to assess apprehension for learning English language among nursing students and provide them with the necessary motivation and training to overcome their apprehension. It will facilitate them to follow higher education and seek advancement in their career with great ease. This would, in turn, lead to better quality of service provided for the patients.

Moreover acquiring new knowledge and providing internationally standardized healthcare for patients. However, when it comes to the Sri Lankan context, strategies implemented to enhance knowledge of and

competencies in English language among nursing students are very few. Therefore, apprehension for learning English Language among nursing students in the Sri Lankan context remains an unaddressed issue, and this has become a considerable barrier to evidence-based nursing practice. Furthermore, although several studies have been conducted to explore the phenomenon of apprehension for learning English Language among nursing students worldwide, there is a dearth of similar studies conducted in the Sri Lankan context. Therefore, it is necessary to examine apprehension for learning English language among nursing students in Sri Lanka along with associated factors. Findings of such studies can be utilized for policy planning and initiating well-designed programmes to improve English language competency of nursing students in Sri Lanka. Furthermore, it will also empower and increase the nursing students' self-confidence as it will open the doors for internationalism to pursue further studies and explore more knowledge.

### Conclusion

Improving English language proficiency of nursing students will serve as a valuable investment for their future. It will definitely help them to overcome their apprehension for learning the language. This can sustain a greater interest in nursing professionals to conduct research and pursue opportunities for higher education both locally and internationally. Moreover, it has the potential to become a strength in achieving higher standards in the quality of nursing education in Sri Lanka.

### Being a Daughter of Nightingale

When I open my eyes  
I cannot see the world  
with the tears on their eyes...  
I always see the world  
with their screams and sighs...  
I used to pray to God  
to heal all the pain in their souls...  
Even if I cannot go to them  
with Her bright lamp,  
At any time I will be there in the painful nights...  
I sacrifice my young hopes and dreams  
for the benefit of the sick and the feeble...  
Every day and night  
I'm so happy to see their smiles...  
Even though my loved ones might miss me a lot  
they always welcome me at any time...  
Always I smile with the happiness of  
being a daughter of Nightingale...

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So never lose an opportunity of  
urging a practical beginning,  
however small, for it is  
wonderful how often in such  
matters the mustard-seed  
germinates and roots itself.

Florence Nightingale

# Work-life Balance among Nurse Educators

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Nursing education is a process of learning and training in the science of nursing, and it consists of theoretical and practical components provided to nursing students with the purpose of preparing them for their duties as nursing professionals (Aliakbari et al., 2015). Thus, nursing educators play a vital role in ensuring that the next generation of nurses is being prepared to meet the growing demands for healthcare services. In addition, nursing educators are also instrumental in shaping the future of the nursing profession, encouraging a focus on holistic patient care and illness prevention, as well as promoting community health. Further, they serve as faculty members in academic institutions, hospitals, and the community, transferring their valuable knowledge, experience, and skills to their students who will ultimately serve as the next generation of nurses.

In order to achieve a quality nursing education system in Sri Lanka, the role of academic staff should be continuously enhanced as they are the main pillars of the nursing education system. Nursing educators have different responsibilities. One such responsibility is classroom-based teaching in that nurse educators spend much time are also required to spend time on evaluating the achievement of learning outcomes of individual students. Further, Thomas et al. (2019) stated that increasing programmes for online teaching and learning may also pose problems that would lead to an imbalance in work and personal life. With these multiple tasks, nurse educators are often pressurized and find it difficult to balance professional work with their family life. This, in turn, has a direct impact on their quality of life and their service.

Work and family provide the basis for satisfaction and a sense of purpose in life. Therefore, if the balance between these two domains is not maintained, pleasure, happiness, and peace of a human being would be lost, which will cause irreparable loss for him/her. Therefore, every institution needs to build up a favourable work environment that can

help employees to balance their personal and professional life (Prabhashani & Rathnayaka, 2017). Dan (2012) stated that work-life balance (WLB) refers to the ability of individuals to combine and balance their work and family responsibilities successfully. Further, work can be considered as paid employment and it is distinguished from “life” which refers to non-work, comprised of free time spent in leisure activities with the family. Maintaining the balance between work and family life by giving priority for both professional and personal life is an essential skill that should be developed by professionals in any field.

Further, Schluter et al. (2011) emphasized that WLB is a self-diagnostic statement obtained by a person who can manage the responsibilities of work and family. This balance preserves an individual’s mental and physical health by preventing the emergence of a sense of sorrow and other negative emotions. Work efficiency can be improved by maintaining a good WLB, which results in high productivity. On the other hand, it is shown that failure to achieve the right balance between work and life would lead to a feeling of lack of control over workload and lack of energy to accomplish personal goals and commitments (Sedoughi et al., 2016). If there is no proper balance between life and work, it would lead to fatigue, poor performance, and reduced quality of life (QOL). QOL is an important dimension of health and is a subjective term that varies from person to person. It depends on a person’s capacity to cope with a situation (Jose & Bhat, 2014).

It has been revealed that nurse educators in other countries face WLB issues, struggling to balance professional work with family responsibilities and to maintain their QOL. Further, academic employees face many challenges in achieving a balance between their professional and personal life. It is noteworthy that

there is an imbalance in the work and personal lives especially among women academics (Goyal, 2014). Therefore, a commendable level of WLB needs to be ensured to achieve the health of academics and, in turn, enhance student outcomes (Lakshmi & Kumar, 2011). Further, WLB generates a sense of job satisfaction and helps to achieve higher employee retention rates (Agha, 2017). In contrast, inability to achieve WLB may lead to job dissatisfaction and burnout, which is a challenge to the educational system on the whole. Moreover, nurse educator burnout might affect the lives of students, peers, and administrators. Furthermore, major factors identified as contributing to the shortage of nurse educators are burnout and dissatisfaction with workload and WLB.

Thus, balancing a successful career with one's personal life is an essential skill that should be developed by of a nurse educator. However, developing this skill in oneself can be a challenge due to various factors. These factors are different from one discipline to another as well as from one person to another. Hence, identifying those factors is important as it will support to maintain the smooth functioning of nurse educators (Opatha & Perera, 2017).

Workplace support enhances positive energy among employees by means of WLB and psychological availability (Pulhin, 2020). On the contrary, failure to provide workplace support can deplete their energy and have negative psychological effects leading to impaired judgment and errors. The WLB of nurse educators is positively impacted by supervisory support and conducive work policies. Academics in Sri Lanka receive little or no family-friendly support from their institutions and thus struggle to achieve a balance between work and family with their endless workload (Vithanage & Arachchige, 2017). When individuals have a heavy workload in their work and family roles, they will find it challenging to attain a sense of satisfaction from their work and family. According to Shirey (2006), individuals in caring professions--mostly nurse educators—are vulnerable to job-related burnout. Failure to achieve WLB contributes to job dissatisfaction and burnout, which would, in turn, contribute to a shortage of nurse educators.

Furthermore, family support contributes in reducing the turnover intention of employees and increases their job satisfaction (Pulhin, 2020). Similarly, Goyal (2014) mentioned that nurses and doctors considered the support of spouses in household activities as the most important variable for their career advancement. Family members should provide their fullest support by understanding the work pressure of nursing academics which provides higher morale to balance their roles in work and personal life successfully. In addition, employees in nursing education institutions tend to work for a considerable number of hours per

day, including on weekends, and conduct special classes in addition to the normally scheduled ones. It was revealed that non-standard hours of work have a negative bearing on WLB, leading to dissatisfaction and stress (Agha et al., 2017) which would, in turn, result in family disturbances, de-motivation, and employee turnover.

In conclusion, supporting employees to maintain a healthy WLB can be used as a key component of an employee retention strategy and thus motivate employees to work effectively in an institution. Academic institutions can also improve academics' WLB by adopting supportive strategies in their workplace environment. Identifying influencing factors of WLB such as supervisory support, workload and family support would help to balance work and family life which would lead to the smooth functioning of employees. As such, nursing education in Sri Lanka can be enhanced by improving WLB among nurse educators so that their students will also reap the benefits.

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# Past Activities of GNFSL

## Empowering Nurses through Research Education

Webinar Organized by Graduate Nurses' Foundation of Sri Lanka



**30<sup>th</sup> Saturday, October 2021**

**Session I : 09.00 - 10.30am**

**Interviews in Qualitative Research**



**Dr. B. Sunil S. De. Silva**  
Dean/ Senior Lecturer in Nursing  
Faculty of Health Sciences  
The Open University of Sri Lanka

**Session II : 10.45 - 11.30am**

**Writing Research Abstracts**



**Professor Sudharshini Wasalathanthri**  
Professor in Physiology  
Department of Physiology  
Faculty of Medicine  
University of Colombo

### CALLING FOR ARTICLES FOR NEXT ISSUE OF "NEW VISION"

Send your articles related to Health and Nursing

- Include in-depth discussion of the topic of interest.
- Include a brief introduction, body; with subheadings and paragraphs according to your content, and the summary.
- Include the references according to the APA 7th format where ever necessary. Limit your references maximum of 10.
- Word limit -'750-1000
- Fonts: Times New Roman, 12 size, 1.5 spacing

# Forthcoming Conferences



**Graduate Nurses' Foundation  
of Sri Lanka**

## 3rd Biennial Academic Sessions

### IMPORTANT DATES

- Call for abstracts and General Articles 6th June 2021
- Submission Deadline 30th July 2021
- Notification of Acceptance 30th September 2021
- Registration (On or before) 30th November 2021
- Re-submission of camera ready copy 13th December 2021
- GNF Academic Sessions 12th February 2022

### Themes

- Current health problems, emerging health challenges
- Nursing trends and nursing issues
- Nursing education
- Continuing education
- Clinical nursing
- Public health nursing

### Abstracts

- Structure
  - Title, Author names and Affiliations
  - Abstract
  - Introduction
  - Materials and methods
  - Results
  - Conclusions and recommendations
- Word limit - Less than 300
- Should be sent in word format
- Font type-Times New Roman
- Font size - 11
- Send small description about the author including Name, contact no, Address and Email address

### General Article

- Structure
  - Introduction
  - Body
  - Conclusion/summary
- Word limit - 1000 words
- Page limit -2 A4 size pages
- Should be sent in word format
- Font type-Times New Roman
- Font size - 12
- Send small description about the author including Name, contact no, Address and Email address

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# Calling for Articles for Sri Lankan Journal of Nursing (SLJN)



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The manuscript should be submitted by one of the authors, who will act as the Corresponding Author. S/he should provide all the other authors' details upon submission of the article. The article must be prepared according to the guidelines provided below. The word count of the article should be limited to 3,000-4,000 words, and the abstract should not exceed 300 words. The manuscript should be language edited before submission.

## Cover page

A separate cover page must include a concise and informative title and the name/s of the author/s with affiliation/s, address/es of the affiliation, contact number/s and e-mail address/es of each author. (Authors' names should **not** appear elsewhere in the article).

## Formatting

All manuscripts must consist of the following elements:

- Abstract
- Keywords
- Introduction
- Materials and methods
- Results
- Discussion
- Conclusions and recommendations
- Acknowledgment and funding

## Abstract

The abstract should not exceed 300 words and should be devoid of citations and abbreviations. It must include the purpose of the study, the method, results, and conclu-

sions. .

### Keywords

A maximum of 05 keywords should be included below the abstract.

### Introduction

The Introduction should explain the scope of study giving background information and state the objectives of the study.

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Methods used in the study should be clearly explained in detail. All papers must state the full name of the ethics review committee and the approval number. A copy of the approval notice should be submitted with the manuscript.

### Results

This section should clearly mention the findings of the study. Unnecessary repetition of results should be avoided.

### Discussion

The Discussion should include interpretation of results, comparison with previous studies, and strengths and weaknesses in relation to other studies.

### Conclusions and recommendations

Clearly state the main conclusions of the study, implications and recommendations.

### Acknowledgment

All acknowledgments (if any) should be included at the end of the manuscript before the references. Anyone who made a contribution to the conducting of the study

or preparation of the manuscript but is not a listed author should be acknowledged (with their permission).

### Funding

This section should consist of an acknowledgment of all funding sources that supported the submitted work, as well as any commercial association that could pose a conflict of interest or create a bias.

### Font

The body of the article should be typed in Times New Roman 12 point, 1.5 point line-spaced, and justified.

### Headings

**Headings should appear in 14-point bold type in Upper- and Lower-Case letters as appropriate.**

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Use headings and sub-headings as needed.

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