



NEW VISION

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**Graduate Nurses' Foundation of Sri Lanka
2003 - 2005**

Communication builds understanding

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සභාපතිනියගෙන්

උපාධිධාරී හෙද පදනම සිය දෙවන සංවත්සරය සමරන මෙම මොහොත ශ්‍රී ලාංකික හෙද සේවාවේ අමරණීය මොහොතක් ලෙස මා දකිමි.

ස්වාධීනව සැමට එක්විය හැකි, තම අදහස් එළිදැක්විය හැකි, නව මං පෙත් සොයා යා හැකි, නැගිටින්නට යන්න දරන වුන්ට අතදිය හැකි, වේදිකාවක් ඔබට උරුම කරන්නට අප දැරූ ප්‍රයත්නය මෙසේ මල් එල ගැන්වීම සැබැවින්ම අපට සතුටකි.

ගත වූ දෙවසර තුල ගක්තිමත් වන්නට, අප සහෝදර හෙද හෙදියන් උසස් අධ්‍යාපනය කෙරෙහි යොමු කරවන්නට, සිතන්නට අලුත් යමක් දෙන්නට, හෙද සේවාවේ ගුණාත්මක භාවය නංවා ලන්නට එමෙන්ම නිසි පිළිගැනීම අප වෘත්තීය සඳහා ලබා දෙන්නට බොහෝ උත්සුක වූනෙමු. එසේ ගිය වෙහෙසකර ගමනේදී, ශ්‍රී ලංකා වෘත්තීය වේදිකා සංගමයේ සාමාජිකත්වය ලබා ගන්නට අප සමත් වූයෙමු. එය ශ්‍රී ලාංකික හෙද සේවාවේ ජයග්‍රහණයක් ලෙස මෙහිලා සනිටුහන් කරනු කැමැත්තෙමි. ශ්‍රී ලංකාව තුල වෘත්තීයක් ලෙස හෙද කම පිලිගැනුනු මෙම අවස්ථාව සේවාවේ නව නැමීමක්, සුභවාදී වර්ධනයක් ලෙස හැඳින්විය හැකිය.

ඒ සඳහා අප දිරිගැන් වූ, අප හා එක් වූ සැමටම අපගේ කෘතවේදිත්වය පලකරන අතර, සෑම විටම දැවැන්ත සෙවනැල්ලක් සේ සිසිල දෙමින්, මුදු වදන් වලින් අප බෞද්ධිමත් කරමින්, අප කරන දෑ අගය කරමින්, මග පෙන්වමින් නිරතුරුවම මෙම කටයුතු වලදී අප හා රැඳී සිටින උපාධිධාරී හෙද පදනමෙහි අනුගාහිකා අප දයාබර ගුරු මැණි වන්දා ද සිල්වා මැතිණියට පදනමෙහි කෘතවේදිත්වය සහ අපගේ ගෞරවනීය උපකාරය පුද කර සිටිමු.

හෙද සේවාවට අතිගය වැදගත් මෙම අවස්ථාවේදී වෘත්තීය සංවර්ධනය අඩාල කරන ප්‍රබල අභියෝග සම්බන්ධව යම් සටහනක් තැබීම, ඔබගේ අවධානය ඒ කෙරෙහි යොමු කරවීම වැදගත් වේ යැයි මා සිතමි.

හෙද අධ්‍යාපනයට, සේවාවට, සේවාවේ අනන්‍යතාවයට වර්තමානයේදී බොහෝ අභියෝග ඇති බව අප දනිමු. විශේෂයෙන්ම හෙද විදුහල්වල භෞතික සම්පත් දියුණු නොකිරීම, අධික ශිෂ්‍ය කණ්ඩායම් එක වරකට බඳවා ගැනීම මගින් සේවාවට ඇති වන හානිය කොතෙක් ද? සංඛ්‍යාව දෙසිය ඉක්මවූ ශිෂ්‍ය සමූහයකට එක්වර ගුණාත්මකව දේශන ලබාදිය හැක්කේ කාටද? ප්‍රායෝගික පුහුණුව එලදායක ලෙස කෙසේ ලබා දෙමුද? 10 : 1 ලෙස තිබිය යුතු හෙද සිදු ගුරු අනුපාතය ශ්‍රී ලංකාවේ 75 : 1 ලෙසවත් නොමැත. එවන් පසු බිමක සිට අප හෙද අධ්‍යාපනයේ ගුණාත්මක භාවය ගැන විමසීමෙන් පලක් නැත.

රෝහල් සේවාව ගැන විමසුවහොත් තම දෛනික රාජකාරියෙන් ඔබ්බට යමක් හිතන්නට, රාජකාරියෙන් පිට සුළු වේලාවක් හෝ වෘත්තීය සංවර්ධන කායඝීයන් සඳහා එසේත් නොමැතිනම් තම දැනුම වර්ධනයට යෙදවීම හෙදියට උවමනාවක් හෝ පෙලඹවීමක් තිබේ ද? ඇය තද නිද්‍රාවකට එලඹී සිටින්නීය. ඉන් අවදිව ඇස් හැර බලන විට ඇය තමාට හිමි ස්ථානයයෙන් බොහෝ ඇතට තල්ලු වී ගොස් සිටිනු ඇත.

මහජන සෞඛ්‍ය සේවාවට හිමි විය යුතු ස්ථානය අතිමිව ගොස් බොහෝ කල්ය. නොයෙකුත් වෘත්තිකයන්ගේ බල අධිකාරියට යටව ඉතාම අසරණව සිටින මහජන සෞඛ්‍ය හෙද සේවාව සම්බන්ධයෙන් කඩිනම් ක්‍රියාමාර්ගයක් ගැනීම අප සැමගේ වගකීමයි.

අප වරින් වර නොයෙක් දේ සම්බන්ධයෙන් කතිකා කරමු. හෙද හෙදියන් සඳහා විශ්ව විද්‍යාල අධ්‍යාපනය හෙද සභාව ආදී සියල්ල යථාර්තයන් බවට පත්වන්නේ කවදාද? මේ සියල්ල දිනා ගනිමින් ස්වාධීන වෘත්තීයක් ලෙස ගොඩ නැගීමේ අවශ්‍යතාවය හැකියාව අප සතුව ඇත. එසේ නම් අප හමුවේ ඇති අභියෝග අභිබවා එක්සත්ව එක්සිත්ව නැගී සිටිමු.

උසස් අධ්‍යාපනය තුලින් සේවාවේ ගුණාත්මක භාවය වර්ධනය කිරීමටත්, එහි ප්‍රතිඵල ජාතියට ලබා දීමටත් ඇප කැප වෙමු.

මාලිනී රණසිංහ,
සභාපති,
උපාධිධාරී හෙද පදනම.

*Message from the President
of
The Graduate Nurses' Foundation.*

It is indeed with great pleasure that, I write this message to the souvenir printed in connection with the 2nd anniversary of Graduate Nurses' Foundation. I'm proud to say that the GNF has furnished its members opportunities to be independent, innovative and to seek the new paths to bring forth and display their talents.

For the last two years, we have proven our capacity in encouraging our colleagues for higher education, improving the quality of nursing profession and we have given food for thought to be successful professionals.

I'm pleased to say that we have gained the membership of Organization of The Professional Associations and it is a great victory in Sri Lankan Nursing profession. I see it as a new opening and positive achievement for all of us.

I would like to express my sincere thanks to all who encouraged and helped us and my special heartfelt gratitude goes to Mrs: Chandra De Silva for her kind cooperation extended to us as the Patron of GNF. She has always been a great inspiration for us, giving comfort in our inconveniences, encouraging and appreciating us with her tenderness.

I think it is important to bring your attention to the challenges we have to face that hinder the quality improvement of nursing service.

We are aware of the existing challenges for nursing education and the service, such as insufficient physical resources and excessive intake of students in a batch.

How can we accommodate over 200 students in a class and provide quality education for them? It is impossible to give efficient and successful training for them, owing to the same reason. Besides, the student, tutor ratio is 75 : 01 in our institute where as the ideal rate should be 10 : 01 . One cannot expect efficient nursing education under such circumstances.

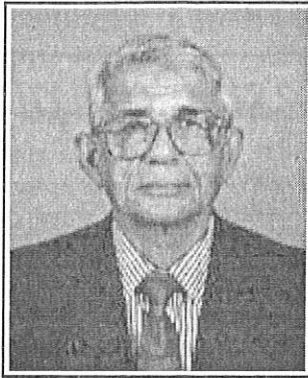
Today nurses realize that they are far away from the expected level of quality since they do not get opportunities for quality development other than performing day to-day duties. They have become so inactive in professional development since they are not encouraged or persuaded to make a start.

It is our responsibility to take prompt actions to review the Public Health Service which has been neglected by the authorities for many years.

We have been discussing many things in this regard periodically. When will we be able to provide University educational opportunities to our students? When will we be able to establish Nursing Council?

I believe we have the will power to make all these dreams a success one day. So let us work hard and in unity to overcome these challenges successfully in future. Let's dedicate to improve the quality of nursing service and to grant the results of it to our nation.

Malanie Ranasinghe.
President,
GNF



Message from the President of the Organisation of Professional Association

I consider it a great honour and a privilege to send a message to the Graduate Nurses' Foundation on the occasion of its Annual General Meeting.

Nursing is a very noble profession and nurses render a humanitarian service to all human beings in every part of the globe. During ancient times too nursing occupied a pride of place in society and "Gilano Upastana" was considered a very highly meritorious act. Florence Nightingale the mother of nursing profession stated 100 years ago that the object of nursing is to "Put the patient in the best possible condition for nature to act upon". Society today is very pleased that the graduate nurses pursue the words of this great mother of nursing.

"Nursing" or "the practice of nursing" means the identification and treatment of human responses to actual or potential health problems and includes the practice and supervision of functions and services that directly or indirectly have as their objectives, the promotion of health, prevention of illness, alleviation of suffering, restoration of health and optimum development of health potential . These are very noble objectives. With the formation of professional association for nursing and the alleviation of nursing to a graduate level the profession by and large has reached maturity status.

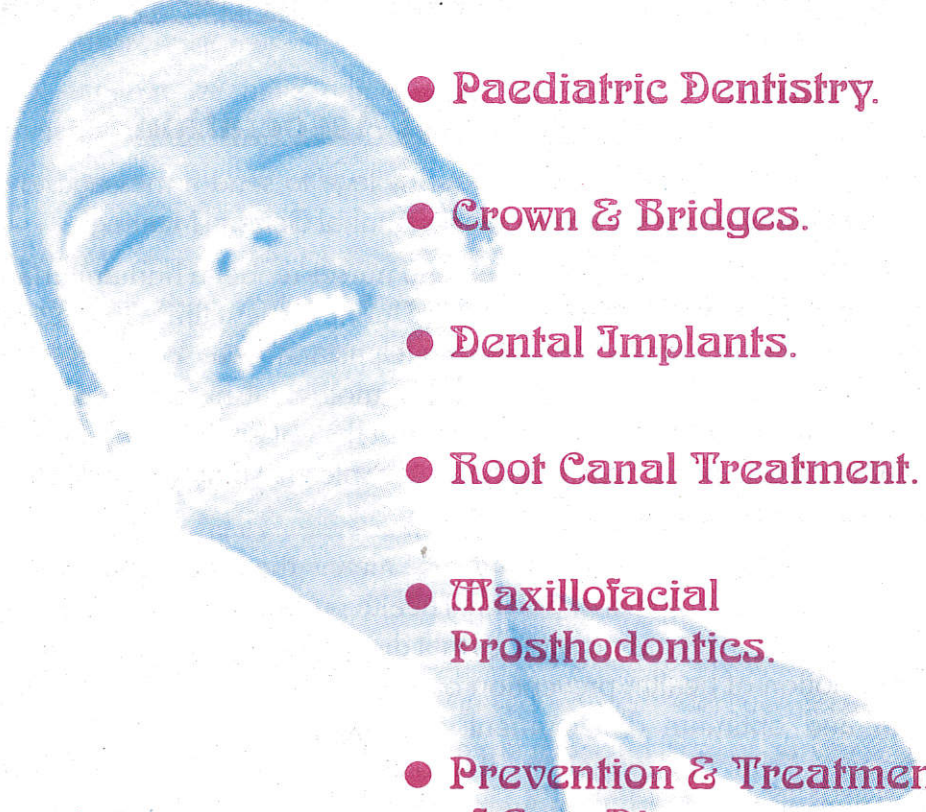
The admission of Graduate Nurses Foundation into the OPA as a full member marks another mile stone both for the profession as well as the Foundation. It gives me a great pleasure that the Graduate Nurses' Foundation was enrolled during my term of office as President of the OPA. I am personally aware that the Foundation representatives in the OPA make a very useful contribution to the OPA and they should keep this trend in the future. I wish the Foundation and all its members the very best in the coming year.

I hope today's deliberation will bring fruitful results for the nursing profession. I wish you the best of success.

H. H. Subasinghe
President - OPA

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The contribution of the Professional Nurse in the development of the country

To understand the commitment and the responsibility of the professionals towards socio-economic development of a country first of all one has to be familiar with the tasks that they are involved in.

The Professional Nurse

A nurse is a person who is trained in the art science of Nursing and meets certain prescribed standards of education and clinical competence to provide services that are essential or helpful in the prevention of disease, promotion, maintenance, restoration of health and well being of individuals.

We believe that nursing entail the care of individuals with actual or potential health problems and the manipulation of the environment to contribute towards optimal health.

Nursing is defined by the American Nurses' Association as "the diagnosis and treatment of human responses to actual or potential health problems".

Nurses are the largest numbers of health personal paving the way for a healthful living. They are highly qualified in their field of work and nursing is the only health service provided on a twenty - four hour basis.

Nursing is as old as man existence. It is considered that nursing is the extension of woman's role as a mother. Today it is a noble profession that attracts many young girls all over the world. Nurses have a global reputation for their experience in various fields, their high level of coping and their facilitative support when needed. When it comes to consider how this noble profession contributes to the development of the country it is better to start with the word "Health".

The saying "Health is Wealth" is felt and experienced by most people. Assimilation of the commentary, which now I am presenting will see how true the statement, is Lord Buddha 2550 years ago has said "Arogya Parama Laba"

The World Health Organization (WHO) defines "Health as a state of physical, mental and social well being and not merely the absence of disease or infirmity (WHO, 1986) spiritual well being which is an important aspect was added later in 1991.

For the development of a country people have to be in good health. Being physically well ; is not sufficient one has to be mentally well too. Coming to the social health aspect of man he/she has to be

accepted by the society. If society does not recognize and respect the individual, the impact on the individual is one of the most difficult conditions to resolved.

Health an important resource for individuals, families and communities. An individual's physical, mental, social and spiritual health is the greatest asset one has. An individual who is healthy is able to achieve the goals in life more easily and effectively, thus contributing to the country's development.

Nurses contribute towards the goal of Health from **womb to tomb**. The professional nurse's vast knowledge, skills and experiences and relevant attitudes are utilized to the fullest towards achieving the goal of health.

The nurse plays a crucial role in the development of the country through fostering health promotion, and disease prevention, restoration and rehabilitation.

Nursing Education in Sri Lanka.

The first School of nursing in Colombo was established in 1939. At present there are 13 schools of Nursing in Sri Lanka and one Psychiatric School of Nursing at Mulleriyawa where all nurses get an intensive psychiatric nursing training for a period of five weeks. There is one Post Basic School of Nursing Colombo where Nurse Managers and Nurse Tutors are trained.

Nursing education is carried out under very difficult conditions. Resources are limited but the nurse tutors through love for their profession work very hard to produce qualified nurses who could work in any setting.

During the British rule foriegn religions nursing nuns provided nursing care. At the time, few girls were trained to work in the wards. With each five year plan nursing education also increased to meet the needs of increased population. There was a demand and in the early 1960 s different categories of nurses were recruited which resulted in many problems. These categories were Emergency Nurses who had some preliminary training. Tuberculosis Assistant Nurses (TB) Who had specialized nursing training to care for Tuberculous patients. Then there were Nurse Aids to assist the Nurses in caring for the patients. There were endless disputes and the Ministry took measures to rectify the anomaly taking all of them for general nursing after giving them the required training. Currently all nurses working in government

hospitals are fully qualified and have the Medical council Registration recognized by other countries that offer them attractive job opportunities.

Another golden era for nursing in Sri Lanka dawned in 1994 with the commencement of B. Sc. Nursing Programme at the Open University of Sri Lanka with the help of Athabasca University Canada. Now it is over 10 years and the Programme continues.

Another achievement for Sri Lanka Nursing Community is the university of Adelaide in Association with the Faculty of Health Sciences, University of Sri Jayawardenapura Sri Lanka commenced Master of Nursing Science Programme in the year 2000.

The Nurses will not allow themselves to be silenced. They would cry for further development of nursing in this country. The development of Nursing Profession in itself is an indication of the development of the country. The present strength of the nursing force is around 19,500 in the country. 95% of these nurses are employed in the curative section for hospital based nursing. Time is ripe for nursing educators to re plan their education programme to ensure comprehensive training of nurses to include to function in curative, preventive institutional and community care.

Ethics

I must stress here that no country can develop without people adhering to the rules or principles that govern right conduct. Each practitioner upon entering a profession is vested with the responsibility to adhere to the standards of ethical practice and conduct set my profession. Nursing deals with the values and ethical principles governing nursing practice, conduct and relationships. An ethical code is intended to provide definite standards of practice and conduct that is essential to the ethical discharge of nurses" responsibilities.

Sri Lankan nurses follow the code of ethics laid down by the International Council of Nurses (ICN) in Geneva. Regulatory, decision and interpretations are made by nursing councils of each country. Unfortunately for us, although we are nearing 60 years of professional nursing development yet we do not have a nursing council, which is the regularity body. Nurses must work cohesively to achieve this in the near future.

Vision for the future

In Sri Lanka nurses are mainly utilized in the curative services. The time has come to reorganize the nursing service. Trained nurses should be working in the community and other insiitutions such as schools, factories and firms where nursing services are required.

Community Health Nursing is a field service, which deals in meeting the health needs of individual,

families and communities. This is done in their normal environment at home, in school and at their places of work.

The community health nurse provides nursing care to the sick, health counseling, health education and works in different places of work. She is concerned about people who are sick and well. It is not only the physically ill that needs the attention of nurses, but mentally ill and socially disturbed also requires the services of well-trained skillful competent nurses.

She has no difference in meeting the sick and well, the young and old, educated and the un educated, the rich and poor and male and female. She is competent to handle the problems and be a friend and guide to resolve their problems. She is responsible for family centered care rather than an individual oriented care.

There are chronic diseases, which require prolonged hospitalization or requiring the services of a community health nurse to look after such chronic conditions at home. Another very important area is the problem of the welfare of the aged, which is growing problem in Sri Lanka.

Industrialization is becoming an important feature of the developing countries resulting in urbanization. People migrate towards towns contributing to aggravate problems such as overcrowding, poor sanitation, poor housing, poor nutrition and occurrence of communicable diseases.

Sri Lankan nurses should be given short training in community health and utilize their services in the field. They will play a vital role in improving the public health of the country

May I request you to pause your thoughts and reflect the various roles played by the nurse and the quantum of knowledge and skills required for her to function.

Lastly I like to mention that 19,500 nurses daily contribute to the curative aspect of health. prevention of disease, promotion of health, maintenance and restoration of health and well being of the people thus participating actively in the development of the country.

Speedy and concerted action by nurse and other professionals is needed throughout the country for the development with dedication, honesty and integrity with a marked defense against bribery and corruption, dishonesty, social deterioration which is still rampant in the country.

Good Luck! For all professional making an effort to develop the country in this needy hour in the sprit of self-reliance and self determination.

[This speech was delivered at the 18th AGM of the OPA to represent nursing profession.]

K. Saranguhewa.
Nursing Consultant

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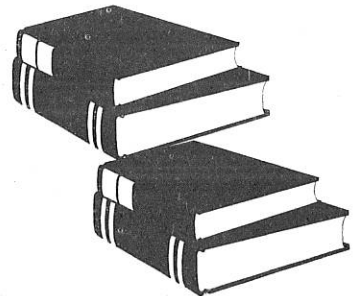
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Towards an all graduates profession - Our responsibilities

Nursing education in Sri Lanka has been undergoing significant changes over the last few years, moving from certificate to degree level, from hospital-based schools to integration within the higher education sector. In keeping with the international developments Sri Lankan government is committed to implement a pre-registration nursing degree programme at the university level from the year 2005. It is anticipated that all pre-registration nursing education will be gradually linked to the higher education sector from the year 2006.

In spite of several memoranda presented by Sri Lankan nursing educationists since 1960's requesting university education for nurses, there was absolutely no response from the relevant authorities. However, fortunately for Sri Lankan nurses, the Open University of Sri Lanka, in 1994, together with the University of Athabasca in Canada, commenced a B. Sc. Nursing Degree programme for registered nurses. That programme has produced over a hundred B.Sc. Nursing graduates.

A degree programme within the conventional university system was a long felt need by many Sri Lankan nursing professionals. The lack of higher qualified nursing personnel to teach at a degree level programme was the first problem encountered by the university authorities. The Master of Science Nursing Programme initiated by the University of Sri Jayawardenepura and conducted by the University of Adelaide during the years 2000 - 2002 was able to produce 20 nursing professionals with post graduate qualifications.

After many years of preparation, in August 2005 the University of Sri Jayawardenepura took the initiative to start a pre-registration degree programme for students who enter the university on the basis of G.C.E. Advanced Levels results in the science stream. Twenty-five students from 2004 A Levels who requested nursing as their course of study with Zscores above the biological sciences level were selected.

This move to undergraduate level education is a significant change in the Sri Lankan nursing education system. Naturally, some of us are resistant

to change or reluctant to accept changes in the work place. But on the other hand, some day we have to face this change experienced by many regional countries such as India and Thailand many decades ago. Indeed, this is a blessing for our future generations. We are moving towards an all graduates profession. We hope that one day all the nurses in Sri Lanka will be undergoing university education. Nevertheless, the move towards an all graduates profession will sometimes be very slow. The expected change will occur gradually throughout the decades, which we cannot predict at this point. Many other countries have different levels of education in nursing. Whether you become a graduate nurse or a certificate nurse both are serving the same people, people of our country.

It is expected that degree level education will provide a stronger theoretical foundation, which will enhance clinical skill development to meet future health care needs. Wherever nursing is taught, we are sure that the principles used are the same. There can be differences in the mode of delivery and the quality of training provided.

The B.Sc Nursing Degree programme - University of Sri Jayawardenepura

It is a four-year degree programme, which includes both theory and practice, aiming at developing competencies in nursing care of high quality. It will enable the graduates of this programme to work competently in a variety of settings collaborating with other health care professionals. At the same time we expect them to be sensitive to human needs.

The major areas of the course consists of basic & applied sciences, behavioral sciences & ethics, clinical nursing, community nursing and nursing research. The content in the first two years will be basically similar to the Ministry of Health curriculum, except the introduction of research and evidence-based practice at an early stage. Emphasis will be given to improve communication skills among students from the beginning of the course and they will be encouraged to view their own practice critically leading towards reflective practice. A major part of the final year will be dedicated to practice clinical nursing and

community based nursing.

Apart from lecturing, the teaching-learning methods include practicing of nursing skills, laboratory practicals, tutorials, group discussions and presentations, case studies, field visits and reflective portfolios.

Lateral Entry

Nurses who are employed in the Ministry of Health who wish to enter the degree programme will be admitted to the university at the beginning of the 3rd year of the existing batch. Credits will be given for their previous learning through accreditation of prior and experiential learning. It will provide opportunities to many experienced nurses to obtain higher educational qualifications and look for better positions in this country and abroad.

It is proposed that those who are eligible to apply will have to sit for an aptitude test conducted by the university. Those who will be selected have to undergo a bridging programme conducted by the university before they enter the degree programme at the 3rd year. The bridging programme will consist of subjects, which are lacking in their basic nursing education.

What is accreditation of prior and experiential learning?

It is a process in which learning gained through previous work and life experiences is identified, evaluated and compared with subject requirements in the university course. If this experiential learning is assessed as being equivalent to what is taught in a specific subject at the basic nursing education, credit will be awarded.

Clinical experience - learning in the practice environment

Learning during practice placement should be enhanced by clinical tutors/instructors who will be facilitating the student in the hospital. There are certain constraints such as the demand for qualified staff, preparation of staff, and obtaining ongoing support. However, the need to support student nurses during practice placement has to be considered seriously by nursing profession.

Some nurses work extremely hard, providing

routine care and they do not have time to think of even their own practice. In future we need nurses who will reflect on their own practice, who are enthusiastic about learning to meet the changing needs of the society, for better patient care. Also the vast experience gained by senior nurses for many years will be considered as a valuable resource for students during their clinical placements.

Especially those who are motivated to teach will have opportunities to become teachers and clinical tutors in the undergraduate programmes, which will enhance their teaching capacity and also their future prospects.

Our responsibilities

In this context, we should prepare for further educational changes in future and think about ways of developing and updating ourselves. We should think about ourselves being role models to the students and become more aware and concerned about our personal and professional images.

Invariably, you have to perform many tasks within a limited period of time. Also you have to give a little more time to the patients and their families to show that you care about them, and you are knowledgeable to discuss matters related to their health. Finally, we have to remind ourselves the roles and functions of nurses, and bring them in to action.

In conclusion, I would like to quote what Virginia Henderson wrote in July 1987, in her greetings to International Nursing Research Conference held in Edinburgh;

" When nurses' sensitivity to human need is joined with the ability to find and use expert opinion, with the ability to find reported research and apply it to their practice, and when they themselves use scientific method of investigation, there is no limit to the influence they might have on health care world-wide

Sujatha Seneviratne,
Lecturer in Nursing,
University of Sri Jayewardenepura.

Best Wishes

From



Bank of Ceylon

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Students' Page

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ළුගින්නට වෙයි මහලු මඩමක සියළු දුක් ගිණි තර වෙනේ

දිවෙන් දිව ගා කිසේත් රජ කර විදින මුත් අප විවිනේ
යලින් නොලැබේ ගොවුනු ඵදිනක රජය දිය වී යනේ
සිහින සිතුවිලි තුරුළු කරගෙන නොපැනු පැනුවක් නැනේ
සදා තනිකම නොමැත දිවියක් වහල විය අප වෙනේ ඵනේ

මඬ. ඩී. සිසිර කුමාර,
2003 ජූනි කණ්ඩායම,
ගෞරව්‍ය විදුහල - කොළඹ

සුභ පැතුම් !

ඔරිකේලේම් වෙතින් ව්‍යාපාරික අවස්ථාවක්

සමග
රැකියාවක් කරන හෝ නොකරන
අවු 18 ට වැඩි සෑම වයස් සීමාවකම
ස්ත්‍රී පුරුෂ දෙපසකයටම
අදහාගත නොහැකි ආදායමක් ලබා ගැනීමට
කඳිම අවස්ථාවක් !!!

විස්තර සඳහා
කණ්ඩායම් නායිකා
ඩී. ජයරානි

0722-625096, 011-2534963

සිතට කරදරයක් ගෙනො ආතතිය.

කෙනෙකුගේ ජීවිතයේ යම් වෙනස්වීමක් සඳහා බලකරන සිදුවීමක් ඇතිවූ විට ඔහු ඊට දක්වන ප්‍රතිචාරය ආතතිය ලෙස හඳුන්වයි.

පුද්ගලයකුගේ ශාරීරික පැවැත්මට, මානසික පැවැත්මට බලපෑමක්, තර්ජනයක් ඇතිකරන කවර හෝ හේතුවක් ඇතිවියට මුල් වෙයි. අපගේ සාමාන්‍ය පවැත්මට බාධා ඇති කරන හේතූන් නියත වශයෙන්ම මානසික තත්වය වෙනස් කිරීමටද හේතුවෙයි. මානසික මට්ටම වෙනස් වීම කෙරෙහි ප්‍රධාන වශයෙන් දුක බලපායි. එහෙත් දුක නිසා පමණක් නොව මේ සඳහා තවත් හේතූන් බලපායි. අලුතින් රැකියාවක් ලැබුණු අවස්ථාවක අයෙකුට වැඩ භාරගෙන තම සේවා ස්ථානයේ විවිධ නිලධාරී, කණ්ඩායම් සමඟ වැඩ කිරීමට සිදුවීම, තමාට නුපුරුදු පරිසරයක ජීවත් වීමට සිදු වීම වැනි කරුණුද ආතතිය සඳහා බලපායි. සුලභ ලෙස වර්තමාන සමාජයේ දක්නට ලැබෙන ආතතිය ඇති කිරීමට හේතුවන කරුණු ලෙස විශේෂවම, රෝගී තත්වයන් ඇතිවීම ගලපු කම්ම සඳහා මුහුණ දීමට සිදුවීම, ආර්ථික / මූල්‍යමය ගැටලු ඇති වීම, පවුලේ සහ දරුවන්ගේ ගැටලු, අසල්වැසියන් සමඟ ගැටලු ඇතිවීම වැනි සාධකද ආතතිය ඇතිවීම සඳහා බලපායි.

ආතතිය ඇති කරවන සාධක වර්ගීකරණය කල හැකිය. ඒවා නම්, ව්‍යසනකාරී තත්ව, නොවැලැක්විය හැකි තත්ව, අපගේ හැකියාවන් ඉක්මවා යන සහ ඒවාට අභියෝග කරන සිදුවීම්, සිතට අභ්‍යන්තරීකව පැන නගින සාධක ලෙසම දැක්විය හැක.

ව්‍යසනකාරී තත්වයන් ලෙස, ස්වභාවික විපත් මෙන්ම මිනිසා විසින්ම ඇති කරගන්නා හෝ කෙනෙකු පිඩාකාරී ලෙස තව කෙනෙක් කරනු ලබන හිරිහැර මේ කාණ්ඩයට අයත් වේ. ස්භාවික විපත් ලෙස ගංවතුර, භූමිකම්පා, සුළි සුලං තත්ව, පසුගිය වසරේ ඇතිවූ සුනාමි ව්‍යසනය ආදියද මේ යටතට අයත් වේ. යුද්ධය, කළහකාරී සිදුවීම් ආදිය නිසා මිනිසුන්ට අනපේක්ෂිත ව්‍යසනකාරී තත්වයන්ට මුහුණ පෑමට සිදුවේ. ස්ත්‍රී දුෂණය, කායික හිංසනයද, නිතර නිතර අසන්නට ලැබේ. අතදරුවාගේ සිට වැඩි මහලු කාන්තාව දක්වා දෙනා මේ අතවරයන්ට ගොදුරු වේ. එමෙන්ම අද දවසේ ඊය අනතුරු අන් කවර කාලයකටත් වඩා සිදුවෙයි.

මේ ආදී සිදුවීම් වලට මුහුණ පෑමට සිදුවීමේ දී විපතට පත් තැනැත්තාද, ඔහුගේ ළඟම පවුලේ සැදැහිත්ද බරපතල ආතතික තත්වයන්ට පත්වෙයි. මෙවැනි තත්වයන්ට මුහුණ පෑ අය කෙරෙහි දැකිය හැකි ලක්ෂණයන් ද වෙයි. බියකරු, අත්දැකීමකට මුහුණ දුන් තැනැත්තා පළමුව විප්ලවයට භාවයට පත්වෙයි. තමාගේ අභිමතය පරිදි රැකියාවක නිරත වීමට ඔවුන්ට අවස්ථාව නොලැබේ. අනතුරකට ලක් වූ අයකුට නම් තව අයෙකුගේ විධානයකට අනුව ක්‍රියාකාරීවීමට සිදු වෙයි. එමෙන්ම සිදුවූ අනතුරෙහි ස්වභාවය පිළිබඳව සිතිමට උත්සාහ කරයි. මේ හේතූන් නිසා සිතට ආතතියක් ඇතිවෙයි.

නොවැලැක්විය හැකි සිදුවීමක් ජීවිතයේ සාමාන්‍ය ස්වභාවයට බලපෑම් ඇති කරන කල්හි එයට සබැඳි බොහෝ සාධක මගින් මානසික ආතතිය ඇතිවේ. ආතතියක් සිතට දැණුන විට අපට සිදුවන්නේ කුමක් ද? මානසික වශයෙන් ද, ශාරීරික වශයෙන් ද අප එයට ප්‍රතිචාරය දක්වයි.

මානසිකව ඇතිවන ප්‍රතිචාර අතර කාංසාව, තරඟ සහ ප්‍රවන්ධකාරී බව, හිතාමතා කරන කාර්යයන්හි නිරත වීමේ නොහැකියාව ආදිය දක්නට ලැබේ. ශාරීරිකව වන වෙනස්කම් අතර ඇසේ කණීකාව විශාල වීම, රුධිර පීඩනය ඉහලයාම, නාඩිගැස්ම වැඩිවීම, පරිවෘත්තිය වේගය වැඩිවීම, පේශි සංකෝචනය වීම, අක්මාවෙන් අමතරව ග්ලූකෝස් නිපද වීම, ACTH කෝමනය ස්‍රාවය වීම ආදිය දැක්විය හැක.

විවිධ හේතූන් නිසා ඇතිවන ආතතිය තත්වයන් නිසා මත්පැනට යොමුවීම, විවිධ ප්‍රවන්ධකාරී තත්වයන්ට යොමුවීම, අධ්‍යාපනික කටයුතු අසාර්ථක කරගැනීම ආදිය සිදුවේ. මෙවැනි ආතතික තත්වයන්ට මුහුණ පෑමට සිදුවුව හොත්, තමා හොඳින් සිතා බලා කටයුතු කිරීමත්, ඉවසිලිවන්ත වීමත්, භාවනාකිරීමත් තම ආගම දහමට අනුව කටයුතු කිරීමත් වැදගත්ය. එමෙන්ම බොහෝ කාලයක් මෙවැනි අවස්ථාවන්ට මුහුණ දීමට සිදුවන්නේ නම් ප්‍රතිකාර ලබා ගැනීම වැදගත්ය. තමාගේ ආගමට අනුකූලව ජීවත්වන්නේ නම් තමන්ට මුහුණ පෑමට සිදුවන මෙවැනි තත්වයන්ට හොඳින් මුහුණ දීමට හැකියාව ලැබේ. තමාට සිතට යමක් දරාගත නොහැකි වූ විට ස්වඋත්සාහයෙන් හෝ වෙනත් අයකුගේ උපකාරීත්වයෙන් සිත වෙනත් දෙයක් වෙනුවෙන් යෙදවීම වැදගත්ය. විනෝදාංශයන් හි නිරත වීම, ස්වයං රැකියාවක් සඳහා යොමුවීම මගින් ආතතික තත්වයන්ගෙන් මිදීමට හැකිවේ. එමෙන්ම තමාගේ දෛනික කටයුතු සතුටින් හා සැහැල්ලුවෙන් කිරීමත්, ඉවසිලිවන්ත වීමත් වැදගත්ය.

තම රැකියා ස්ථානයේ හෝ නිවසේ කටයුතු කිරීමේදීත් තම දෛනික කාර්යයන් කාලසටහනකට අනුව කිරීමත් තමා සහ තමා සමඟ එකට කටයුතු කරන්නන් සමඟ කාර්යයන් බෙදාහැර ඒවා සහයෝගයෙන් කිරීමත් මගින් තම කටයුතු සාර්ථක කරගත හැකිය. මෙය පවුලේ සමගිය ඇතිවීමටත් මුල්වන අතර තම දක්ෂතා දියුණු කර ගැනීමටත් අවස්ථාවක් ලැබෙනු ඇත.

විවිධ හේතූන් නිසා ආතතික තත්වයන්ට මුහුණ පා සිටින සමාජයේ පිරිස කෙරෙහි මුලු මහත් සමාජයේම අවධානය යොමු විය යුතු අතර ඔවුන්ට සහයෝගය ලබා දී කටයුතු කිරීම ඔබ අප සැමගේ යුතුකමකි.

එච්. අයි. ඉරෝෂා සංජාති
2003 ඒ. කණ්ඩායම
හෙද විදුහල - කොළඹ.

Priority for Nursing Research

The quest for quality and cost-effective health care has brought evidence based practice and nursing research into the forefront. Nursing research is a systematic enquiry that seeks to add new nursing knowledge to benefit patients, families and communities. Nursing research applies the scientific approach in an effort to gain knowledge, answer questions, or solve problems. The knowledge generated through nursing research is used to develop evidence-based practice, improve the quality of care and to maximize health outcomes and cost effectiveness of nursing interventions. The main goal of nursing research is to improve care outcomes by advancing nursing knowledge and practice, and to inform health policy.

International Council of Nurses ICN (1997) has identified nursing research priorities in two broad areas that address the phenomena of interest to nursing. These are Health and Illness, and Delivery of Care services.

Health and Illness

Nursing research in health and illness focuses on a number of areas including promotion of health, prevention of disease, control of symptoms, living with chronic conditions and enhancing quality of life; caring for clients experiencing changes in their health and illness; assessing and monitoring client problems; providing and testing nursing care interventions and measuring the outcomes of care. The recommended nursing research priorities relating to Health and Illness are include issues such as HIV/AIDS and other sexually transmitted infections, chronic illness, infection control, women's health and mental health.

Delivery of Care Services

Nursing research priorities in delivery of care services focus on quality and cost effectiveness of care, community based care, nursing workforce and health care reform. Areas for nursing research include impact of nursing interventions on client outcomes, evidence-based nursing practice, primary health care, home care, quality of nurses'

work life, retention, satisfaction with work, impact of reform on health policy, program planning and evaluation, impact upon equity and access to nursing care and its effects on nursing and the financing of healthcare.

Strategies for Nursing Research

- Support and encourage National Nurses Associations (SLNA, GNF) in capacity building related to nursing research such as by developing a research agenda and priorities, research support and advice, research-related databases, research education, research dissemination and utilization, and promoting cooperation in nursing research.

- Continue to work with other Professional Associations (SLMA, OPA, WHO) and Ministry of Health, NGOs to conduct joint research; lobby for nurse researchers to be on appropriate research boards, and to allocate funds for nursing research.

- Develop and promote the utilization of the Internet as a strategy to enhance international communication among nurse researchers, increase access to documents, and provide access to an international pool of expert nurse researchers.

- Promote opportunities for nurse researcher to publish in international journals, and to established local nursing journals.

In the era of evidence based practice and knowledge-driven health care, nurses are constantly challenged to discover new and better ways of delivering care that is grounded in new knowledge and evidence derived through research. Nurses have a professional obligation to society to provide care that is constantly reviewed, researched and validated.

Reference

International Council of Nurses (1997),
Report of ICN Research Expert Group

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Australia

Do nurses consider about documentation? ;

A random survey among nurses in National Hospital of Sri Lanka.

Abstract

To improve awareness and existing practice of documentation among nurses in neurosurgical unit in National Hospital of Sri Lanka. (NHSL), is the main purpose of this study. When awareness and existing practice of documentation is improved, it helps to keep up our nursing practice. A total of 32 nurses completed the questionnaire, response rate was high with only 03 people refusing to participate. 86.6% nurses accepted documentation is very important and very needful, but referring 100 bed head tickets, only 13% were documented. That means there were gap between the knowledge and the practice. To fulfill the gap they also give various suggestions, which can be achieved.

Introduction.

From the beginning of nursing, nurses have had an easy relationship with nursing documentation. Iyer & Camp (1999) pointed out since the time of Florence Nightingale, nurses have viewed documentation as an important part of nursing practice, and documentation was used primarily to communicate, implement medical orders, not to observe, assess or evaluate the patient's status. They further mentioned during 1930's Virginia Henderson promoted the idea of using written care plans to communicate patient care information. With the establishment of the Joint Commission for Accreditation of Health care Organization (JCAHO) formerly JCAH (1951) and with the trend towards formalization of nursing standards, documentation became a way to evaluate nursing care. On the other hand with the development of the nursing process as a framework for practice, documentation has evolved to become an essential link between the provision and evaluation of care. Carpenito (1999) showed today's health care environment, with its increasing demands on professional nurses, necessitates the development of a

professional and efficient documentation, of a professional and efficient documentation system. Through my experience it is very necessary for us. But unfortunately most of our nurses do not practice the documentation. On the other hand there is no acceptable research findings for the nursing documentation in Sri Lanka.

Presentation & Discussion

A total of 32 nurses completed the questionnaire; response rate was high with only 3 people refusing to participate. Therefore the average participate rate was 91.4%, and range of experience 9 months to 19 years. The idea of the documentation in nursing is vary from nurse to nurse. 13.3% nurses have idea to charting temperature and fluid balance is documentation. On the other hand 30% nurses thought maintaining day and night reports is documentation. However 90% nurses have knowledge of documentation. But I referred bed head tickets in this unit I could observe they do not use their knowledge because I identified only 13% were documented.

When I asked whether documentation is need and very important to the nursing. 86.6% nurses accepted it is very important and very needful. But 3.3% nurses have thought it is not necessary to document. However when I referred bed head tickets I could identify only 13% were documented. That means there were gap between the knowledge and the practical setting. But the 80% of them have understood on aims and objectives of the documentation. On the other hand 83.3% nurses have thought documentation is needed do as soon as possible after the procedure or care. 13.3% nurses do it before the off from duty of them. Especially in intensive care unit. I have realized through my observation, it can happen in most of the time. According to the questionnaire 80% of nurses know the correct documentation skills

including date time and signature. But through my tickets observation only 27% nurses do documentation correctly including intensive care unit.

When I asked from nurses were they document honestly, 66.6% nurses told that they do honestly, but 20% do not do documentation. Regarding my references from bed head tickets 86% nurses do not document except maintaining temperature charts, fluid balance charts and drug charts. However 83.35 nurses accepted all details in patient care in very clear. Due to heavy workload 66.6% nurses document medical orders and 50% document temperature and fluid balance charts, and 46.6% report only do day & night reports. According to references from bed head tickets excepts intensive care unit 95% tickets were not documented any kind of nurses notes. But 35% can be found student nurses notes.

76.6% nurses pointed out, heavy workload and short of staff is the obstacle to do documentation well. English language difficulties were effected to 23.3% nurses. 36.6% were not having special need for do it. Another 26.6% nurses mentioned they have not guide from superiors and they also do not documentation as other nurses do not do it.

How ever these results, which I was taken from using my questionnaire, demonstrate a high level of knowledge in documentation, but in practical setting most of them do not apply their knowledge of documentation, they understand the importance of documentation and they have sound knowledge of how to use the documentation. But most of them do not use their knowledge in patient care. Through my observation from using bed head ticket I can realized it well. Over 80% of tickets were shown they only carry out doctors orders, without using nurses notes. Though they realized the importance of documentation, they think they can not do it due to heavy work load and short of staff .on the other hand except intensive care unit, other were documentation methods in most of the time'of past, therefore they are not proper guidance to follow up for new comers. Though they knew the importance it, they not do as it is not practicing in the ward.

According to our nurses existing knowledge they suggest a lot of things to improve the documentation among nurses. 50% of them suggest to improve the knowledge of documentation further regarding the legal aspects and the continuous patient care. That means they cannot sufficient their existing knowledge of documentation. However some of them pointed out the importance of new and efficient methods such as printed materials, charts and computers, but 40% of nurses suggested to increase the members of nursing staff to reduce workload. On the other hand some of nurses pointed out the importance of using English language. 20% of them mentioned to the need of further education of using English language. 26.6% of them pointed out the importance of supervision about documentation for it improvements. To do this 23.3% of nurses suggested to compulsory the documentation activities in patient care.

Most of their suggestions are very important to improve the documentation skills among nurses in our practical setting. In my view most of them know the importance of it, but they do not want to document as necessary part of nursing. Though analyzing these data I realized, we have to improve the documentation skills. According to them, there were a lot of suggestion to improve it. Though we are developing country and face severe shortage of nurses ,we can not neglected documentation because it is very important to or profession as well as personally. Therefore new methods, printed materials and computes are help to efficiently in documentation. On the other hand supervision and compulsory must be don for better improvements. If we can motivate the superiors for documentation, spontaneously junior & new nurses fallow them. Due to lack of abilities in using English language , individually they have to improve the English knowledge. It is good suggestion to convert nursing training sinhala to English medium.

B.Sunil S. De Silva. RN, BScN.
National Hospital of Sri Lanka

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නිලකරණ එදිරිසිංහ

මැණික් ලන්ද,
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Nurses perceptions on educational needs of diabetic patients on discharge from Hospital.

(This study was conducted for partial requirement of B.Sc nursing programme at O. U. S. L)

The purpose of this study was to determine the nurses perceptions on educational needs of diabetic patients on discharge from hospital. The study was carried out the national hospital of Sri Lanka. Fifty subjects were identified from four surgical wards in N. H. S. L. Sample was recruited both male and female nurses using representations sampling method from nursing population. All of the participants know that they have responsibility in educating diabetic patients and 98% believed that they have adequate knowledge about diabetic mellitus. The majority of the participants mentioned. Group discussion is the best possible teaching method for teaching diabetic patients. Participants revealed recurrent admission is a many probable consequence (35%) regarding several programme for diabetics patients on discharge from hospital 55% of them revealed pre discharge check list is the best programme for teaching diabetic patients on discharge from Hospital. Researcher prepared a special pre discharge check list for diabetic patient.

Methodology

The reacher selected quantitative descriptive summery.

Method

Sample - The random sample of 50 subjects were included both male and feemale nurses from four surgical words in N. H. S. L. four subjects were male and 46 subjects were female.

Instrument.

Self administered five pages contented written questionnaire with open and close ended questions provided to collect date.

Procedure : The proposal was submitted to the subject supervisor and approval has obtained from her next the research proposal was submitted to the special grade nursing officer. Surgical section . All participants provided informed consent the researcher approached participated on the evening shift.

The questionnaire covered key variables identified in the literature, such as demographic characteristics of the participants language ability of the participants facilities in wards, difficulties for teaching diabetic patients in ward innovative methods of teaching, convenient time for teaching the number of patients in wards and recommended educational programme. There were 15 Number of closes ended questions and 24 numbers open ended questions. Response rete was 100%.

Results

The research has already presented some demographic data of the participants demographic characteristics of the participants.

All of the participants knew that they have responsibility in educating diabetic patients. 98% of those participants believed that they have adequate knowledge about diabetic mellitus. 94% participants had stated that they had done client teaching programme. 90% participants mentioned

group discussion is the best possible teaching method for diabetic patients. Regarding the topics for teaching diabetic patients 30% of them stated personal hygiene is the most important one. 12% of them revealed foot care. 10% of them mentioned about exercise of long term treatment.

15% of them revealed about drugs. Regarding the probable consequences that can occur due to lack of health teaching for diabetic patients. Participants revealed recurrent admission (35%) complication (25%) hypoglycemic attack (22%) amputation (15%) and death (3%).

All participants reviewed that they felt the need of a innovative methods of teaching. In these methods leaflets (50%) public address system 20% vedio film (22%) and slides (8%)

responding to the question regarding the time 90% of the participants stated that they can spend. 10 minutes per day for education the diabetic patients.

Regarding special programme for diabetic patients on discharge from hospital 55% of them revealed pre discharging check list is the best program for teaching diabetic patients on discharge from hospital.

Discussion

This study provides so many reasons for nurses, inability to adequately educate diabetic patients. The most important issue that the researcher was found were lack of facilities heavy work load lack of positive attitudes toward health education. lack of interpersonal relationship among nurses, lack of managerial support, lack of motivation and knowledge about diabetic mellitus and related to health education. All of the participant agreed proper patient education would reduce recurrent admission of diabetic

patients, The study planning for diabetic patients particularly a pre discharge check list and at least a leaflet.

This research was completed in a very limited time frame . Sample was very small and representative. Sometime the participant answered the questionnaire, discussing with others. These findings not relevant to other hospital and nursing staff of other hospital, because this study limited to NHSL participants did not request all nursed in that hospital also

Recommendations

This study identified Sri Lanka nurses are not practicing health education in the clinical setting, because they have no time for practice in the clinical setting. However the research help to decrease gap between theory and practice. The recommendation include;

- ▶ Diabetic education and training
- ▶ Establish a system to provide feed back.
- ▶ Develop ward managers role regarding health education.
- ▶ Awareness programme for nurses
- ▶ National diabetic educational programme
- ▶ Provide book lets and vedio tapes.
- ▶ Computer & internet facilities for nurses.
- ▶ Written guide line
- ▶ Pre discharge check list.

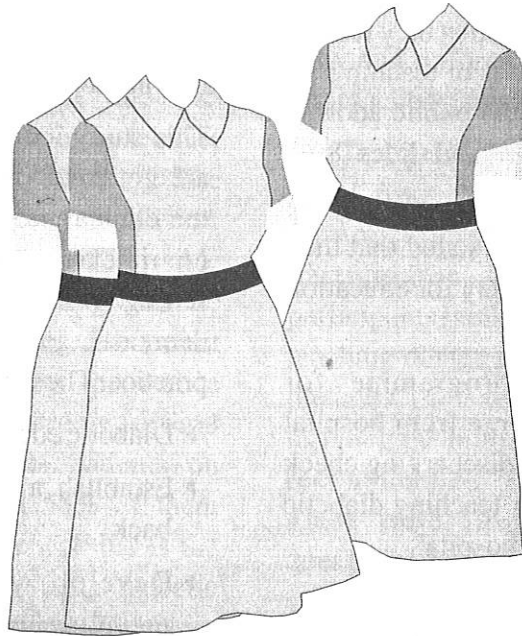
Mrs. Ranjanie Kulatunga (B. A)

Nursing Tutor.

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ශ්‍රී ගාන් වේලර්ස්

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විමසිම :

ආර්. ඩී. කමලාවතී,

විමලානා ග්‍රොසරි (පහත මහල)

කොළඹ පාර,

කුරුණාගල.

AIDS STIGMA

HIV/AIDS, A global epidemic was first diagnosed in U. S. A. in 1981 and Continue to spread unaware and unheeded. People Continue to practice unsafe sex and drives the problem nderground. HIV/AIDS has created a terrible burden for millions of individuals, families and communities worldwide. It is also a major challenge to development, peace and stability. The stigma contributes silently towards these problems.

Aids stigma is a quality that significantly disturbs and individual in the eyes of the society and is universal. Some of the reasons for Aids stigma are, lack of understanding of the disease, lack of cure, irresponsible media, reporting and social fears about sexuality.

Consequences of Aids Stigma

- ⌘ Stigma and discrimination are major barriers to utilizing health care services for prevention, diagnosis and treatment of HIV/AIDS.
- ⌘ Shame and fear associated with HIV/AIDS discourages individuals from seeking voluntary counseling, testing and treatment.
- ⌘ Many People prefer not to know their HIV status for fear of loss of confidentiality and the associated risk of stigma, loss of job, breakup of relationship.
- ⌘ People may not take preventive measures to protect them selves and their partners from HIV infection.
- ⌘ Following quoted will explain the consequences farther
 - (1) "AIDS attack body. Stigma/prejudice attack the spirit, one is caused by virus, one is caused by ignorance, both can kill"
(New Zealand AIDS Foundation)
 - (2) "Stigma prevents societies with HIV/AIDS, from appropriate health care services, legal and educational strategies"
(ICN president Miss. Christine Honcock)
 - (3) "Many People suffering from AIDS and not killed by the disease itself are killed by the stigma surrounding every body who has HIV/AIDS"
(Nelson Mandela)

(4) "As people with HIV are living longer and healthier lives it is vital that they live without for of discrimination"

(Derek Bodell, AIDS Trust)

How to fight AIDS stigma and Discrimination

Fighting stigma and its effects could profoundly improve the lives of individuals with HIV/Aids their families and society, can lead productive lives.

Intervention Strategies.

1. Acknowledging stigma and prejudice is the first step to combating them.
 2. Information based approaches
(Information and knowledge transmission about HIV/AIDS have positive effects on reducing stigmas and discrimination Information could be provided by leactures, pamphlets, or workshops.
 3. Counseling approaches positive reinforcement in the form of praise, and social support is provided for positive behaviour, behaviour change, or maintaining safe behaviour. This strategy increases family support and community acceptance.
 4. Contact with infected or affected people, knowledge of affected or infected people used alone or in combination with other approaches seems to reduce stigma and discrimination, by creating and opportunity to interact with a stigmatized groups.
 5. Creating supportive and safe workplace
 6. Creating HIV/AIDS friendly hospitals
 7. Training health care providers and emphasizing that care and treatment must involve dignity and compassion.
- Intervention to address stigma will only work if effective partnerships are built between governments, health care professionals and civil society, and with the active involvement of people infected and affected with HIV/AIDS.
- By.

Mrs. Malathie Dayananda
(R. N. , R. M. BSc (Hon.)
Pioneer ICO - (S. J. G. H.)

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Some useful Web Sites - Nursing

Professional Development : weekly free articles, Patient education materials

<http://www.nursing-standard.co.uk/professionaldevelopment/cpd.asp>

<http://www.nursingstandard.co.uk/rcnl.htm> - Royal College of Nursing, UK

Clinical Supervision in nursing

www.Clinical-supervision.com

Midwifery articles

www.intermid.co.uk

Online resources, fully searchable library of over 8000 peer reviewed articles

www.Internurse.com

www.nmap.ac.uk - a free gateway to internet resources in nursing

<http://wwwnurse.com/> - resources to every nursing specialty

Post registration nurse education, by open learning

www.openlearning.co.uk

World Health Organization web site

www.who.int/en/

Post graduate courses in nursing for information

- <http://www.nursing.ubc.ca/> - University of British Columbia, Canada

<http://www.nursing.umn.edu/>

<http://www.ana.org> - American Academy of Nursing

<http://www.british-nursing.com/> - A gateway to the best nursing websites in the UK

Nursing continuing education

<http://www.nln.org/> - National League for Nursing(NLN) - is an accrediting body for nursing education programs. Provides nursing testing exams, books, nursing continuing education , nursing education conferences

Nursing jobs - online job search

<http://jobcuenursing.com/> - Visit JobCue Nursing for employment in the nursing field

<http://www.nursing.state.az.us/> - safe and competent practice of nurses and nursing assistants.

Academic bodies

<http://www.aahn.org/> - American Association for the History of Nursing (AAHN) is a professional organization open to everyone interested in the history of nursing.

<http://www.acapn.org/> - ACAPN is the oldest psychiatric nursing organization in the U.S., and the only national nursing specialty organization for children and adolescent mental health.

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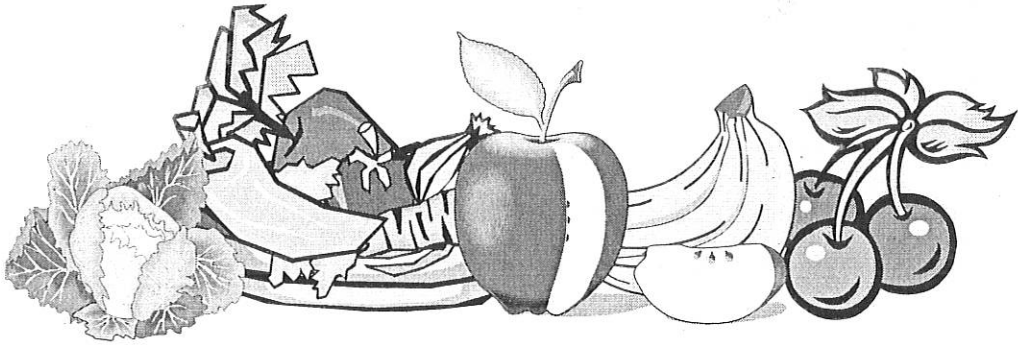
- ශ්‍රී ලංකා උපාධි ධාරී හෙද පදනම දෙවසරක් සපුරන මෙම මොහොතේ ආරම්භයේ සිට අද දක්වා අපට මඟ පෙන්වූ, අපට අත හිත දුන්, අප සමඟ සිටි ඔබ සැමට හෙද පදනමේ කෘතචේද්‍යත්වය පලකිරීමට මේ අවස්ථාවක් කර ගනිමු.
- අපගේ දෙවන සංවත්සරයේදී මෙවැනි සමරු කලාපයක් ඔබ වෙත පත් කරන්නට ලැබීම මහත් වූ භාග්‍යක් ලෙස සලකමු. අපට මඟ පෙන්වූ, අපට ශක්තියක් වූ නිරතුරුවම අප සමඟ රැඳී සිටි ගරු චන්ද්‍ර ද සිල්වා මැතිණියට අපගේ ගෞරව පූර්වක ස්තූතිය පුද කරමු. සැමවිටම අපට අත් වැලක් වූ අප පදනමේ උපදේශක මණ්ඩලයට අපගේ විශේෂ ස්තූතිය පුදකරමු.
- ගතවූ දෙවසර තුළ එක්සත්ව එක්සත්ව කටයුතු කරමින් පදනම සාර්ථකත්වය කරා මෙහෙය වූ විධායක මණ්ඩලයේ සියළුම සාමාජිකයන් මෙහිදී කෘතචේද්‍යව සිහිපත් කරමු.
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