



4th Biennial Academic Sessions 2024

**Graduate Nurses' Foundation of Sri Lanka
(GNFSL)**

Advancing Nursing Practice towards
Sustainability, Equity and Excellence

On

17th February 2024

This book contains the research papers presented at the 4th Biennial Academic Sessions of Graduate Nurses’ Foundation held on 17th February 2024. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form, without prior permission of Graduate Nurses’ Foundation of Sri Lanka.

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MESSAGE FROM THE CHIEF GUEST

PRESIDENT, ORGANIZATION OF PROFESSIONAL ASSOCIATION OF SRI LANKA



It is with great pleasure that I offer my compliments to the Graduate Nurses’ Foundation of Sri Lanka on the occasion of your 4th Biennial Academic Sessions. The theme of your conference *“Advancing Nursing Practice Toward Sustainability, Equity, and Excellence.”* will undoubtedly serve as an important platform in furthering your mission of fostering the development of the nursing profession and ensuring the provision of high quality nursing care management to the public.

Nurses are one of the most crucial pillars of our healthcare system, and play a key role in bringing about positive patient healthcare outcomes. As frontline workers, they often have to work under very trying circumstances to provide patients with the best possible treatment. Particularly in Sri Lanka, many nurses have to contend with very arduous situations as they strive to do their utmost for those in their care. Their work, particularly during the pandemic, has highlighted the excellence and professionalism of our nurses.

When Sri Lanka’s healthcare system has to contend with many challenges, it is crucial that the high standard of Sri Lanka’s nurses is maintained. In that context, your academic sessions will provide a valuable opportunity for the dissemination of knowledge. The experience and expertise shared at this conference will enable you to maintain the standards for which you are renowned while fostering the progress of the nursing profession in the country.

Staying abreast of the latest trends in technology and best practices is vital in ensuring that nurses can provide the best possible service to those in their care, while placing our healthcare system on a solid footing in dealing with new diseases. The conference will also enable you to network with your peers. The provision of healthcare often exacts a heavy toll on healthcare providers, and this will be a valuable opportunity for you to share your concerns and provide support and strength to your colleagues and friends.

I commend the efforts of the Graduate Nurses’ Foundation of Sri Lanka in advancing the standards of the nursing profession in Sri Lanka. As a valued member of the Organization of Professional Associations of Sri Lanka, your efforts align with the goals of the OPA to work for the development of the professions and the betterment of society. I am sure that, moving forward, we can work together to achieve our shared objectives.

In conclusion, let me offer my best wishes in your future endeavors. I hope that you have an enlightening, rewarding and inspiring conference.

Mr. Sarath Gamage

President/ Organization of Professional Associations of Sri Lanka (OPA)

MESSAGE FROM THE DIRECTOR OF NURSING DIRECTOR OF NURSING (MEDICAL SERVICES)



It is indeed a pleasure for me to pen this message and extend my warm wishes to the 4th Biennial Academic Sessions of the Graduate Nurses' Foundations of Sri Lanka, which will be held on 17th of February 2024.

Global nursing has rapidly developed in graduate and post graduate areas. So, to contest with international nurse, Sri Lankan nurse also has to be equipped with modern theoretical knowledge and practical skills.

The GNFSL is a voluntary and independent professional organization with graduate nurses as its membership which focuses mainly on the development of nursing and it is a professional organization working towards the development of the nursing profession to ensure a quality nursing service to the nation.

Nurses are key to achieving not just health-related sustainable development goals. So, advancing nursing practice towards sustainability, equity and excellence is important in achieving the expected goals. Nurses are the foundation of our ambition to universal health coverage. It is high time to prepare effective nurse leaders to the country.

As leaders of the country, we should consider the following key messages to uplift nursing.

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners with physicians and other health care professionals, in redesigning health care activities.
- Effective work force planning and policy making require better data collection and an improved information infrastructure.

Here, I believe the GNFSL has organized such a valuable forum on advancing nursing practice towards sustainability, equity and excellence to face the future challenges in nursing.

Mrs. M.B.C. Samanmalie

Director Nursing (Medical Services)

**MESSAGE FROM THE DIRECTOR OF NURSING
ACTING DIRECTOR OF NURSING (PUBLIC HEALTH)**



I am very pleased to deliver this message on the occasion of the 4th Biennial Academic Sessions of the Graduate Nurses' Foundation of Sri Lanka (GNFSL).

In the context of Sri Lanka, let us unite to shape the nursing future rooted in sustainability, equity, and excellence. Together, we aim to address unique healthcare challenges, fostering a resilient healthcare system that prioritizes environmental consciousness, ensures equitable access to quality care, and attains excellence in nursing practice. The conference will be a guiding light and to collaboratively navigate the path towards a sustainable, equitable, and excellent healthcare landscape for Sri Lanka.

Additionally, I believe this conference to serve as a catalyst for networking and knowledge sharing among nursing professionals in Sri Lanka. May it inspire innovative solutions, empower the next generation of nurses and cultivate a sense of shared responsibility towards sustainable healthcare practices.

Wishing the Graduate Nurses' Foundation of Sri Lanka's conference on *“Advancing Nursing Practice Toward Sustainability, Equity, and Excellence”*, great success in fostering a collective commitment to advancing nursing practice for the betterment of our nation's health and well-being. I believe your collective efforts have the potential to drive a positive change in nursing and promote a healthier society.

Ms. A.M. Ashoka Abeynayaka
Acting Director of Nursing (Public Health)

MESSAGE FROM THE DIRECTOR OF NURSING ACTING DIRECTOR OF NURSING (NURSING EDUCATION)



It gives me immense pleasure to express my warm wishes to the 4th Biennial meeting of the Graduate Nurses’ Foundation of Sri Lanka in 2024. The Graduate Nurses’ Foundation of Sri Lanka has been contributing much to enhance professionalism among nurses in Sri Lanka since its inception in 2003. Firstly, I would like to take this moment to express my sincere appreciation for all past and present office bearers, and active members for their tremendous leadership, guidance, and hard work to establish and develop the foundation as well as the nursing profession in Sri Lanka.

Nurses need to update their competencies to fulfill the health needs of the public with innovations, changes, creativity, and evidence-based practice. Graduate Nurses Foundation of Sri Lanka has always prioritized the development of competencies among nurses to deliver quality and safe healthcare for the public in the country and conducting various programs, conferences, and competitions in collaboration with different experts enables nurses to develop their skills.

I would like to invite nurses to gather around the GNFSL to uplift the standards in the nursing profession in Sri Lanka.

I wish you all success for the 4th Biennial Academic Sessions-2024.

Mr. W. A. Keerthiratne

Acting Director of Nursing (Nursing Education)

President, Sri Lanka Nursing Council

Secretary, Sri Lanka Nurses Association

MESSAGE FROM THE CONFERENCE CHAIR

4th BIENNIAL ACADEMIC SESSIONS - 2024

GRADUATE NURSES’ FOUNDATION OF SRI LANKA



I am delighted and honoured to deliver this message to the 4th Biennial Academic Sessions-2024 of the Graduate Nurses’ Foundation of Sri Lanka (GNFSL). The Biennial Academic Sessions is the most significant and lively event of the activity calendar of GNFSL.

We, as a professional organization tremendously believe that improvement of nursing research is the one of the vital directions for upgrading of nursing practice and education. Accordingly, the GNFSL has been unfolding the path to Sri Lankan nursing researchers to disseminate their important research findings through Biennial Academic Sessions of GNFSL since 2018. As a consistent event, the GNFSL conducts its 4th Biennial Academic Sessions on 17th February 2024 aligned with the timely significant theme “*Advancing Nursing Practice Towards Sustainability, Equity, and Excellence*”.

The Chief Guest at the inauguration of 4th Biennial Academic Sessions is Mr. Sarath Gamage, President of the Organization of Professional Associations of Sri Lanka, who will be addressing the gathering to provide insight and meaningful direction to help move forward the nursing professionals for the betterment of the nation. Dr. Sunil S. De Silva, Dean of the Faculty of Health Sciences of the Open University of Sri Lanka will be delivering the keynote speech aiming at the theme of the conference. The GNFSL is very grateful to them for taking time off from their busy schedules to add value and guidance by gracing the conference.

We were fortunate to organize this event as the most exciting and embellishing experience for the academics, undergraduates and postgraduate nursing students and nursing professionals, allowing the opportunity to share their valuable research findings and insights. For that, we were able to select certain abstracts to be presented following vigorous and blind review process as both, oral and poster presentations.

Organizing an event of this nature takes a collaborative and dedication. This was possible due to the vast contribution of the secretary, co-secretaries, and members of the organizing committee, by going far beyond the call of duty, where we were able to carry this task successfully. Therefore, as the Chairperson of the 4th Biennial Academic Sessions-2024 and on behalf of the Executive Committee of GNFSL, I convey my sincere gratitude and appreciation to them. I would like to specially mention a note of appreciation to the panel of reviewers for their thorough and timely reviewing of the papers, and the language editors for editing them. I am also grateful

to Chairpersons and members of parallel technical sessions for agreeing to assist at this event.

Furthermore, I would like to thank all the presenters for enriching the academic sessions by sharing their significant and eye-opening research findings and, for all the participants for their presence. I hope you will be inspired from the content of this session and will be able to create new ideas for your future research.

Finally, I wish all the presenters and attendees, all the very best, and I sincerely hope the 4th Biennial Academic Sessions -2024 will be intellectually motivating and academically productive to you all.

Dr. Sriyani Kumarasinghe

Chairperson /4th Biennial Academic Sessions - 2024

President / GNFSL

MESSAGE FROM THE CONFERENCE SECRETARY, 4th BIENNIAL ACADEMIC SESSIONS - 2024

GRADUATE NURSES’ FOUNDATION OF SRI LANKA



As the secretary of the 4th Biennial Academic Sessions, 2024 of the Graduate Nurses ‘Foundation of Sri Lanka (GNFSL), it is with great pleasure that I extend a heartfelt welcome to all of you. This conference theme is “Advancing Nursing Practice Towards Sustainability, Equity, and Excellence” and it represents an all-important step towards achieving excellence in healthcare.

The Graduate Nurses’ Foundation of Sri Lanka conducts this conference once every two years to disseminate research done by the staff nurses, nursing academics, as well as their students. The nature of our academic sessions offers an exciting connecting network and a platform where presenters can share their findings with research experts, their peers, and stakeholders.

As we gather for the 4th Biennial Academic Sessions, I am sure that the wide variety of topics covered will encourage strong discussions which will lead to opportunities for cooperation and increased understanding of health-based issues, further research, and better chances of improved health and well-being across our society.

I would like to extend my profound gratitude to the organizing committee of the 4th Biennial Academic Sessions who have dedicated themselves to the success of this event. Their commitment reflects the shared passion we have for advancing nursing practice through research.

All presenters, I send you my heartfelt best wishes as you take the stage to share with us your invaluable contributions. May your insights inspire a brighter future in healthcare.

I wish all the presenters the best of luck.

Thank you all.

Dr. H.S.M.S.K. Wijesiri

Secretary/ 4th Biennial Academic Sessions -2024

Secretary/ GNFSL

MESSAGE FROM THE KEYNOTE SPEAKER

Advancing Nursing Practice towards Sustainability, Equity, and Excellence



Nursing is a safety-critical profession founded on four pillars of clinical practice, education, research, and leadership. Registered nurses use evidence-based knowledge, and professional and clinical judgment to assess, plan, implement, and evaluate high-quality person-centred nursing care.

Advancing nursing knowledge, skills, and attributes are essential to foster professional practice. Every individual in the nursing profession can make a significant contribution to the advancement of nursing, no matter how big or small. The steps that nursing professionals can take to advance the profession will have a huge impact and can lead to long-term growth and change.

Why did you decide to pursue a career in nursing? There are probably many reasons but for most nurses, at least one factor is the desire to genuinely care for people. Sustainable practice can improve the care you give, not just to the patient in front of you, but also to the wider communities we serve, and the natural world we depend on. Sustainability in the context of healthcare is about the progress of the delivery of high-quality patient care for all by promoting the three elements of sustainable development - environmental, social, and financial.

Equitable care aims to provide the entire population with safe, efficient, reliable, and quality nursing care services at all levels of health. According to the Robert Wood Johnson Foundation, “Health equity means increasing opportunities for everyone to live the healthiest life possible, no matter who we are, where we live, or how much money we make.” Health equity is of vital concern to nurses, whose daily work as patient educators and healthcare practitioners is influenced by interrelated factors such as Health Disparities, Social Determinants of Health, Cultural Competence, and Social Justice.

What is Nursing Excellence? Helping nurses make their optimal contribution to patients and their work environments and the recognition of their efforts. Nursing excellence can be defined as the consistent delivery of high-quality, compassionate, and evidence-based care to patients. It encompasses a commitment to ongoing professional development, leadership, advocacy, and the promotion of patient safety and well-being. Nursing excellence also involves effective communication, collaboration with multidisciplinary teams, and a dedication to upholding ethical and professional standards in all aspects of nursing practice.

To advance our Nursing Practice towards sustainability, equity, and excellence, we all need to collectively think about the strengths and weaknesses that exist in our personal and professional lives.

Our organizing power as nurses is very limited, and we have been divided by many trade unions but not professional associations. Therefore, please **join a professional organization**. There are many organizations dedicated to the support of advanced practice for nursing professionals not only locally but also internationally. These organizations are an excellent resource of information about the profession, especially concerning policy changes and advocacy. You can get involved at a local or international level and get to know other individuals who share the same field.

Working with a mentor is extremely vital for advancing the Nursing Practice. As you advance through your clinical work, you will meet and collaborate with other role models. You may find one or two willing to mentor or coach you by sharing their insights and wisdom on how they have built their careers, problem-solving, or managing within the healthcare system. If you have a strong relationship with a mentor, they may even impart their knowledge on issues that they should have handled or done differently—perhaps a missed lecture series or research opportunity—so that you can be prepared if such opportunities come your way.

Attending in-service programs, webinars, nursing research, and symposia is extremely important to sustain excellence in your profession. In-service programs and research may be the richest and most varied source of learning apart from your formal degree-oriented coursework. In many cases, classes or lecture series may be available online, so you can attend them on your schedule. Other opportunities, including webinars, may be given as part of regional or national meetings, offering a chance to hear from leading experts in the field. Professional development lecture series may be available through your university (with possible attendance as alumnae) and your workplace, or a professional organization. Some will meet the necessary criteria to be counted as continuing education, and their credit hours will count toward recertification which will develop soon under your Nursing Council.

Networking. Connecting with peers and colleagues is a great way to keep abreast of important happenings in your healthcare or professional community. Speaking with other members of your network will give you insight and opportunities for collaboration which will help you with advocacy efforts around other nurse practitioners by introducing you to new and evolving practice methods and be a social outlet as well. To be a good network participant one must remember to bring something to the table. Always offer to help with group tasks and make sure to follow through.

Think outside the box. Anyone who has been a student can appreciate the value of a study break. Taking a slight diversion from your work will enable you to concentrate and help you relax and later refocus on your main task. You can use a similar method

when it comes to professional development. Occasionally, it pays to spend some time investigating subjects that are not in your speciality area. For example, if your focus is on clinical care, you might want to investigate nurse informatics or leadership. You might be able to do this casually through your professional network, or if you are interested, you can find a class on the subject. Also, do not forget the value of having a hobby or other interests to keep your mind nimble.

Plan for the future. Part of your professional development plan should include future goals. The healthcare landscape can change quickly, so look out for emerging trends and plan how your career will account for those changes in your practice, health system, or industry.

Nurses are bridge builders and collaborators who engage and connect with people, communities, and organizations to promote health and well-being. However, they need on-going support from the systems that educate, train, employ, and enable them to advance health equity. No one is immune from hate and prejudice, but everyone has the capacity for empathy, kindness, understanding, and unity in a shared hope for a more just and equitable world. The nursing profession is resilient and well-positioned to maintain its sustainability, equity, and excellence to help commence a new era in which everyone has a chance to live the healthiest possible life.

B. Sunil S. De Silva

Dean / Senior Lecturer in Nursing
Faculty of Health Sciences
The Open University of Sri Lanka

EVALUATION PANEL

Prof S. S. P.Warnakulsoriya

Dr. Sujatha Seneviratne

Dr. B. S. S. De Silva

Ms. P.W.G.D.P. Samarasekera

Dr. M.R.S. Jayathilake

Prof. G. Kisokanth

Dr. Kalpani Abhayasinghe

Dr. Bimba Wickramarachchi

Dr. R.M.T.B. Abeyratne

Detailed Programme – 17th February 2024

4TH BIENNIAL ACADEMIC SESSIONS- 2024 GRADUATE NURSES’ FOUNDATION OF SRI LANKA

08.30 am	Registration
09.00 am	Traditional lighting of the Oil Lamp
09.05 am	National Anthem
09.10 am	Welcome Address by Dr. Sriyani Kumarasinghe Chairperson/Biennial Academic Sessions - 2024
09.20 am	Cultural Event
09.25 am	Address by the Chief Guest Mr. Sarath Gamage,President, Organization of Professional Associations of Sri Lanka
9.40 am	Keynote Address by Dr. B. Sunil S De Silva, Dean, Faculty of Health Sciences, The Open University of Sri Lanka
10.05 am	Vote of Thanks by Dr. H.S.M.S.K. Wijesiri Secretary/ Biennial Academic Sessions - 2024
10.15 am	Refreshments
10.45 am	Technical Sessions
12.30 pm	Awarding Certificates & Closing the Ceremony
1.45 pm	Annual General Meeting of GNFSL

PROGRAMME FOR TECHNICAL SESSIONS

<p>Parallel Session 01- Oral Presentations (OP 01-OP 06) (10.45 am to 12.15 pm) Chairperson: Prof. S.S.P.Warnakulasooriya Panel Members: Prof. G. Kisokanth Dr. Bimba Wickramarachchi</p>		
10. 45 am	OP 01	Spousal Support When Preparing for Motherhood: A Hospital-Based Cross-Sectional Study <i>Rathnayake P., & Rathnayake N.</i>
11.00 am	OP 02	Nurse Educators' Perceived Challenges of Facilitating Clinical Supervision in Selected Nursing Schools in Sri Lanka <i>Podimahathmaya W.A.K., & Amarasekara T.D.</i>
11.15 am	OP 03	Challenges Faced by Nurses Working with Bystanders in Providing Hospital-Based Care to Bedridden Patients with Cancer <i>Perera, W. K. H., Manamperi B. C., Madushani, M.A.H., Harshani W. A. U., & De Silva, B. S. S.</i>
11.30 am	OP 04	Investigating the Relationship between Vitamin D Levels and Dietary Consumptions, Sun Exposure Patterns in 9-12-Month-Old Infants in Colombo District, Sri Lanka <i>Mapatunage, T.K., Senevickrama K.L.M., Hettiaratchi, U.P.K., Anusha K., Jayaratne K., & Liyanage, G.</i>
11.45 am	OP 05	Perception and Satisfaction among Nursing Students on Clinical Learning Environment; A Comparative Survey Between B.Sc. Nursing Undergraduates and Diploma Nursing Students in Galle District, Sri Lanka <i>Kahandawaarachchi, M.P., & Rathnayake, N.</i>
12.00 noon	OP 06	Practices and Perceived Barriers to the Use of Personal Protective Equipment in Handling Systemic Anti-Cancer Chemotherapy Among Pharmacists at the National Cancer Institute, Sri Lanka <i>Senarath N.S.A.S.N., De Silva., D., Rathnayake, R.W.M.W.K., Warnakulasuriya, S.S.P., Meegoda, M.K.D.L., & Jayasinghe,S.S.</i>
<p>Parallel Session 02 - Oral Presentations (OP 06 - OP12) (10.45 am to 12.15 pm) Chairperson: Dr. S.M.K.S.Seneviratne Panel Members: Dr. B. S. S. De Silva, Ms.P.W.G.D.P. Samarasekera</p>		
10. 45 am	OP 07	Workplace Safety Climate in Handling Systemic Anti-Cancer Chemotherapy Among Nurses at the National Cancer Institute, Sri Lanka <i>Senarath N.S.A.S.N., De Silva D., Rathnayake R.W.M.W.K., Warnakulasuriya S.S.P., Meegoda M.K.D.L., Jayasinghe S.S</i>

11.00 am	OP 08	Initial Linguistic and Cultural Adaptation of the Comprehensive Needs Assessment Tool for Caregivers in Sri Lanka <i>Weeratunga E.B., Meegoda M.K.D.L., Gunawaradana C.S.E</i>
11.15 am	OP 09	Exploration of Nurses’ Psychological Experiences of Transferring Critically Ill Patients Following Road Traffic Accidents <i>Tera, R.B.K., Rodrigo, W.P., Athapattu, N.D.K., Pushpika, V.A.D., Sriyani, K.A.</i>
11.30 am	OP 10	Factors Related to Lack of Interest in Self- Foot Care Management Among Older Adults with Diabetes Mellitus <i>Sewwandi, A.K.M., Buddeshika, A.P.K.N., Dharmarathna, P.R.N., Peter, G.K.D.R., Fernando, W.I.S., & Madhavi, A.V.P</i>
11.45 am	OP 11	Assessment of Physical Activity Status and Its Determinants among Antenatal Mothers with Gestational Diabetes Mellitus in Teaching Hospital Mahamodara, Galle <i>Gunasekara, T., Sundarapperuma, T.D., & Nanayakkara, P.M.</i>
12.00 noon	OP 12	Knowledge and Factors Associated on Child Abuse, Medico-Legal and Ethical Duties Related to Child Abuse among Pediatric Nursing Officers: A Descriptive Cross-Sectional Study <i>Jothirathna J.B.C.L, Warushahennadi J., & Rathnayake N.</i>
<p>Parallel Session 03- Poster Presentations (PP 01- PP 09) (10.45 am to 12.30 pm) Chairperson: Dr. M.R.S. Jayathilake Panel members: Dr. M.P.K.W Abhayasinghe, Dr. Thilini Abeyratne</p>		
10.45 am	PP 01	Medication Adherence among Patients with Diabetes Mellitus and Hypertension Attending the Medical Clinic at General Hospital Polonnaruwa, Sri Lanka <i>Hansamali, D.D.S., Amarakoon, A.A.S.W., Rathnasooriya, W.A.D.A.H, Adhikari, A.A.R.M., Piyasena, H.B.B.N, Edirisuriya, M.D., Hansini, K.H.C., & Senarath, N.S.A.S.N.</i>
10.55 am	PP 02	Attitudes towards Family Involvement in Nursing Care among Second-year Nursing Students in School of Nursing Kalutara in Sri Lanka. <i>Dilrukshi, K.T., & Amarasekara. T.D.</i>
11.05 am	PP 03	Knowledge on Dementia among Nursing Undergraduates in Two Universities in Sri Lanka <i>Gamage, H.G.P.M., & Senadheera, S.A.C.</i>
11.15 am	PP 04	The Prevalence of Pre-term Labor and its Associated Risk Factors among Mothers Attending Castle Street Hospital for Women, Sri Lanka <i>Jayarukshi, K.K.I.T., Kawshalya, W.R., Kariyawasam, H.K.D.R., Senewirathna, S.A.W.A., Chathurika, H.B.G.D., Senarath, N.S.A.S.N Abeyrathna W.M.D.N., & Nisansala, M.W.N.</i>
11.25 am	PP 05	Validation of the Sinhala Version of Motivation to Change Lifestyle and Health Behaviours for Dementia Risk Reduction Scale <i>Gamage, M.W.K., Sundarapperuma, S.M.T.D., Kariyawasam, P.N., & Madushanthi, H.J.H.</i>

11.35 am	PP 06	Knowledge on Recommended Nutritional Supplements and its Associated Factors among Post-Partum Mothers Attending Well-baby Clinics, Hiripitiya MOH Clinics, Kurunegala <i>Kulathunga, D.N.W., & Darshana, I.L.A.N.</i>
11.45 am	PP 07	Exploration of Nurses’ Experiences in Caring for Critically Ill Patients on Continuous Renal Replacement Therapy in Intensive Care Units of National Hospital of Sri Lanka <i>Shamali, W.N., & Sriyani, K.A.</i>
11.55 pm	PP 08	Attitudes and Predicting Factors towards Family Involvement in Nursing Care among Trauma Intensive Care Nurses, in a Selected Teaching Hospital in Sri Lanka: Preliminary Findings <i>Umayangani, M. A. L. & Amarasekara, T. D.</i>
12.05 pm	PP 09	Mental health literacy: A Survey of the Public’s Ability to Recognize Mental Disorders and Their Knowledge about the Effectiveness of Helpful Interventions and Professional Services <i>Abesinghe, A.M.I.D., Jayanetti, N.L., Katuwawela, K.P.D.K.I., Lakmali, K.P.W., Marikkar, F., & Priyanthi, W.N.</i>

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ABSTRACTS OF ORAL PRESENTATIONS

OP 01

Spousal Support When Preparing for Motherhood: A Hospital-based Cross-Sectional study

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Introduction: Men are the decision-makers in the Sri Lankan context. Their support and contribution are crucial for having a healthy infant. A husband's support, including emotional encouragement and practical assistance, can enhance positive outcomes in maternal and fetal well-being. It's necessary to share the responsibility with the wife in this critical milestone of women's lives. Hence, it is important to assess the support of husbands in preparation of motherhood (POM).

Objective: To assess the support of husbands of pregnant women who accompany their wives to the antenatal clinics of Teaching Hospital Mahamodara (THM).

Methodology: A hospital-based cross-sectional study was carried out with the participation of 310 conveniently selected husbands of pregnant women who attended the antenatal clinics of THM. A researcher designed, pre-tested self-administered closed-ended questionnaire was administered. It included 14 questions (answered in a 4-point Likert scale as always, as always, often, sometimes, rarely and never) to evaluate the support of the husband and marks were given according to a pre-determined cut-off and it was categorized into three levels (highly supportive; 38-56 marks, moderately supportive; 19-37marks, passively supportive; 0-18 marks). Descriptive statistics, and one-way ANOVA test were used to analyse the data with SPSS version 26. Ethical clearance was obtained from the Ethics Review Committee, Faculty of Allied Health Sciences, University of Ruhuna.

Results: The majority of husbands were between 20-40 years old. Of the husbands, 92.2% prepared the environment for the baby, 95.5% provided psychological support, love, and affection, 88.4% arranged the transport to visit the hospital, 86.1% provided comfort measures and strengthened the economy for the new era of family, 87.1% bought food items for their pregnant wife. Only 50.6% always supported their wife to exercise while 51.6% took care of domestic chores during pregnancy of their wife. The Mean (SD) support score was 51.82 (4.50). Most participants were highly supportive (98.7%, n=306) of POM. Only 1.3% (n=4) were moderately supportive. There was a significant association between the wife's occupation ($p=0.017$) and the extent of support of the husband in POM. Husbands of mothers who work in the private sector and are self-employed have more support than others.

Conclusions and recommendations: The majority of husbands were highly supportive for their wives on POM. But support for domestic chores and pregnancy exercises were comparatively less. The wife's occupation acts as a factor to extend the support from the husband. Health promotion can be influential in enhancing husbands' support through clinic visits, clinic sessions, and home visits by nurses and public health midwives to enhance the support more for those areas which saw a low level of support. Future community-based studies are recommended to identify the support of husbands in POM who are not attending the ANC.

Keywords: *preparation for motherhood, husband support*

Nurse Educators' Perceived Challenges of Facilitating Clinical Supervision in Selected Nursing Schools in Sri Lanka

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Introduction: Nursing students rely on nurse educators for guidance, support, role modelling, and diverse teaching methods for effective clinical learning and competency development. Recognizing the scarcity of data on clinical supervision challenges in Sri Lanka, this study aimed to explore the perceived challenges in facilitating clinical supervision as experienced by nurse educators in three selected nursing schools in Sri Lanka.

Methodology: This study utilized a mixed-methods approach. The quantitative component employed a descriptive cross-sectional design, with a sample of 54 participants who completed a pre-tested self-administered questionnaire during the initial data collection phase. Descriptive statistics were used to analyze the quantitative data. A descriptive qualitative design was employed for the qualitative component, involving 24 purposively selected participants. To ensure no information contamination, participants did not overlap with the quantitative study and were informed about confidentiality and data separation. Thematic analysis was used to analyze the qualitative data. Ethical approval was obtained from the Ethics Review Committee of KIU.

Results: The quantitative study involved predominantly females (n=50, 92.6%) with 5-15 years of experience (n=50, 92.6%) as nurse educators. The challenging factors identified were: student anxiety and reluctance (n=48, 88.9%), clinical setting interruptions (n=44, 81.5%), inadequate equipment for effective teaching (n=34, 63%), and insufficient hospital staff support (n=33, 61%). In the qualitative study, the majority of the participants were females (n=21, 87.5%) and had 5-15 years of experience as nurse educators (n=18, 75%). The study identified five themes and eleven sub-themes related to challenges in clinical supervision. These themes included student readiness for clinical learning, facing challenges, the need for administrative support, clinical teaching, and feelings of inadequacy and dissatisfaction.

Conclusions: The study uncovered a variety of challenges faced by nurse educators in clinical supervision. Implementing strategies to address these challenges is crucial for improving clinical supervision in nursing education in Sri Lanka.

Keywords: *perceived challenges, clinical supervision, nurse educators, Sri Lanka*

OP 03

Challenges Faced by Nurses Working with Bystanders in Providing Hospital-based Care to Bedridden Patients with Cancer

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Introduction: Even though many nurses worldwide expect bystanders' involvement in hospital-based care, especially for bedridden patients with cancer, some international nurses have reported various challenges from bystanders such as increasing the risk of infection due to poor hand hygiene of the bystanders, aggressive behaviour and poor health status of bystanders, and inadequate training and supervision to the bystanders. However, this is unknown in the Sri Lankan context. Therefore, the main aim of this study was to explore challenges faced by nurses working with bystanders in providing hospital-based care to bedridden patients with cancer in Apeksha Hospital in Maharagama.

Methodology: Seventeen nurses who have at least five years working experience in providing care for bedridden patients with cancer in two medical and two surgical wards of Apeksha Hospital were purposefully recruited for this qualitative descriptive study. Data were collected through individual semi-structured interviews and analysed using the thematic analysis method. Ethical approval was received from the Ethics Review Committee of the Open University of Sri Lanka.

Results: Three themes emerged from data such as extra burden on duty time, delaying the patient's recovery and antisocial behaviour. Under the extra burden on nurses' duty time, drain on hospital resources, overrated attitudes of bystanders and being unable to care were identified as sub themes. Being negligent, being a threat to a patient's life, an agent of spreading infection were sub themes of delaying the patient's recovery. Moreover, having unsafe relationships, money is the matter, and being a substance abuser were sub themes of antisocial behaviour.

Conclusions: Based on the findings, nurses experienced many challenges related to the bystander role including their carelessness, socially stressful behaving patterns and unfitness in providing patient care which increased the nurses' workload and ultimately reduced the quality care for patients. Hence, it is necessary to give a well-planned training programme (including soft skills also) to the bystanders to enhance quality patient care.

Keywords: *bystander role, challenges, bedridden patient with cancer*

OP 04

Investigating the Relationship between Vitamin D Levels and Dietary Consumptions, Sun Exposure Patterns in 9-12-Month-Old Infants in the Colombo District, Sri Lanka

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Introduction: Sunlight exposure stands as a primary natural source of vitamin D synthesis in the body. Understanding the dynamics between vitamin D levels with the dietary and sunlight exposure factors influencing its status in infants is essential for optimizing their health outcomes.

Objective: This study aimed to determine the association between vitamin D levels with dietary consumption and sun exposure patterns of 9-12-month-old infants.

Methodology: The cross-sectional study included a sample of 80 infants from the Colombo district, drawn through stratified random sampling from child welfare clinics as part of a larger study. Serum vitamin D values were assessed using an LAISION analyzer. A pre-tested semi structured questionnaire was used to investigate the dietary practices and sun exposure patterns of infants as reported by caregivers. The classification of vitamin D levels was defined as deficient (<10ng/mL), insufficient (10-20ng/mL) and sufficient (>20ng/mL). Data analysis was done using the SPSS, employing descriptive statistics and chi-square test. Significance was accepted at $p < 0.05$. This study was approved by the Ethics Review Committee of Faculty of Medical Sciences, University of Sri Jayewardenepura.

Results: The mean age of the children was 10 months, with a male-to-female ratio of 52.5:47.5. Mean vitamin D level was 21.55 ± 7.33 ng/mL. The prevalence of vitamin D deficiency, insufficiency and sufficiency were 5%, 35% and 60% respectively. Results revealed that the majority of the infants (66.3 %) consume flesh foods, and 28.8% consume eggs on the previous day. A significant proportion (71.3%) consume dairy products while breastfeeding is prevalent with 85.5% of infants. Also, 40% of the infants were not exposed to sunlight between 9 am to 3 pm the previous week. Additionally, 38.8% had been exposed to the sun for less than 30 minutes during the past week. There were no significant associations between vitamin D levels with either sun exposure patterns or dietary consumption ($p > 0.05$).

Conclusion: The study reveals a significant prevalence of vitamin D insufficiency, underscoring the need for proactive health advice to mothers. It is recommended that a study on a larger scale be conducted to achieve sufficient statistical power for detecting associations. Further research is needed to explore other districts to identify vitamin D deficiency and to develop appropriate guidelines for sun exposure and food rich in vitamin D consumption in infants aged 9-12 months to promote their overall health and development.

Keywords: dietary patterns, infants, sun exposure, vitamin D

OP 05

Perception and Satisfaction among Nursing Students on Clinical Learning Environment; a Comparative Survey between BSc Nursing Undergraduates and Diploma Nursing Students in Galle District, Sri Lanka

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Introduction: Evaluation of a clinical learning environment (CLE), particularly the clinical setting, is central in assessing the effectiveness of clinical education components in pre-registration nursing programmes. This study was done to assess and compare the perception and satisfaction regarding the CLE among BSc nursing students and Diploma nursing students, and identify the factors affecting perception and satisfaction.

Methodology: A cross-sectional survey was conducted among all the 3rd and 4th year BSc Nursing students from University of Ruhuna (n=105) and conveniently selected 3rd year Diploma Nursing students from Galle, Nurses Training School (NTS) (n=105). The perception of CLE was evaluated using the modified Dundee Ready Educational Environment Measure (m-DREEM) while the satisfaction on CLE was evaluated using the clinical learning environment inventory (CLEI). These tools were translated into the Sinhala language, back-translated and the finalized Sinhala version was pre-tested among 10 2nd nursing students from University of Ruhuna after obtaining permission from developers. Ethical approval for this study was obtained from the Ethical Review Committee of Faculty of Allied Health Sciences, University of Ruhuna. Descriptive statistics and independent sample t-test were used to analyse the data with SPSS.25.0.

Results: Mean (\pm SD) overall perception on CLE of BSc nursing students' (38.98 \pm 5.32) was higher compared to the NTS students (34.59 \pm 7.21) (p=0.04). Overall Mean (\pm SD) of satisfaction scores for BSc Nursing (118.12 \pm 15.61) was higher compared to NTS students 106.47(25.68) (p=0.02). Almost all BSc nursing students (100%) had moderate level of satisfaction on CLE while among the NTS students, 91 (86.7%) had moderate satisfaction, 9 (8.6%) had low level satisfaction and 5 (4.8%) of them had high level of satisfaction. None of the socio-demographic status were associated with either perception or satisfaction on CLE either among BSc nursing students or Diploma nursing students (p>0.05).

Conclusions: BSc nursing students had higher perception and satisfaction about CLE compared to the NTS nursing students. Perception on CLE was only associated with the type of programme they followed while any other background characteristic was not associated with CLE. Favourable characteristics of the BSc Nursing programme which produced greater perception and satisfaction among the students' need to be more elaborated to disseminate the information to existing nursing programmes in Universities and Nurses Training Schools.

Keywords: *clinical learning environment, nursing students, perception, satisfaction*

OP 06

Practices and Perceived Barriers to the Use of Personal Protective Equipment in Handling Systemic Anti-Cancer Chemotherapy among Pharmacists at the National Cancer Institute, Sri Lanka

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Introduction: Safe handling of Systemic Anti-Cancer Chemotherapy (SACT) is vital due to its inherent toxicity. Personal Protective Equipment (PPE) provides key protection. However, poor adherence and multifactorial perceived barriers are reported in the use of PPE.

Objective/s: The study aimed to assess practices and perceived barriers to the use of PPE in handling SACT among pharmacists.

Methodology: A descriptive cross-sectional study was conducted among all pharmacists at the National Cancer Institute in Sri Lanka. The practice and perceived barriers to using PPE were assessed using a questionnaire adapted to the validated Hazardous Drug Handling Questionnaire (HDHQ). Perceived barriers ranged from 13-52 and a higher score indicated a higher perceived barrier. Data were analysed with descriptive statistics using SPSS version 25. The ethical approval was obtained from the Ethics Review Committee, Faculty of Medical Sciences, University of Sri Jayewardenepura (ERC no: 35/21).

Results: The mean age and professional experience of participants were 39.88 (± 6.88) and 12.53 (± 6.85) years. Out of 35 pharmacists, 33 volunteered, and 13 (39.4%) pharmacists prepared chemotherapy. All participants always used surgical double gloves, chemotherapy-specific gowns, masks and biological safety cabinets (BSC). However, only 53.8% always used eye protection. Physical discomfort (46%), hot (62%), less availability (54%), not availability of chemotherapy-specific PPE (85%), expensive (77%), and not available policy to obtain PPE (46%) were identified as main barriers. The mean value of the perceived barriers was 25.38 \pm 5.07 and it ranged from 17-34. 38.5% perceived moderate-level barriers (low and high-level barriers - 30.8%). Perceived barriers to the use of PPE were associated with age and working experience in handling SACT.

Conclusion/s: Except for the use of eye protection, the use of all other PPE and BSC was satisfactory. Multiple perceived barriers are contributing to the use of PPE in handling SACT. The Perceived barriers were associated with age and working experience in handling SACT.

Keywords: *perceived barriers, Personal Protective Equipment (PPE), Systemic Anti-Cancer Chemotherapy (SACT), practice, pharmacists.*

Acknowledgment: *Medical Research Institute, Sri Lanka, National Cancer Institute (Apeksha Hospital), Sri Lanka*

Workplace Safety Climate in Handling Systemic Anti-Cancer Chemotherapy among Nurses at the National Cancer Institute, Sri Lanka

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Background: Adverse health outcomes among healthcare workers are common when handling Systemic Anti-Cancer Chemotherapy (SACT). Nurses are at greater risk of getting exposed. Safe handling and a better workplace safety climate (WSC) can enhance occupational health safety.

Objective/s: The study aimed to assess WSC in handling SACT among nurses at the National Cancer Institute, Sri Lanka

Methodology: A descriptive cross-sectional study was conducted among - 250 nurses at the National Cancer Institute in Sri Lanka who volunteered to participate. WSC was assessed by a 21-item, 5-point Likert scale WSC questionnaire which was adopted by the validated Hazardous Drug Handling Questionnaire (HDHQ). The WSC (sums of items) ranged from 21-105 and the higher score indicates a better WSC. Data were analyzed using SPSS version 25. The ethical approval was obtained from the Ethics Review Committee, Faculty of Medical Sciences, University of Sri Jayewardenepura (ERC no: 35/21).

Results: The mean age and experience in the oncology setting were 35.93±4.28 and 6.98 ± 3.1 years respectively. The majority were females (81%) and educated up to Diploma level (73.6%). WSC ranged from 50-84 with a mean value of 64.5 ±7.33. The majority reported that the workplace is clean (53%), complies with safe handling policies (58%), corrects unsafe work practices (55%), and discusses health and safety (62%). Also, the majority reported increased patient count (87%), less availability of chemotherapy-specific gowns (82%), and not having training in handling SACT (83%). Based on a 0-100 scale of the WSC questionnaire, WSC was <40, 40-60, and >60 among 15.6%, 34.8%, and 19.6% of participants respectively. WSC was associated with handling SACT (p=0.000) and WSC was not associated with the age, gender, education level, number of patient counts, and number of years of handling SACT.

Conclusion/s: The reduced availability of training programs and chemotherapy-specific gowns and increased patient count increases possible exposure risk and reduces the WSC. However, correction of unsafe work practices clean environment, presence of policies, and discussions on health and safety enhance WSC. Further studies are recommended to identify the factors associated with the WSC and strategies that need to be taken to enhance the WSC and occupational health safety.

Keywords: nurses, Systemic Anti-Cancer Chemotherapy (SACT), Workplace Safety Climate (WSC)

Acknowledgment: Medical Research Institute, Sri Lanka, National Cancer Institute (Apeksha Hospital), Sri Lanka

OP 08

Initial Linguistic and Cultural Adaptation of the Comprehensive Needs Assessment Tool for Caregivers in Sri Lanka: A Pilot Study

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Introduction: The evaluation of the needs of informal caregivers (ICs) is a crucial event for determining proper support services, catering to high-quality care, and reaching caregiver satisfaction.

Objective: This study aims to describe the linguistic translation and cultural adaptation of a comprehensive needs assessment tool for caregivers (CNAT-C).

Methodology: A descriptive validation study was conducted among conveniently selected 30 ICs of patients with advanced cancer at the Palliative care unit, Teaching Hospital Karapitiya, Galle following the obtaining of institutional and ethical approval (Ref. no ERC 49/22). Based on this study a scale with seven sub-scales was adapted: health and psychological problems (6 items), family/social support (5 items), healthcare staff (8 items), information (8 items), religious/spiritual support (2 items), hospital facilities and services (6 items), and practical support (6 items). World Health Organization (WHO) guidelines were applied for cross-cultural adaptation. Forward-backward translation and synthesis were done. Modified Delphi rounds were conducted by oncology experts to obtain face and content validity following which the final version to be pre-tested was obtained. Cronbach’s alpha was used to test the reliability and test-retest reliability was analyzed using the intra-class correlation coefficient. Convergent and divergent validity were examined using the Epidemiological Studies-Depression (CES-D) scale and the WHO-Quality of Life -Brief (WHOQOL-BREF).

Results: The mean \pm SD age of the ICs was 48.20 ± 16.33 years. The majority were females (n=24, 80%) and married (n=21, 70%). The Cronbach’s alpha of the overall scale was 0.962; the reliability of sub-scales ranged between 0.701-0.929 except for religious support (0.527). The test-retest reliability was 0.964. The CES-D scores were positively associated with CNAT-C ($r=0.535$, $p<0.001$) indicating that depressive symptoms were increased when increasing needs. The WHOQOL-BREF score was negatively associated with CNAT-C ($r= -0.524$, $p<0.001$) showing that quality of life was increased when decreasing needs.

Conclusions: The CNAT-C scale was a reliable and valid tool to measure needs among ICs of patients with advanced cancer. A proper validation study is recommended incorporating a higher number of ICs and performing construct validity.

Keywords: CNAT-C, informal cancer caregivers, initial linguistic/cultural adaptation, needs, Sri Lanka

OP 09

Exploration of Nurses’ Psychological Experiences of Transferring Critically Ill Patients Following Road Traffic Accidents

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Introduction: Inter-hospital transfers of critically ill patients following Road Traffic Accidents (RTA) indicate the unavailability of intensive care, consultation, special investigation of the initial hospital. Nurses have a key role in caring for patients’ in pre-transfer stabilization, in-between care, handing over, or re-transfer. As reported in the global context, these nurses have high psychological burnout.

Objective: To explore the psychological experiences of nurses who were caring for transferring critically ill patients following RTA at the Colombo East Base Hospital (CEBH), Mulleriyawa, Sri Lanka.

Methodology: A qualitative approach and descriptive design were utilized. Purposively recruited 12 nurses participated in the study. Data were collected through in-depth interviews using a theme guide till the data saturation point was achieved. Interviews were voice-recorded and transcribed verbatim. In addition, participants’ facial expressions, gestures were recorded. Data was analyzed using the thematic analysis technique. This study was approved by the Ethics Review Committee of the National Institute of Mental Health, Angoda, Sri Lanka.

Results: Two major themes emerged: “increasing burnout” and “realization afterward”. Sub-themes of ‘increasing burnout’ were ‘insecurity’, ‘increased responsibility’, ‘relationship disturbances’, ‘receiving hospital attitude’, ‘fear’ ‘anxiety’; and ‘uncertainty of care’. Sub-themes of “realization afterwards” were: ‘acknowledgement of guidelines’, ‘pre-preparedness’, ‘family support’, ‘need for staff development’ and ‘infrastructure development’. Nurses revealed their experiences related to low or absent support from their co-workers and challenges in the safe transfer of patients till they are handed over to the referral hospital. Furthermore, increased stress and a worsened work environment affected nurses’ health and psychological well-being.

Conclusion: Nurses involved in inter-hospital transfers of critically ill patients following RTA experienced considerable psychological burnout which may affect their overall wellbeing. Therefore, it is essential to take appropriate strategies to overcome nurses’ psychological burnout throughout the transfer process.

Keywords: *critically ill patients, inter-hospital transfer, psychological burnout.*

OP 10

Factors Related to Lack of Interest in Self-Foot Care Management among Older Adults with Diabetes Mellitus

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Introduction: Diabetes Mellitus (DM) is one of the serious non-communicable diseases that can lead to serious consequences. Foot ulcers are amongst most diabetes patients. Drawing on researchers’ experience, many clinic attendees, particularly, older people with diabetes have significant foot complications and have little interest in engaging in self-foot care management. Self-foot care management is defined as routine measures undertaken by patients to maintain the integrity of skin and nails of foot. This study examines the factors related to lack of interest in self-foot care management among older adults with DM.

Methodology: This is a quantitative descriptive study. A sample of 370 patients diagnosed with DM and having foot ulcers were randomly recruited from the diabetic clinic at Colombo South Teaching Hospital and a self-administered questionnaire was used to collect data on demographic details, knowledge and attitudes on self-foot care management. Data were analyzed using descriptive statistics of SPSS 25th version. Ethical clearance was obtained from Colombo South Teaching Hospital Ethics Review committee.

Results: The total sample was 310 (n=310). Of them, 72% were female and 28% were male. The mean age of the sample was 76 years. The response rate was 84%. Majority of the participants had not had satisfactory level of knowledge regarding self-foot care management. About 95% and 58% of the participants did not know about colour changes in foot ulceration, and the correct way of trimming toenails respectively. Most of the participants (80%) had positive attitudes towards self-foot care management believing that self-foot care is vital in keeping them active in life. Many had faced barriers such as physical discomforts (77%), vision problems (78%), poor family support (62%), financial issues (85%) and lack of time (82%) to practice self-foot care.

Conclusions: Participants’ poor knowledge and experienced barriers are believed to be the factors related to lack of interest in engaging in self-foot care management. Therefore, awareness programmes for participants and family members on self-foot care management could potentially help address some of these barriers and improve self-foot care practices among patients.

Keywords: *diabetes mellitus, self-foot care, older adults, lack of interest*

OP 11

Assessment of Physical Activity Status and Its Determinants among Antenatal Mothers with Gestational Diabetes Mellitus in Teaching Hospital Mahamodara, Galle

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Introduction: Gestational diabetes mellitus (GDM) is a global health concern. It carries potential risk of adverse perinatal and long-term maternal and foetal outcomes. Physical activity (PA) is the cornerstone to attenuate the development of these complications. Therefore, it is essential to assess the level of physical activity among antenatal mothers. The objective of this study was to assess physical activity status and its determinants among antenatal mothers with GDM in Teaching Hospital Mahamodara (THM).

Methodology: A descriptive cross-sectional study was conducted among antenatal mothers with GDM in antenatal clinics and antenatal wards at THM. Hundred and sixty-eight mothers were selected randomly. Socio-demographic data and other relevant data were collected using a structured self-administered questionnaire while PA was assessed by the pretested International Physical Activity Questionnaire (IPAQ)-short version. The PA status and intensity were calculated in metabolic equivalent task minutes per week (MET) and activities were categorized based on intensity and the duration of the activity by using the IPAQ scoring protocol. Descriptive statistics were used to describe socio-demographics, other relevant data and BMI measurements. The association between physical activity and other factors was compared by using the Chi-square test and the differences between means of body weight and physical activity status were compared by ANOVA and significance was set at $p=0.05$

Results: The majority of participants (47.28%) were in the below 25 years age group, married (97%) and Buddhists (51%). Eighty three mothers (49.4%) were educated up to secondary school. Most of them were housewives (56.5%) and had good family support (84.5%). Forty-five percent of participants were obese according to the weight of their booking visit and 81% had 2 or more children. Most of them (60.7%) had a history of GDM and a family history (73.8%) of DM. Mean \pm SDMET value is 921.93 (135.9) minutes/ week. Walking was mothers' most common activity (96.4%) while vigorous PA (32.1%) was the least common PA type. According to the IPAQ categorical analysis, 58.9% of them were in the low level of PA. Only family support ($p=0.031$) and body weight ($p=0.004$) were significantly associated with the status of PA.

Conclusions: The status of PA is considerably low among study participants. Vigorous activities are the least common activity type among GDM mothers. GDM mothers and their family members should be educated about the importance of physical activity during pregnancy to attenuate maternal and foetal risk.

Keywords: *gestational diabetes mellitus, physical activity, IPAQ*

OP 12

Knowledge and Factors Associated with Child Abuse, Medico-legal and Ethical Duties Related to Child Abuse among Pediatric Nursing Officers: A Descriptive Cross-Sectional Study

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Introduction: Child abuse is a common identified problem among Sri Lankan pediatrics. Nurses play a vital role in handling child abuse cases. Therefore, adequate knowledge on the medico-legal and ethical duties towards child abuse among nurses is mandatory for better management and care. This aspect has not been explored adequately worldwide. This study was conducted to identify the knowledge and associated factors on medico-legal and ethical duties related to child abuse among pediatric nurses in a major childrens’ hospital in Sri Lanka.

Methodology: A descriptive cross-sectional study was conducted at Lady Ridgeway Hospital (LRH), Colombo. Data were collected from a randomly selected sample of registered nursing officers (n=392) using a pre-tested, self-administered questionnaire. The knowledge levels on child abuse, medico-legal duties on child abuse, ethical duties on child abuse and overall knowledge on child abuse among pediatric nurses were categorized as low, moderate and high. Corresponding scores (low, moderate and high levels) for each subscale of knowledge and overall knowledge were; Knowledge on child abuse: 0-8, 9-17 and 18-26; Knowledge on medico-legal duties: 0-8, 9-17 and 18-26; Knowledge on ethical duties: 0-3, 4-7 and 8-7 and Overall knowledge; 0-7, 21-40 and 41-60. Ethical clearance was obtained from the Ethics Review Committee, Faculty of Allied Health Sciences, University of Ruhuna. Data were analyzed using the SPSS.25 with descriptive statistics and Chi square test, considering the p value <0.05 as statistically significant.

Results: Among the participants, 350 (89.3%) had a moderate level of knowledge on child abuse, 195 (49.7%) had a moderate level of knowledge on medico-legal duties and 267 (68.1%) had a high level of knowledge on ethical duties. A majority (234, 59%) of pediatric nurses had a moderate level of overall knowledge. Associations with overall knowledge among pediatric nursing officers were found in relation to prior training on child abuse and related care (p=0.038) and gender (p=0.034).

Conclusions: Most pediatric nursing officers in LRH demonstrated a moderate level of overall knowledge on child abuse and medico-legal and ethical duties. The overall knowledge on child abuse was found to be associated with prior training on child abuse and gender. Continuous implementation of measures to enhance training on medico-legal and ethical duties is recommended for the better management of abused children.

Keywords: *knowledge, child abuse, pediatric nurses, medico- legal duties, ethical duties*

ABSTRACTS OF POSTER PRESENTATIONS

PP 01

Medication Adherence among Patients with Diabetes Mellitus and Hypertension Attending the Medical Clinic at General Hospital Polonnaruwa, Sri Lanka

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Introduction: Diabetes Mellitus (DM) and Hypertension (HTN) are emerging health concerns. The incidence is rapidly increasing globally with multifactorial causative factors and leads to increased events of mortality, morbidity, and health costs. Medication adherence is a vital aspect of managing chronic medical conditions and improving the productivity of life by minimizing the possible complications. The study aimed to assess medication adherence among patients with DM and HTN attending the Medical Clinic at General Hospital Polonnaruwa.

Methodology: A descriptive cross-sectional study was conducted among 270 volunteered patients with DM or HTN or both. Morisky Medication Adherence Scale (MMAS) was used to assess medical adherence and good adherence was indicated by the obtaining highest mark of 8 for MMAS (<6 poor adherence, 6-8 moderate adherence). Data were analyzed using SPSS version 25. Descriptive statistics such as frequencies, means and standard deviation was used to describe the characteristics of the sample and the Chi-square test was used to determine associations between the variables. Ethical approval was obtained from the Ethics Review Committee, KIU (KIU/ERC/023/098), Sri Lanka.

Results: The mean age was 54.14±6.68 years. The majority were males (53%, n=143) and married (61%, n=165). Only 18% were government employees and 22% were working in the private sector. The mean value of medication adherence was 5.0 ± 2.48 and medication adherence was normally distributed across the study sample. Concerning the medication adherence levels, only 7.8% represented good adherence to recommended drug regimens while 35.3% had moderate level of adherence. The majority of the sample (56.9%) has shown poor adherence to recommended drug regimens. Medication adherence was associated with marital status (p=0.000) and occupation category (p=0.001) and not associated with the age or gender.

Conclusion/s: Medication adherence was poor, and it was associated with selected demographic characteristics. Urgent strategies need to be taken to improve medication adherence among patients with DM and HTN. Health education sessions may be effective and healthcare workers can play the main role in it.

Keywords: *Diabetes Mellitus, Hypertension, Medication Adherence, Morisky Medication Adherence Scale (MMAS)*

Attitudes towards Family Involvement in Nursing Care among Second-year Nursing Students in School of Nursing Kalutara in Sri Lanka.

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Introduction: Family members’ involvement as care partners is key to providing quality patient care. Nurses should have knowledge, skills, and interpersonal relationships with patients’ family members to provide quality patient care. There is a lack of data regarding student nurses’ attitudes towards family involvement in care in the Sri Lankan context. Therefore, this study aimed to examine the second-year Nursing students’ attitudes towards family involvement in nursing care in a selected School of Nursing in Sri Lanka.

Methodology: A descriptive cross-sectional study was conducted among purposively selected (N=217) nursing students. The Families’ Importance in Nursing Care - Nurses Attitudes (FINC –NA) Scale with 26 items, with author permission, was used to collect data. The scale measures four dimensions, namely: Family as a conversational partner, family as a coping resource, family as a resource in nursing care and family as a burden. The internal consistency of the FINC-NA scale was compared and assessed through Cronbach’s alpha coefficient of more than 0.7. Descriptive statistics were used to analyse the data. Ethical approval was obtained from the relevant authorities.

Results: Among the participants, most of them were female (91.2%, n=197), and most of them belonged to the 23 -25 years age group (82%, n=177). According to the results, participants have a more positive attitude toward family as a resource in nursing care (M=37.69, SD=4.62) and family as a conversational partner (M=30.96, SD= 3.78). Participants have a neutral attitude toward family as a coping resource (M=15.24, SD= 2.28) and family as a burden (M=14.44, SD = 2.73).

Conclusions: Student nurses have positive attitudes toward family as a resource in nursing care and as a conversational partner. However, they have a neutral attitude toward family as a coping resource and family as a care burden. Further research is needed on this phenomenon.

Keywords: attitude, family nursing, Sri Lanka, student nurses

Knowledge on Dementia among Nursing Undergraduates in Two Selected Universities in Sri Lanka

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Background: Number of people suffering from dementia is overwhelming. There is a need to ensure that the future healthcare workforce has the knowledge and skills to provide high quality compassionate care to the growing number of people living with dementia.

Objective: This study aimed to assess undergraduate nursing students’ knowledge on dementia.

Methodology: One hundred and fifty-two undergraduate nursing students from Ruhuna and Colombo Universities who were in the Second Year to Final Year participated in this descriptive cross-sectional study. Data collection was done using a self-administered questionnaire via Google Forms. The questionnaire included 10 statements to assess participants’ knowledge on dementia causes, symptoms, diagnose, risk factors, treatment and prevention. Data was analysed using SPSS version 25.

Results: The mean knowledge score of nursing students’ was 6.26 (SD± 1.59) out of 10 points. Percentages of participants who responded correctly for the items assessing knowledge on causes, symptoms, risk factors, treatment and prevention were 22%, 23%, 59%, 48%, 66% and 53% respectively. Only 53% of 2nd year students had adequate knowledge (Mean=6.26, ≥ 6 considered as adequate knowledge) while 3rd years had 81% and 4th year students had 82% of adequate knowledge (p=0.002). Those who reported prior experience of working with dementia patients had a higher knowledge score (79%) compared to those who had no such experience (64%) (p=0.039).

Conclusion: This study revealed that undergraduate nursing students in both universities had knowledge gaps in causes, symptoms and risk factors of dementia, although their knowledge improves as they advanced in an academic year.

Keywords: *undergraduate nursing students, knowledge, dementia, elderly*

PP 04

The prevalence of pre-term labor and its associated risk factors among mothers attending Castle Street Hospital for Women, Sri Lanka

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Introduction: Pre-term labor is one of the major causative factors of neonatal mortality and morbidity. The incidence is highly reported in lower- and middle-income countries and the causative risk factors are multifactorial.

Objective/s: To identify the prevalence of pre-term labor and its associated risk factors among mothers attending Castle Street Hospital for Women, Sri Lanka.

Methodology: Using the systematic random sampling method, a descriptive cross-sectional study was carried out among 355 mothers in post-natal wards at Castle Street Hospital for Women. An interviewer-administered, pre-tested, researcher-developed questionnaire was used to collect data. Data was analyzed using descriptive and Chi-square test using SPSS version 25. This study was approved by ERC, KIU.

Results: The mean age was 30.20+5.14 years old. The majority were Sinhalese (66.8%), married (98.6%), educated up to secondary education (66.5%), and lived in urban areas (71.3%). Also, the majority show single fetus presentation (96.6%), adequate amniotic fluid (98.3%), live births (99.2%), female newborns (59.2%), and normal birth weight (68.2%). Commonly reported risk factors of pre-term deliveries included previous pre-term deliveries (12.1%), intra-uterine deaths (3.7%), miscarriages (13.5%), Lower Abdominal Cesarean Section (LSCS) (23.4%), Pregnancy-Induced Hypertension (PIH) (18.6%), Gestational Diabetes Mellitus (GDM) (33.8%), Urinary Tract Infections (8.7%), anemia (26.8%), and Premature Rupture of the Membrane (PROM) (12.1%). Pre-term labor prevalence was 20.3% (<37 weeks). Pre-term labor was associated with the maternal age, income, gravida, parity, Inter-pregnancy interval, previous pre-term delivery, history of intra-uterine death, miscarriages, LSCS surgery, GDM, UTI, maternal anemia, PROM, mode of conception, mode of delivery, the onset of labor at 95% confidence interval (P<0.05).

Conclusions: Pre-term labor prevalence was found to be considerably high and it is associated with several associated risk factors. Therefore it is essential to take possible measures to minimize manageable associated risk factors. Health education sessions would be beneficial through involvement of healthcare workers and mass-media.

Keywords: *preterm labor, prevalence, associated risk factors, antenatal mothers*

Validation of the Sinhala Version of Motivation to Change Lifestyle and Health Behaviours for Dementia Risk Reduction Scale

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Introduction: Previous literature reports changing lifestyles and health behaviours as a measure to reduce the risk of dementia. The Motivation to Change Lifestyle and Health Behaviours for Dementia Risk Reduction (MCLHB-DRR) scale measures the beliefs and attitudes towards changing lifestyle and health behaviours for dementia risk reduction. The study aimed to translate and validate the Sinhala version of MCLHB-DRR.

Objective: To assess the validity and reliability of the Sinhala version of MCLHB-DRR scale in the Sri Lankan setting.

Methodology: The study was conducted among 130 community-dwelling participants in the Galle Municipality area between the ages of 30-80 years. The MCLHB-DRR consists of 27 items with seven subscales to assess health and lifestyle behaviour change for risk of dementia reduction. The MCLHB-DRR was translated into Sinhala and back-translated into English, and culturally adapted by evaluating the items of the questionnaire. The content and face validity were assessed with the help of a group of experts in the field. The culturally adapted scale was evaluated for its psychometric properties, reliability and validity. The internal consistency was assessed using Cronbach’s alpha, and the construct validity was evaluated using the exploratory factor analysis. Further, to assess the concurrent validity, MCLHB-DRR was correlated with the WHO Quality of Life BREF questionnaire. Ethical Approval was obtained from the ERC of Faculty of Allied Health Sciences, University of Ruhuna.

Results: The mean age (SD) of the participants was 48.64 (12.62) years. The Sinhala version of the MCLHB-DRR showed good internal consistency (Cronbach alpha coefficient=0.82, 95% CI). The exploratory factor analysis extracted seven factors with few exceptions from the original version. The MCLHB-DRR score significantly but poorly correlated with the psychological health domain score of WHOQOL-BREF ($r=0.18$, $p<0.05$).

Conclusion: The Sinhala version of the MCLHB-DRR has shown acceptable psychometric properties and can be used for assessing motivation to change lifestyle and behaviour of the people conversant in Sinhala.

Keywords: *behaviour, dementia, lifestyle, reliability, Sinhala version, validity*

Knowledge on Recommended Nutritional Supplements and Its Associated Factors among Post-Partum Mothers Attending Well-baby Clinics, Hiripitiya MOH Clinics, Kurunegala

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Introduction: Micronutrient supplements (MNS; Iron, folic acid, vitamin C and calcium) are recommended for pregnant mothers and also expected to be continued for six months following delivery for lactating mothers in Sri Lanka under the national nutritional policy on MCH. However, its practice is subject to doubt due to multitude of factors. This study was conducted to assess knowledge and its associated factors of recommended nutritional supplements up to six months following the delivery.

Methodology: A cross-sectional study was conducted among a convenient sample of 276 mothers who completed six months post-partum period and attended well-baby clinics at Hiripitiya MOH, according to the availability and willingness of participants at the given time. Data were collected using an interviewer administered questionnaire in Sinhala and Tamil medium prepared by the principle investigator under the supervision of experts in nutrition and maternal health. Ethical clearance was obtained from ERC, PDHS, Kurunegala. Knowledge of recommended MNS were assessed using chi-square test and above the mean level (mean=17 SD= 3.904) considered as adequate knowledge level. Factors associated with knowledge was accepted as significance at $p < 0.05$.

Results: In the study sample, 85.1% (n=235) women were Sinhalese and 14.9% (n=41) were Muslim. 83.3% (n=230) were Buddhists and also represented Catholic and Islam faiths. 97.1% (n=268) were married. Mean age of women was 31.0 (SD=6.060) years while 56.2% (n=155) of them were multiparous and 43.8% (n=121) was primi. Though 95.7% of participants were aware about importance of taking MNS following delivery, only 253 (91.3%) of participants have ever taken MNS. The majority of participants 58.3% (n=161) had inadequate knowledge regarding MNS while ethnicity ($p < 0.001$) and maternal educational level ($p < 0.05$) were identified as factors associated with adequate knowledge. However, there were no statistical significant association between knowledge and age, parity and income of participants ($p > 0.05$).

Conclusion: A majority of the participants had inadequate knowledge on nutritional supplements following the delivery. Therefore, this study is recommended to incorporate health education and promotion activities regarding MNS in order to optimize its coverage.

Keywords: *knowledge, associated factors, nutritional supplements, six months following delivery*

PP 07

Exploration of Nurses’ Experiences in Caring for Critically Ill Patients on Continuous Renal Replacement Therapy in Intensive Care Units of National Hospital of Sri Lanka

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Background: Continuous renal replacement therapy (CRRT) is utilized in intensive care units (ICU) for patients with acute kidney injury (AKI), followed by various causes such as severe acidosis, electrolyte imbalance, fluid overload, and sepsis. Nurses must play a key role in caring for patients CRRT. However, as reported previously in the global context, these nurses have high physical and psychological burnout.

Objective: To explore the experiences of ICU nurses who are caring for critically ill patients undergoing CRRT at the National Hospital of Sri Lanka (NHSL), Colombo.

Methodology: This was a qualitative study conducted among purposively recruited eight ICU nurses who are caring for patients who underwent CRRT at NHSL. Data were collected through in-depth interviews guided by a theme guide till the data saturation point was achieved. Interviews were voice recorded and transcribed verbatim. During the interviews participants’ facial expressions and gestures were recorded. Data analysis was using Braun and Clarke’s thematic analysis method. This study was approved by the Ethics Review Committee of NHSL.

Results: Four main themes emerged from the study including ‘work stress’, ‘burnout’, ‘personal improvement’, and ‘emotional feelings’. The theme of ‘work stress’ emerged from sub-themes of ‘practical issues related to therapy’, nurses’ responsibility, and ‘heavy workload’ while the theme of ‘burnout’ emerged from sub-themes of ‘physical burnout’ and ‘psychological burnout’. Personal improvement emerged from sub-themes of ‘ability to provide quality patient care’, ‘knowledge improvements’, ‘skills improvements’, and ‘increasing experiences’. The theme of ‘emotional feelings’ emerged from sub-themes of ‘empathy’, ‘anger’, ‘stress’, and ‘anxiety’.

As nurses explored their stress and burnout were increased due to heavy workload and longer working hours. They expressed that their knowledge and skills were developed due to increasing their experience of caring for patients undergoing CRRT.

Conclusion: Intensive care nurses who are involved in CRRT experience work stress, physical and psychological burnout, and negative emotions which can affect their health and wellbeing and the quality of care they are providing. Therefore, it is essential to take appropriate strategies to overcome their stress and burnout.

Keywords: *continuous renal replacement therapy, nurses, intensive care units, experiences*

Attitudes and Predicting Factors towards Family Involvement in Nursing Care Among Trauma Intensive Care Nurses, in a Selected Teaching Hospital in Sri Lanka: Preliminary Findings

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Introduction: Traumatic injuries have been ranked as the major cause of hospitalization over the past decades. The admission of a family member due to a traumatic injury to the Intensive Care Unit (ICU) builds heavy stress for their family members. Nurses are the key professionals in advocating and facilitating patient- and family-focused care practices. There is a paucity of data regarding ICU nurse’s attitudes towards family involvement in care in Sri Lanka.

Methodology: A descriptive cross-sectional study to identify attitudes and predicting factors of attitudes towards family involvement in nursing care was conducted among conveniently selected nurses (N= 100) from the seven trauma ICUs and one emergency treatment unit at the National Hospital, Sri Lanka. Data were collected by using a self-administered questionnaire with the Families’ Importance in Nursing Care - Nurses Attitudes (FINC –NA) Scale consisting of 26 items with the author's permission. It measures four dimensions: Family as a conversational partner, family as its own resource, family as a resource in nursing care and family as a burden. The internal consistency of the FINC-NA scale was compared and assessed through Cronbach’s alpha coefficient of more than 0.7. Descriptive statistics was used to analyze the data. Ethical approval was obtained from the relevant authorities.

Results: Among the participants, the majority were female (92%, n= 92), and most of them had more than 2 years of working experience (58%, n= 58) in the ICU. Majority of them belonged to 20-30 years (65%, n=65). Most of the participants had more positive attitudes towards family involvement as a resource in nursing care (M= 37.27, SD=6.25) and family as a conversational partner (M= 30.70, SD= 4.61). Overall, low scores indicated a neutral attitude for family as its own resource (M=15.7000, SD=2.17655) and Family as a burden (M=13.1800, SD=3.29793).

Conclusion: This study found that most nurses had positive attitudes towards family involvement in nursing care. However, there were indications of a more neutral stance when considering the family as an independent resource and a potential burden. Further research and potential interventions are needed to enhance family-nurse collaboration.

Keywords: attitudes, family involvement, intensive care nurses, Sri Lanka

PP 09

Mental Health Literacy: A Survey of the Public’s Ability to Recognize Mental Disorders and Their Knowledge about the Effectiveness of Helpful Interventions and Professional Services

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Background: Although Mental health literacy (MHL) among general public has been widely studied in many countries, there are few studies on MHL in Sri Lanka. MHL is important as it is closely related to help-seeking behaviour and mental health outcomes for patients with mental health issues. Poor MHL has been a major barrier in improving mental health care in Sri Lanka.

Objectives: The study aimed to examine the nature of MHL in terms of ability to recognize mental health problems, helpful interventions and professional services available among general public in the Meddepola PHM area.

Methodology: This was a descriptive cross-sectional study conducted in the Meddepola PHM area. A sample of 430 participants were selected for the study using simple random sampling. Data were collected using a validated self-administered questionnaire comprising of four case vignettes describing depression with suicidal ideation, social phobia, schizophrenia and dementia. The ability to recognize mental illness, knowledge of helpful interventions and knowledge of professional services were assessed. The association of MHL with educational level was determined using the Pearson correlation coefficient. Ethical approval was obtained from the Ethics Review Committee of NIMH, Angoda.

Results: A majority (20.8%) of the sample belonged to the age group 51-60 years. Female representation was high (61.7%) and 43.9% were GCE A/L qualified in this sample. Recognition of mental health problem was, 83.7% (n=297) for depression vignette, 80.8% (n=287), for schizophrenia vignette, 56.6% (n=201) for dementia vignette and 54.4% (n=193) for social phobia vignette. Ability to recognize helpful interventions was 43.4% (n=193) for social phobia vignette, 27.9% (n=99) for schizophrenia vignette, 21.1% (n=75) for dementia vignette and 20.3% (n=72) for depression vignette. Recognition of professional services was 44.4% (n=158), for both depression and schizophrenia vignettes and 37.7% (n=134) for dementia and social phobia vignettes. There was a positive correlation between a higher education level and ability to correctly recognize mental health problems (r=.185), correctly recognizing helpful interventions (r=.116) and correctly recognizing professional services (r=.139) to deal with mental disorder is somewhat increased.

Conclusion: Though the majority was able to recognize mental disorders as mental health problems, their knowledge about professional services and helpful interventions was relatively low. There is an urgent need for mental health education initiatives to improve MHL among the general public considering the highly diverse socioeconomic backgrounds in Sri Lanka.

Keywords: mental health, mental health literacy, helpful interventions, professional services general public

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