



NEW VISION

ANNUAL ISSUE
VOLUME 13 - ISSUE 1
FEBRUARY 2024

ISSN 2613-8735

PUBLICATION OF THE GRADUATE NURSES' FOUNDATION OF SRI LANKA
AFFILIATED TO ORGANIZATION OF PROFESSIONAL ASSOCIATIONS OF SRI LANKA - 2005



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Message from the President, GNFSL



It is my great pleasure and privilege to deliver this message to the Annual issue of *New Vision*, which is the official publication of the Graduate Nurses' Foundation of Sri Lanka (GNFSL).

Since its inception in 2003, the GNFS has been provided with significant contributions to enhance nurses' knowledge in various aspects related to nursing education, nursing practice, and research. GNFSL has moved forward progressively during these past few years aligning with its purposes, and has contributed in many ways to the development of the nursing profession and its professionals. Activities led by the GNFSL were diverse and those led to significant influence on the social presence of GNFSL while serving the nursing professionals for their continuous professional development.

GNFSL has reached to prominent milestone during the past few years. It proudly records the achievement of publishing the first ever nursing journal in Sri Lanka, "*Sri Lankan Journal of Nursing (SLJN)*" in February 2022 and published its four issues by December 2023. National Science Foundation of Sri Lanka has accepted to publish SLJN in the Sri Lanka Journal Online (SLJOL, <https://sljn.sljol.info/>) with its inaugural issue being another incredible accomplishment for nursing researchers who are waiting to disseminate their quality research findings to the scientific world. This achievement is not possible without the untiring efforts of the Founder Editor-in-Chief of SLJN, Dr. S.M.K.S. Seneviratne and the contribution extended to her by the members of the Editorial Board and review panel.

GNFSL was able to regularly conduct a series of workshops and webinars for nurses, and undergraduate and postgraduate nurses to enhance their knowledge of research and selected topic areas in improving clinical nursing practice. Inter-institutional quiz competition is another commendable event that was organized for nursing students of Schools of Nursing and nursing undergraduates of universities.

The 4th Biennial Academic Sessions is the most significant event in the calendar of the GNFSL which is scheduled to be conducted today; 17th February 2024. To make it a reality, all the groundwork has been organized to conduct it as a physical conference, and we are pleased to invite you to join us on 17th February 2024. I am taking this opportunity to record my appreciation to the members of the Executive Committee of the GNFSL for their immense contribution and to many others who have and are tirelessly working to make the event a success.

We, GNFSL, eagerly request that Sri Lankan graduate and undergraduate nurses join us and obtain membership in this professional nursing association. More importantly, the <https://gnfsl.lk/> website provides access to the SLJN, *New Vision*, and the notifications of

workshops conducted by the GNFSL and many more. So, we are enthusiastically waiting to warmly welcome you to our website.

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

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

Dr. Sriyani Kumarasinghe
President/GNFSL
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Message from the Secretary, GNFSL



It is my great pleasure to extend this message to the “New Vision” official publication of Graduate Nurses’ Foundation of Sri Lanka (GNFSL). As the secretary, it brings me immense pleasure to communicate the latest updates and opportunities within our esteemed organization. While congratulating all authors who contributed to Sri Lanka Journal of Nursing which is the first nursing journal published in Sri Lanka, I am taking the opportunity to record my deepest appreciation to Dr. S.M.K.S. Seneviratna, our esteemed Founder Editor-in-Chief, and the diligent members of the editorial board for their unwavering commitment to advancing the field of nursing through the dissemination of knowledge.

When focusing on the educational sessions conducted by GNFSL during the last year, I am happy to note that we have continued to foster knowledge exchange through a series of webinars and physical sessions such as research workshops/webinars on both quantitative and qualitative aspects, palliative care, gerontological nursing and financial wellbeing. The enthusiastic participation of our members underscores the growing interest in professional development opportunities within our community.

We are looking forward and are committed to organizing a series of workshops in 2024, to empower more nurses to enhance their skills and expertise for personal and professional growth. I encourage all members to actively participate in these enriching events and contribute to our collective advancement.

I am pleased to extend a cordial invitation to all members to contribute articles for the annual issue of "New Vision" Newsletter. Your feedback and suggestions are invaluable to us and please do not hesitate to reach out with any constructive comments or ideas for the development of our foundation.

In closing, I extend my heartfelt gratitude to each of you for your continued dedication and support. Together, let us continue to uphold the highest standards of nursing excellence and make meaningful contributions to our profession.

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

Secretary

Graduate Nurses Foundation Sri Lanka (GNFSL)

A Tribute to Our Patron: Mrs. Trixie Marthenezs



Mrs. Beatrice Trixie Marthenezs (nee Bastiansz) was one of the four ladies aged 22 years, selected by the then government of Ceylon to read for a four-year bachelor's degree in nursing at the University of Delhi, India in 1950. This scholarship to read for a degree in nursing was offered as an initial step to prepare Ceylonese nursing teachers to take over nursing education from British nuns on their return, which was called by herself as 'Ceylonization of nursing'. On her return in 1954, having registered as a Nurse (RN) and a Registered Midwife under the Ceylon Medical Council, she was appointed as a Ward Sister in the Lady Ridgeway Children's Hospital, Colombo. While working, she changed some practices related to patient care to suit the Sri Lankan settings. For example; she observed that sick children were made to wear woolen garments including caps and socks, as a routine practice during the period of British management by nuns, which did not suit our climate.

From 1956, she served as a Nursing Tutor in Schools of Nursing, Colombo, Kandy, and Galle and finally as a Senior Tutor in the Post-Basic School of Nursing (PBS) until her early retirement in 1980. She contributed to Galle Nursing Journal, initiated the journal "Post-Basic Nurse" at the PBS and served as the editor for many years. The first ever Pledge taken by the Post-Basic Nurses in Sri Lanka was composed by her. During her tenure in the PBS she obtained her Diploma in Clinical Teaching from the Royal College of Nursing, University of London in 1967. She was one of the many nursing leaders who continuously made proposals to establish a university degree for nurses, since 1950's.

Later, in 1994, she was one of the pioneering academics who contributed to establish the first-ever Post-registration BSc. Nursing (Honours) degree program for registered nurses, at the Open University of Sri Lanka (OUSL), working hand in hand with the founder Patron of the GNFSL, Mrs. Chandra de Silva, former Chief Nurse at the Ministry of Health, Sri Lanka and Mrs. Charlotte Samarasekara, a former Director of Nursing Education. Mrs. Marthenezs joined the OUSL as a Consultant in Nursing in 1992. She was one of the editors who

prepared the first course books for the degree program in collaboration with the Athabasca University, Canada funded by the Swedish International Development Agency (SIDA). She edited the first course book for the subject “Teaching & Learning” and taught the subject for the first batch of students.

Her contribution in initiating and furthering the pre-registration undergraduate nursing education in Sri Lanka was invaluable from the inception of the first-ever nursing degree program in a conventional university in Sri Lanka, at the Sri Jayewardenepura University. She was the pillar of strength to us, especially for the trail blazing students of the first batch, in meeting the challenges with dignity and maintaining resilience in order to build coalitions with all the stakeholders. She contributed in teaching the students of the above program as a visiting academic during 2005-2007 and extended her services voluntarily until 2018 in various teaching and extra-curricular activities. Her favourite topics of teaching were, Social Graces and the Jo - Hari Window; a self-analysis of a person.

Identifying the need for nursing text books particularly for Sri Lankan English medium students, she wrote and published three books for beginners in nursing. Firstly, the “Comprehension passages and Exercises- for beginners of nursing” was published in 2006 for the use of nursing students in improving their English language skills related to the field of nursing, the first of its kind. Her book on “History of Nursing in Sri Lanka and Around the World” was written on invitation by the Faculty of Medical Sciences, University of Sri Jayewardenepura, printed under the auspices of the World Health Organization in 2007 which consists of a Reader and a Guide for teachers. She wrote a book on “Social Graces and Professional Ethic - for beginners in nursing” in 2011, “a stepping – stone to their growth and development towards adulthood and professionalism” as described in the preface in her own words. In addition, she has published “Speech and Theory made easy” for students of Grade 1-5, Skills in English Made Easy (for adult students) and Skills in Teaching of English in Schools of Nursing (for Nursing Tutors) during 1968-1978.

Her teaching skills were not confined only to nursing; but she was a teacher and examiner of English language and literature at the Wendy Whatmore Academy of Speech and Drama, Colombo for more than 35 years.

Her literary achievements are remarkable. She has published short stories, poetry and novels; Mum’s the Word (1986), Tussels (1999), Heavy is the Head that wears the Crown (2015), Open Verdict (2016), Tussels: Book two (2018) are some of them. Reminiscence of her experiences in her youthful years in India as a nursing undergraduate in the University of Delhi, are presented in the mesmerizing book “Those Delhi Days” published in 2009. Her last book of short stories was left unfinished. In recognition of her work, she was awarded the Certificate of Poetic Achievement by the American Poetic Anthology of California, USA in 1990.

Her contribution to professional associations is noteworthy. She was a life member of Sri Lanka Nurses’ Association (SLNA) since 1954. She was the Patron of the Post-Basic Nurses’ Association from 1970-1981. She was a life member of Sri Lanka Federation of University Women (SLFUW) and served as the Press and Publicity Officer and Editor of the newsletter

(1998 -2000). She was the President of Soroptimist International of Colombo (1992-1993) and Secretary, held positions of Press and Publicity Officer (1994-1996) and a life member and editor of the newsletter of Sri Lanka Womens' Conference (SLWC) (1992-1993). She was a life member of the English writers Cooperative, Sri Lanka, since 1999 and Sri Lanka Association of Commonwealth Language and Literary studies since 2000. Her commitment to the GNFSL as the Patron since 2005- 2020 was remarkable. She never failed to write a thought-provoking 'Message of the Patron' for the quarterly newsletter "New Vision"; many of those are now available on the GNFSL website.

Her commitment to help the universities in their academic activities was commendable. The most important historical task was composing the pledge for nursing undergraduates for the first- ever Oath Ceremony in a Sri Lankan University held in October 2007 at the Faculty of Medical Sciences, University of Sri Jayewardenepura. Following this tradition, the oath she composed for nursing undergraduates is currently taken by students of three universities; University of Sri Jayewardenepura, University of Peradeniya and Sir John Kothelawala Defence University, while some others have adapted it.

She had an unusual hobby, collecting replicas of Owls of various sizes and colours from all over the world, gifted by friends and relatives. The reason she said was that 'no one liked this bird, so I started loving them'. She had a large collection of Owls in her lovely and peaceful home at Mihinthale, in the vicinity of the Mihinthale "Dagaba".

Her positive thoughts were very much influential in building personalities and leaders for the country in various disciplines including nursing. I must not fail to let you know about her motto.

*"Two men looked out of prison bars;
One saw mud, the other stars".*

"There's good in everything. You must **look** at the **stars** in a person or thing".

She was a woman of principles; always thought that she had to be a role model, gracing meetings at the age of 92 in a saree.

May She attain the Supreme Bliss of Nibbana!

Dr. Sujatha Seneviratne

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Multidisciplinary Collaboration in Maternity Care: Why It Matters

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Maternity care has become increasingly complex as a result of advancement in technology, medical and surgical interventions during labour and delivery, as well as the changes and complexity in the needs of expectant and labouring women (Smith & Dixon, 2009). Previous literature suggests that addressing all these client needs necessitates a range of multidisciplinary skills (Iliadi, 2010). According to the National Health and Medical Research Council of Australia (2010), no single profession can fully cater to every client need, emphasizing the necessity of a multidisciplinary team for effective maternity care provision. Concurrently, seamless collaboration among various professional groups within the healthcare team is imperative for ensuring safer and efficient care delivery (Suter, et al., 2009; Romijn et al., 2017).

Inter-professional collaboration (IPC) embodies the process wherein diverse professional groups collaborate to generate a positive impact on healthcare. It involves a mutually agreed-upon understanding among professionals that acknowledges the expertise and contributions of various healthcare practitioners towards patient care (Zwarenstein et al, 2009). IPC promotes not only safe, quality care but also client and staff satisfaction (Morley & Cashell, 2017). On the contrary, effective collaboration among care providers could be hindered by tensions over role boundaries, power relationships and incivility (Reiger & Lane, 2009).

Consistently, a number of studies carried out in different parts of the world, highlighted that professional rivalries and philosophical differences over childbirth

practice, and lack of communication were barriers for IPC among maternity care providers (Hastie & Fahy, 2011; Behruzi, 2017; Cronie et al., 2018). Alarming literature has revealed poor IPC among maternity care professionals as a factor that affects maternal deaths and other adverse incidents in hospitals, emphasizing the critical importance of a robust IPC in the realm of maternity care (Cronie et al., 2018).

Globally, provision of maternity care involves multi-professional teams composed of diverse healthcare practitioners, such as nurses, midwives, general/family practitioners, nurse practitioners, obstetricians, paediatricians, anaesthetists, and neonatologists (Verburg, 2011; Utz, et al., 2013). However, functioning within a multidisciplinary team can be challenging due to the varying professional backgrounds of team members (Iliadi, 2010). Therefore, actual collaborative behavior is much harder to achieve in maternity care (Watson et al., 2012). This also emphasizes that provision of maternity care is a critical and complex task (Keller et al., 2013).

Looking into the Sri Lankan context, institutional maternity care is provided by Midwifery Trained Nurses (MTRNs), doctors and midwives. There have been instances of poor IPC among maternity care providers during certain periods in the country, for example due to interprofessional conflicts, which were mainly caused by role conflicts among professional groups (Jayathilake et al., 2016). A significant instance of such conflict emerged in 2011, when state hospitals experienced a major dispute

between midwives and nurses in labor rooms, centered on responsibilities for deliveries. This discord subsequently disrupted maternity care services nationwide (The Sunday Times, 23 October 2011; Dayaratne, 2014). Apparently, these conflicts pose a potential threat to patient safety (Jayathilake et al., 2016) emphasizing the urgency of strengthening IPC to mitigate risk of harm to patients (Romijn et al., 2017). Therefore, promoting effective IPC among maternity care professionals stands as a crucial endeavor to ensure the safer delivery of maternity care services.

In line with existing literature, the promotion of IPC in maternity care entails clearly defined roles for team members (Jayathilake et al., 2021), shared goals and interests, and meticulous planning to facilitate smooth team functioning (Iliadi, 2010). Additionally, inter-professional education emerges as a pivotal factor in fostering effective teams, as it equips professionals with an understanding of teamwork through prior learning and experiences (Melkamu et al., 2020). Moreover, enhancing mutual respect and cultivating attitudinal changes are crucial steps towards fostering enhanced IPC among maternity care professionals (Jayathilake et al., 2016).

All in all, to ensure the delivery of safer and higher-quality maternity care services in Sri Lanka, it is imperative to proactively tackle the underlying causes of conflicts and facilitate a conducive environment for effective IPC among healthcare professionals within maternity healthcare teams. Simultaneously, it becomes crucial for each professional to develop a comprehensive understanding of the nature of professional diversity, exhibiting due respect for the diverse array of skills, professional values, and expertise inherent in different professional groups. Furthermore, it is high time to reflect on the extent to which IPC is currently being implemented within maternity healthcare

teams in Sri Lanka and evaluate progress in fulfilling the prerequisites for the implementation of successful IPC.

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Navigating Ageing Challenges in Sri Lanka: Challenges of Family and Aged Care in Nursing

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Introduction

The increasing aged population in the world can be considered one of the biggest public health concerns affecting not only older people but also family members, caregivers, the community, the healthcare system and the country. Sri Lanka is also recognized as being one of the fastest ageing countries due to its accelerated demographic transition with potential implications for a range of social, economic and healthcare-related issues. Therefore, as healthcare professionals, it is essential to focus on health-related and family caregiving challenges of older people and aged care challenges in nursing in the Sri Lankan context. This article focuses briefly on the ageing of a population in the Sri Lankan context, its challenges towards family caregiving, and aged care nursing in Sri Lanka.

What is ageing of a population?

Ageing is a universal reality, a natural process marked by normal biological processes associated with structural and functional changes in many parts of the human body, that progress with the advancement of chronological age (Sowmiya et al., 2015). Ageing is associated with physiological and functional changes with a greater potential for pathological changes that affect physical, mental, emotional and social well-being (Seneviratne, 2004). The ageing of a population is commonly defined as the increase in the relative proportion of older people in the total population (United Nations [UN], 2013; Siddhisena & DeGraff, 2009). As the population ages, the dynamics of family caregiving undergo transformation,

necessitating a careful examination of the implications for society and healthcare facilities.

Understanding ageing in Sri Lanka

Sri Lanka, like many other countries, is witnessing a notable increase in its elderly population (UN, 2019; Siddhisena, 2004). The increasing trajectory of the elderly population, which commenced over the last two decades, is expected to show a greater acceleration in future decades (UN, 2019). This trend is expected to continue mainly because of increased longevity and declining birth rates (UN, 2019; Ministries of Social Services and Health, 2012). The Sri Lankan demographic characteristics show that the age structure will gradually become a pillar shape from a pyramid structure as observed in most developing countries (UN, 2019). According to the report released by the Human Development Unit of the South Asia Region (World Bank, 2008), issues such as reduction of family support, inadequate focus on healthcare needs and inequitable distribution of resources for older people are some of the key areas required to be addressed concerning an ageing population.

Challenges faced by the informal caregivers of older adults

In Sri Lanka, informal or family caregiving for older people poses unique challenges. According to Seneviratne (2004), with respect to caregiving for the elderly, 75% of males have identified their spouse as the primary caregiver, while 50% of the women have identified a daughter or a son in fulfilling this role.

Only 18% of women have identified their husbands as primary caregivers. and as many of the older persons were cared for by their own families in the community setting, there is a real need to support the caregivers (Seneviratne, 2004). Since the overall prevalence of disability, functional limitations and inability to perform self-care activities increase with the advancing of age (Araujo et al., 2016), taking collective responsibility for taking due care of older adults is challenging to the society (Davey et al., 2013). The number of older adults with unmet needs for quality living is projected to increase exponentially in the near future. This leads to an increased demand for formal (paid) or informal (family and friends) caregivers (Watt et al., 2014). Although the cultural value system of taking care of older persons has long existed as a family responsibility in Sri Lankan society (Siddhisena & Degraff, 2009), society today is confronted with many social problems resulting from the changing family system, i.e. from extended to nuclear families (Silva, 2004). When life expectancy increases, older people need assistance from their children and there is a possibility that the children may also be too old to provide the optimum support to their parents. All these social changes may contribute to lowering the family responsibility of caring for older people (Perera et al., 2017). Therefore, existing family caregiving facilities need to be strengthened in Sri Lanka.

Family and nursing caregiving for older adults

The implications of ageing extend beyond older adults themselves to their families, healthcare providers and the community at large. Therefore, the role of the community in caring for older people is identified as a key element in service provision which can create a better social life for older adults (Hurley, 1992). As mentioned by Orem (1971) in her theory of self-care, nurses' role is to assist the

person with self-care deficits and maximize his/her self-care abilities. The theory further mentions that nursing care or caregiving is required when the person cannot continuously maintain self-care activities to sustain life and health, recover from disease or injury, or cope with their problems. As it is found that many elderly people will face challenges with disabilities between 2001 and 2031, it's essential to enhance the capabilities of eating, walking, dressing and managing chronic health problems like incontinence. This becomes essential when informal caregivers provide care for the older age group above 85 years of age as they are more likely to find it difficult to fulfill their self-care need and require more physical care and assistance (Carrière & Légaré, 2007). Therefore, informal caregiving must focus on ageing, family composition and implications for future home care services. For example, there is a requirement for home and community-based services due to a marked reduction of family members to provide care for older people with limitations in activities (Davey et al, 2013). As per many research findings, older persons are required for caregiving by someone residing at home in order to have a better-quality life in their later life.

Many studies worldwide have focused on family and nursing caregiving for older people in various settings. Research conducted on the experiences of registered nurses in roles such as ward managers and administrative leaders within residential elderly care homes reported a strong motivation to provide care for older people (Dwyer, 2011). However, Sri Lankan research conducted to examine attitudes and willingness to work with older people among nursing undergraduates revealed that student nurses had moderately positive attitudes toward older people and little interest in working with older people (Rathnayaka et al., 2016). Further, the study concluded that nursing curricula need to include Gerontological Nursing as

a major area of study and practice (Rathnayaka et al., 2016). Consequently, improving awareness of nurses and nursing students on aged care becomes imperative as it is an essential component in fulfilling the needs of older people and their family caregivers, and this would ultimately enhance the overall quality of life of older people.

Conclusion

The implications of ageing are not limited to older people but to their relatives, the health care providers and the community as a whole. As there is a rapid increase in the older population in Sri Lanka, serious consequences are expected unless timely and appropriate actions are taken. Various issues related to population ageing in the social, economic, cultural and political dimensions will contribute to a gradual decline in the amount and quality of caregiving for older people in our society. The suggested recommendations include complementing informal care arrangements with formal ones, expanding social welfare and healthcare services, providing home-based support services for sick and frail older people and including gerontological aspects in nursing education. Strengthening gerontological nursing education would address these gaps and ultimately the involvement of nurses would be timely and beneficial for the future with great potential for improving the well-being of the elders living in Sri Lanka. Thus, it is reasonable to conclude that investing in healthy and productive ageing is essential for reducing the burden of population ageing in Sri Lanka.

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Management of Patients on Haemodialysis: Nurses' Role

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Introduction

The kidney is a vital organ responsible for eliminating waste products from the body and maintaining the electrolytes and acid-base balance. The progressive and irreversible damage of kidneys will result in End Stage Renal Failure (ESRF) requiring renal replacement therapy for survival. Even though Hemodialysis, Peritoneal Dialysis and Renal Transplantation are the main treatments, Hemodialysis (HD) is the main modality of treatment for patients with ESRF in Sri Lanka (Wijewickrama & Herath, 2022). It is a treatment to remove nitrogenous waste products, to correct electrolyte imbalances and acid-base abnormalities as well as to remove excess fluids from the body using the basic components of good vascular access, hemodialyzer (artificial kidney) and haemodialysis machine. In other words, HD helps to control blood pressure and balance the essential minerals in the body like sodium and potassium. Moreover, it increases the life expectancy of ESRF patients.

There should be a multidisciplinary team to ensure the success of the patients in a HD unit which includes physicians, nurses, technicians, dietitians, social workers, etc. While some Asian countries like Taiwan, Japan and Korea have facilitated HD systems with universal access to all patients, low and middle low-income countries do not have enough capacity to provide HD due to poor healthcare systems (Prasad & Jha, 2015). In contrast to the global situation, in Sri Lanka, the hemodialysis procedure is performed by a well-trained nursing staff and there are no dialysis technicians (Kallenbach, 2020; Wijewickrama & Herath, 2022) with the help of the other members of the HD team.

Therefore, in this context, haemodialysis nurses' responsibilities are multi-faceted. Hence HD nurses play a very important role in the Sri Lankan health care system.

Normally, three sessions, each of which should be four hours long, should be conducted each week in the standard HD procedures (Susantitaphong et al., 2012). Similarly, in the Sri Lankan setting, nurses see their dialysis patients frequently-- normally three sessions a week, each session being three-to-four-hours in duration. The increased duration and/or frequency of HD sessions per week helps to improve the quality of life as it decreases the risk of cardiovascular disease, stroke, as well as morbidity and mortality rate (Shafiee et al., 2017). Moreover, this allows understanding the patient's issues individually. Thus, nurses have the chance to educate and encourage patients as well as contribute to medical management and HD prescription. HD nurses are trained to operate complicated dialysis equipment, as well as evaluate the vascular catheter/arteriovenous fistulae and check for signs of infection.

Although HD is a life-saving procedure, common complications like intradialytic hypotension, nausea, vomiting, headache, pruritis, and fatigue can be identified in patients. On the other hand, HD can cause some uncommon serious complications like seizures, hypoxia, disequilibrium syndrome, and even death (Song, 2018). Therefore, this article highlights the importance of the role of nursing in the management of patients on HD.

Preparation of the patient

Nurses play a vital role in preparing the patient for HD both physically and

psychologically. Patients may be worried and anxious about their disease and the treatment. First and foremost, the treatment procedure should be explained to the patients clearly: for example, what HD is, how and why it is performed, and probable complication. In addition, they should be given the opportunity to get any doubts clarified by asking questions. Getting the consent for performing HD as a treatment (in the case of the first HD, written consent and in the case of regular HD verbal consent) is important for both the healthcare team and the patient. If the patient appears extremely anxious, doing relaxation therapy before doing HD would be a good strategy to create a calm mind in the patient.

On the other hand, there are some special preparations that should be made before performing HD. It is important to do the following as the pre-dialysis nursing considerations (Shepard, 2011).

- Check the weight to determine the amount of fluid to be removed.
- Assess vital signs (blood pressure, pulse rate, respiratory rate, body temperature) to confirm whether the patient is haemodynamically stable to perform hd.
- Assess serum electrolytes (specially serum potassium and sodium)
- Review medications (e.g.- holding drugs which can pass through dialysis membrane, and holding antihypertensives as per order)
- Review the need for blood transfusion.
- Check vascular access site for infection and patency.

Monitoring, early identification and management of complications in dialysis

Hemodialysis procedure is associated with many complications such as hypotension, hypertension, muscle cramps, nausea and vomiting, headache, chest pain, low back pain, scratching, fever and shivering.

Monitoring and early identification are important to prevent and manage complications (Castner, 2011).

Assessing the vital parameters before connecting the patient to the HD machine is of paramount importance to prevent complications during the HD process. Nurses should check a patient's blood pressure, pulse rate, volume status, and oxygen saturation, and connect the patient to a multi-para cardiac monitor. During the HD process, these parameters should be monitored continuously. It's recommended to perform capillary blood sugar and venous blood gas analysis at the beginning of the procedure (Kallenbach,2020). HD nurses should take every attempt to take a proper weight measurement before and after dialysis.

Intradialytic hypotension is one of the major complications that could occur during the HD procedures. HD usually lowers blood pressure, and blood pressure medications also can cause blood pressure to drop to dangerous levels (Rocha et al., 2017). After careful evaluation, patients should be instructed to avoid blood pressure medications just before the dialysis to prevent hypotension. During an event of profound hypotension, HD nurses should carry out the recommended protocols promptly while activating the resuscitation team. They should terminate the HD by stopping the ultrafiltration and returning the blood to the patients. Further, leg end of the bed should be elevated, and the patient should be infused with crystalloid/albumin bolus.

Especially in a newly recruited patient, during and after HD, nurses should watch for signs of a serious complication called disequilibrium syndrome. This is due to the substantial drop in serum urea levels leading to cerebral oedema (Ayirathammal, 2020). The neurological symptoms associated with this complication include confusion, a change in level of consciousness, sudden severe headache, and convulsions. Nurses must

report these changes immediately to the attending physician. HD nurses should know how to prevent such serious complications by giving an infusion of mannitol at the beginning of the dialysis and prescribing short dialysis sessions for such risky patients.

Ensuring proper placement and functioning of the vascular access and assessing for signs of infection

Vascular access complications are a common cause of morbidity among haemodialysis patients. The vascular access may be a permanent vascular catheter, temporary vascular catheter or arterio-venous fistula (AVF). There is a considerable risk of infection, bleeding, and clotting associated with the placing and maintenance of vascular access (Castner, 2011).

The patency of vascular access is important for a proper haemodialysis procedure. HD nurses should check the patency of vascular access and the thrill of AVF should be palpated to make sure of its function. It is vital to evaluate pain, numbness, swelling, and pulses distal to the vascular access for early recognition of inadequate blood supply to distal limbs (Rocha et al., 2017).

Infections are a major cause of hospital admission, morbidity, and mortality among HD patients. Vascular access is an important contributing factor for infections, and they are higher in patients using catheters compared with AVF. HD nurses should evaluate and monitor vascular access for infections in every HD session. They should examine the skin around vascular access, noting any redness, swelling, local warmth, exudate, and tenderness to identify signs of local infections. The signs of sepsis such as fever with chills, and hypotension should be identified early on, and blood cultures from the vascular access site and periphery should be taken before starting antibiotics.

Adherence to aseptic techniques while handling the vascular access and AVF is of paramount importance to prevent infections. Nurses should handle the tubes gently and should not check BP or draw blood from the AVF extremity. Heparin should be infused on the arterial side of the filter to prevent clotting.

Educating, counselling, and empowering patients and caregivers

Nurses work with their patients more frequently and thus play a significant role in providing dialysis-specific education and counselling. They should explain the HD procedure and what to expect during the dialysis. Moreover, they should educate patients regarding the prevention and early identification of infections. HD is a long-term procedure, and they may have to stay on the kidney transplant list for a long period of time. The nursing role in haemodialysis includes being a counsellor—i.e., caring for the patients and their families, empowering them to handle their feelings and difficulties etc. (Castner, 2011). Nurses can collaborate with patients and their families to formulate long term care plans in view of living happily with routine dialysis.

Conclusion

HD nurses play a key role in the management of patients on HD. Even though a formal HD training programme is not available for nurses in Sri Lanka, they serve as HD nurses to perform a big service for patients with ESRF. Their service is in high demand. On the other hand, a lack of trained staff and resources, as well as interruptions in the supply of dialysis equipment and solutions have been identified as barriers in Sri Lanka when compared the global situation. Long hours of work under conditions like lack of HD units and the ever-increasing number of patients could lead to psychological burdens among nurses. Therefore, having a larger dialysis workforce and establishing new HD units in rural areas of the country

is a requirement. The need to reduce the cost of HD should also be addressed.

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The Transformation of Nursing through Telehealth Technologies: Benefits, Challenges, and Long-Term Impacts on Patient Care

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Introduction

Telehealth refers to all aspects of remote healthcare services, including computer-based and/or technology-based healthcare administration and provision. The last ten years have seen rapid progress in medical technology, which has completely changed how healthcare is managed and delivered throughout the world. The term "telehealth" was first used in the 1970s to describe the application of technology to enhance patient outcomes by expanding access to treatment and information. A revolutionary shift in the provision of healthcare services has been brought about in recent years by the incorporation of telehealth technology into nursing practice. In the nursing profession, telehealth, which includes digital communication, remote patient monitoring, and virtual consultations, has become a vital tool for revolutionary patient care (Al Baalharith et al., 2022).

Benefits of telehealth

Telehealth technologies offer many benefits to nurses and highlight how they are changing the hospital environment. Telehealth primarily enhances fair and more equitable access to healthcare. Geographical obstacles are removed with virtual consultations, making it possible for people to readily contact nursing specialists even in distant or underserved locations. This improved accessibility is especially helpful in scenarios where it is difficult for people to physically get to healthcare institutions, as during a pandemic or for those who have restricted mobility (Seto et al., 2019).

Telehealth technology allows nurses and patients to communicate conveniently and continuously. Nurses may monitor health

parameters remotely, give real-time feedback, and include patients in their treatment plans

using virtual platforms. By enabling patients to actively engage in their healthcare decisions, this improved engagement helps patients feel more in control of and have more agency in planning their healthcare regime.

Telehealth makes it possible for individuals with long-term illnesses to monitor and manage their health proactively. Nurses can monitor vital signs from a distance, evaluate symptoms, and act quickly when needed. Better health outcomes result from this real-time monitoring, which also lowers the risk of emergency situations and enhances the quality of treatment for chronic patients.

Patients can receive specialized nursing care from anywhere in the world because of telehealth technologies. Through virtual platforms, patients who live in remote places or have limited access to specialist healthcare services can communicate with professional nurses. By doing this, it is ensured that people receive the precise treatment they require independent of their location (Gajarawala & Pelkowski, 2021).

Challenges of telehealth technologies

Integrating telehealth technologies into practice is not without difficulties; there are many complex obstacles that need to be considered carefully. The complex terrain of obstacles to adopting in the nursing profession is examined in this paper.

Patients and healthcare professionals' resistance to change is one of the primary challenges to the smooth integration of telehealth technology. The nursing staff may be reluctant to adopt new technologies because they are unsure of how it would affect their

normal workflow and they are not accustomed to using digital platforms. At the same time, patients—especially those in older demographics may have concerns about the transition from in-person healthcare professional encounters to virtual consultations. To overcome this opposition, focused education and training programmes are needed to build competence and confidence in the use of telehealth technologies.

Technological obstacles also pose challenges to the practice of telehealth technologies. The use of telehealth is hampered by disparities in internet connectivity, particularly in underprivileged and rural areas. These difficulties are made worse by patients' limited access to high-speed internet and lack of required gear. To guarantee fair access to telehealth services, closing the digital gap is essential.

When using telehealth technology, security and privacy issues should be taken into account. Sensitive patient data being transmitted via digital networks gives rise to concerns over data security and adherence to privacy laws like Health Insurance Portability and Accountability Act (HIPAA) in the United States. Building confidence in telehealth systems requires finding a balance between protecting patient information and technical improvements (Koivunen & Saranto, 2017).

Long-term impact on patient care

Investigating the potential long-term impact of telehealth is vital when providing holistic care. The incorporation of telehealth denotes a change in care from reactive to preventative and proactive. Nurses can recognize health patterns, take early action, and support long-term health and well-being when they have opportunities for continuous remote monitoring. This paradigm change highlights the significance of anticipatory and comprehensive care.

Moreover, through the practice of telehealth, patients are given the ability to actively engage in their own care. As a result of more convenient access to health information and online consultations, patients participate more actively in decision-making which promotes a

patient-centric healthcare approach. Patients who feel empowered are more inclined to take charge of their health, which leads to better results (Koivunen & Saranto, 2017). Telehealth can alleviate inequities in access to healthcare by expanding access to care and removing geographical barriers. Timely and ongoing nursing support can help vulnerable people in underserved or rural locations, which can lead to a more equal allocation of healthcare resources (Powell & Alexander, 2021).

Conclusion

A new era in healthcare delivery has begun with the adoption of telehealth technology by nurses, characterized by greater accessibility, patient participation, and proactive treatment. Although obstacles like privacy issues and technological limitations still exist, there are substantial long-term advantages and improvements in patient care. Nurses are essential in guiding the ongoing evolution of telehealth, utilizing technology to improve patient care services in terms of quality, accessibility, and effectiveness. Future patient care appears to be more egalitarian and patient-centered thanks to the continuous partnership between nursing knowledge and technology.

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Epidemiological Surveillance and the Vital Role of Infection Control Nurses in Sri Lanka

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“The reason for collecting, analyzing, and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow.” (William Foege, 1976)

Epidemiological surveillance is a cornerstone in public health, playing a crucial role in monitoring, analyzing, and controlling the spread of diseases within a population. In Sri Lanka, a country with a rich cultural heritage and consisting of diverse demographics, the significance of effective surveillance is particularly pronounced (Dawson, 2003).

Sri Lanka has made considerable strides in its healthcare system, and epidemiological surveillance which forms a pivotal aspect of this progress. The country has established robust frameworks for monitoring diseases, with a focus on early detection and rapid response. Surveillance involves tracking the incidence and prevalence of various diseases, identifying patterns, and implementing interventions to prevent and control their spread.

The Epidemiology Unit of Sri Lanka plays a key role in coordinating surveillance activities. It collects, analyzes, and disseminates data, providing a comprehensive understanding of the health landscape. Real-time monitoring allows authorities to respond swiftly to emerging health threats, enhancing the overall resilience of the public health system.

In this dynamic environment, infection control is where nurses play a central role in preventing and managing infectious diseases. These healthcare professionals are trained to implement strategies that minimize the risk of healthcare-associated infections (HAIs) and contribute to overall public health goals (Durrheim et al., 2001).

Role of infection control nurses

- **Preventing Transmission:** Infection control nurses are responsible for implementing and enforcing infection prevention and control measures within the healthcare setting. Their efforts focus on breaking the chain of infection transmission, safeguarding both patients and healthcare workers.
- **Education and Training:** These nurses are instrumental in educating healthcare staff on proper infection control practices. Training programs ensure that medical professionals are equipped with the knowledge and skills necessary to prevent and manage infections effectively (Gould & Ream, 1994).
- **Surveillance within Healthcare Facilities:** Infection control nurses actively participate in internal surveillance within hospitals and

clinics. They monitor the occurrence of infections, assess trends, and collaborate with epidemiologists to contribute valuable data to the national surveillance system.

- **Outbreak Response:** During disease outbreaks, infection control nurses play a vital role in implementing control measures. They work closely with other healthcare professionals and public health authorities to contain the spread of infectious agents (Howard, 2000).

Infection control nurses play an imperative role in the notification system for infectious diseases. Their involvement is key in ensuring that appropriate information about potential outbreaks is rapidly communicated, facilitating a swift and effective public health response (Peter et al., 2018).

After confirming an outbreak, there is a need to intensify epidemiological surveillance. Infection Control Nurses engage in an active role in promptly identifying new epidemic areas, monitoring the outbreak's progression, organizing appropriate patient care, and assessing necessary response activities accordingly (e.g., Dengue). Their collaboration extends beyond patients and physicians to include scientists, public health experts, and government agencies, aiming to safeguard both individual and public health. In the event of an outbreak of rare diseases (e.g., Malaria), a comprehensive analysis becomes imperative (Quattrin et al., 2005). Diseases exhibiting seasonal patterns (e.g., Leptospirosis) are cautiously tracked for case numbers and deaths to prevent underreporting, influencing the country's case fatality rate (Weston, 2013).

Key aspects of infection control nurses in the notification system

- **Early Detection and Reporting:** Infection control nurses are often the

first to notice unusual patterns or clusters of infections within healthcare settings. Their keen observation skills enable them to detect potential outbreaks early, triggering timely reporting to relevant authorities.

- **Surveillance Data Compilation:** These nurses actively contribute to the compilation of surveillance data. By systematically collecting and analyzing information on infectious diseases, they provide essential insights into trends, helping authorities make informed decisions.
- **Communication with Public Health Authorities:** Infection control nurses act as a bridge between healthcare facilities and public health authorities. They promptly communicate relevant information about suspected or confirmed cases, ensuring that authorities can initiate necessary interventions swiftly.
- **Coordination in Outbreak Response:** During outbreaks, infection control nurses collaborate closely with public health teams. They share critical data, participate in contact tracing, and contribute their expertise to formulate effective response strategies.
- **Education on Notification Protocols:** Infection control nurses play an essential role in educating healthcare staff about the importance of timely notification and the specific protocols to follow. This ensures a standardized and efficient approach to reporting infectious diseases (Zacher, 1999).
- **Continuous Training:** Staying updated on the latest notification guidelines and protocols is essential. Infection control nurses engage in continuous training to enhance their skills in recognizing, documenting, and reporting infectious diseases.

Challenges and future directions

While Sri Lanka has made commendable progress certain other challenges persist.

Limited resources, gaps in data collection, and the emergence of new infectious threats underscore the need for ongoing improvement. Strengthening the training of healthcare professionals, investing in advanced surveillance technologies, and enhancing collaboration between different sectors of the healthcare system are critical steps for the future.

In conclusion, the synergy between epidemiological surveillance and the dedication of infection control nurses is pivotal in maintaining and advancing public health in Sri Lanka. As the healthcare landscape evolves, a continued focus on surveillance and the tireless efforts of these healthcare professionals will remain essential in safeguarding the well-being of the population.

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Collaborative Activities of GNFSL

A workshop on ‘Rising trend of Aging and Effective Management of Cognitive Impairment’ was conducted in collaboration with Seminars, Workshops and Programmes Committee of Professional Associations of Sri Lanka (OPA) on 2nd February 2023 at the Auditorium of OPA. Prof. Sudath Warnalulasuriya and Dr. Kalpani Abhaysinghe were the main source and Dr. Lalitha Meegoda moderated the discussion.



International Nurses' Day Celebration at PBCN: Collaborative Function

GNFSL was celebrated International Nurses' Day in collaboration with Sri Lanka Nurses' Association and the Post Basic College of Nursing on 15th May 2023. This event was held at the Auditorium of the Post Basic College of Nursing, Colombo.



Workshops Conducted by GNFSL

Workshop on Quantitative Research

A workshop on “Quantitative Research” was conducted on 11th February 2023 from 9.00am – 4.00pm at the Auditorium of the Post Basic College of Nursing, Colombo. Five resource persons delivered lectures on the topics of identification of the research problem, formulating objectives and hypothesis, literature review and developing conceptual framework, research designs and sampling techniques, research instruments development, data collection and data analysis.



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Workshop on Qualitative Research

A workshop on “Quantitative Research” was conducted for nurses on 27th May 2023 from 9.00 am – 4.00 pm at the Auditorium of the Post Basic College of Nursing, Colombo. Three resource persons including Dr. B. Sunil S. de Silva, Dean, Faculty of Health Sciences, OUSL, Dr. A.V. Pramuditha Madhavi, Senior Lecturer in Nursing, Department of Nursing, OUSL and Dr. Kalpani Abhaysinghe, Senior Lecturer in Nursing, Department of Nursing and Midwifery, KDU delivered lectures on the topic areas of introduction to qualitative research, identification of research question and literature review, qualitative research designs, qualitative data collection methods, qualitative data analysis and presentation of findings.



Workshop on Instruments Development & Validation

A workshop on “Instruments Development and Validation” was conducted for post graduate and undergraduate nurses on 29th July 2023 from 9.00am – 1.00pm at the Auditorium of the Post Basic College of Nursing, Colombo. Dr. K.A. Sriyani, Senior Lecturer, Department of Nursing, OUSL and Dr. R.H.M.P.N. Rathnayake, Senior Lecturer, Department of Nursing, University of Ruhuna delivered lectures on the topic areas of instruments development, cross-cultural and psychometric validation of instruments.



Workshop on Palliative Care

A workshop on “Palliative Care” was conducted by the GNFSL in collaboration with Palliative and End of Life Care Task Force of the Sri Lanka Medical Association (SLMA) on 20th September 2023 at the Auditorium of SLMA. Ms. Himali Peiris, Chairperson of Education Committee of GNFSL contributed to organize the workshop. Resource persons from Palliative and End of Life Care Task Force of SLMA delivered the lectures and practical sessions on introduction and concepts of palliative care, symptom management in palliative care, end of life care, community palliative care, communication skills need in palliative care, nursing care planning for delivery of palliative care, nursing care for optimal pain management, scenario based session on special mouth care and skin care and scenario based session practical session on stoma care.



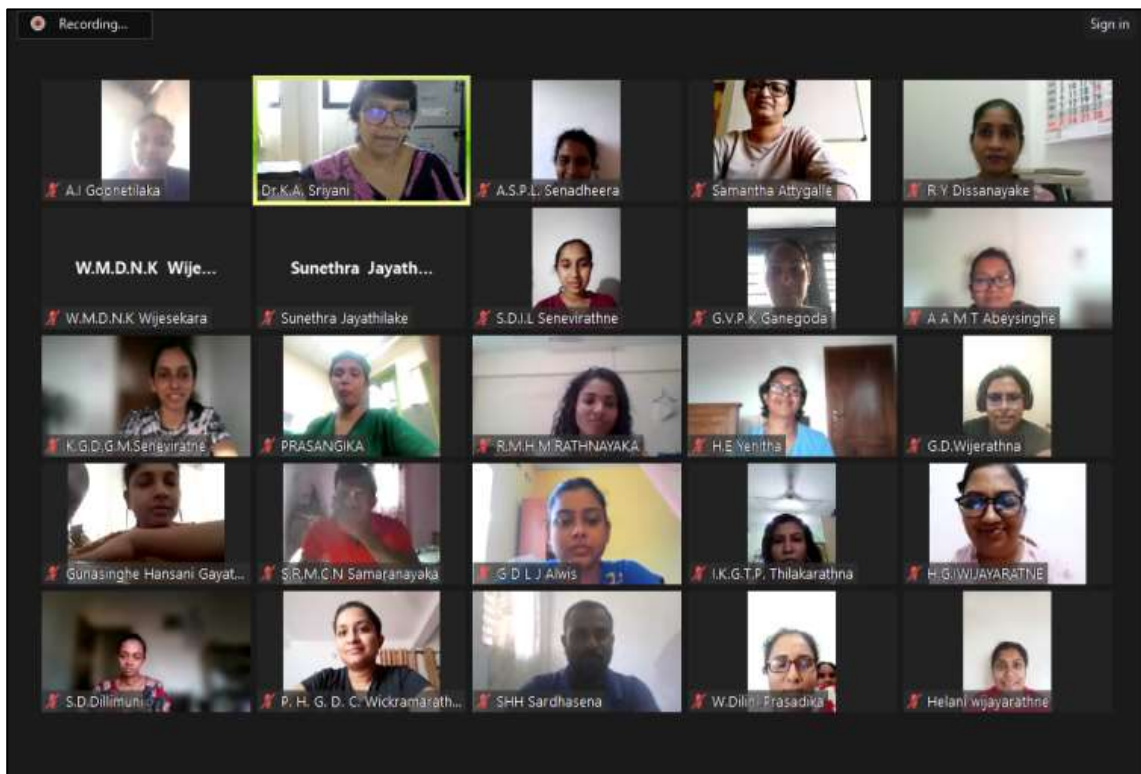
Workshop on Financial Wellbeing

An education session on Financial Wellbeing was conducted for nurses at the General Meeting of GNFSL on 25th November 2023. The lecture was delivered by Ms. Dumini Abeyratne Boyagoda, Relationship Manager of Hatton National Bank. Ms. R.A.D.C Karunaratne, Chairperson of Nursing Service Development Committee of GNFSL contributed to organize the workshop.



Workshop on Quantitative Research

Online workshop on Quantitative Research was conducted for nurses on 27th Saturday, January 2024 from 9.00 am to 4.30 pm. Four resource individuals delivered lectures on the topic of identification of the research problem, formulating objectives and hypothesis, literature review and developing conceptual framework research designs and sampling technique research instruments development data collection and analysis.



Online Participants

Workshop on Gerontological Nursing







Online workshop on Gerontological Nursing was held on 10th Saturday February 2024 from 9.00 am to 4.00 pm. Six resource individuals delivered lectures on the topic areas of introduction to gerontological nursing, meeting on nutritional needs of elderly people, rest and sleep in their old age, ethical and legal aspects of gerontological nursing, management of pain and comfort in elderly people and care of mental health in their old age.

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 <p>Dr. Sriyani Kumarasinghe Senior Lecturer in Nursing Department of Nursing The Open University of Sri Lanka</p>	 <p>Mrs. Himali Peiris Principal College of Nursing, Batticaloa</p>	 <p>Mrs. G. T. Anuruddika Clinical Tutor NHSL Colombo</p>



Online Participants

Special Activities

3rd Inter-Institutional Quiz Competition - 2023

3rd Inter-Institutional Quiz Competition on Nursing of GNFSL was held on 9th September 2023 at the Auditorium of the Post Basic College of Nursing, Colombo with the participation of nursing undergraduates of University of Jayewardenepura, University of Ruhuna, University of Jaffna, Eastern University and nursing students of School of Nursing, Colombo, School of Nursing, Kandana, and School of Nursing, Kalutara.



Winners of the Institution Quiz Competition

Champions - University of Jaffna

1st Runner up - 1st School of Nursing, Kalutara

2nd Runner up: University of Ruhuna



Champions
Nursing Undergraduates of University of Jaffna



1st Runner up
Nursing Students of School of Nursing, Kalutara



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Publication of the Graduate Nurses' Foundation of Sri Lanka

Vol. 13 – Issue 1- February 2024



ISSN 2613-8735