

New VISION



Volume 13 issue 02 December 2024
ISSN 2613-8735

Publication of Graduate Nurses' Foundation of Sri Lanka
Affiliated to Organization of Professional Associations of Sri Lanka - 2005

Annual Issue -2024

**Editors**

Dr. M.R.S. Jayathilake

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

Dr. N.P. Edirisinghe

Language Editor

Ms. Mayanthi K. Jayakody

Panel of Article Reviewers

Prof. M.K.D.L Meegoda

Prof. Nirmala Rathnayake

Dr. M.R.S. Jayathilake

Dr. K.A. Sriyani

Dr. Thilini Abeyratne

Dr. Thamudi Sundarapperuma

Cover Page

Mr. D.K.M De Silva

Desktop Publisher

Dr. N.P. Edirisinghe

Published By

Graduate Nurses' Foundation of Sri Lanka

-----All Rights Reserved-----

Contents

		Page
01.	Message from the President, GNFSL	03
02.	Message from the Secretary, GNFSL	04
03	A Call to Action for Nurses in Addressing Unmet Needs among Activity-Limited Older People in Sri Lanka	05
04	The Vital Link: Effective Communication and the Therapeutic Relationship in Nursing	10
05	Creating a sustainable Health care Safety Net: New Dimensions in Health expenditure in Sri Lanka	13
06	The Need of Evidence-Based Practice for Hemodialysis Nurses	17
07	Collaborative Activities of GNFSL	21
08	Workshops Conducted by GNFSL	23
09	Special Activities	25
10	Office Bearers of GNFSL 2024/2025	28

Message from the President, GNFSL



It is a great pleasure and indeed an honour for me, as the President of the Graduate Nurses Foundation of Sri Lanka (GNFSL), to send this message to the Annual Newsletter “New Vision” 2024 published by the GNFSL.

To begin with, I would like to extend my sincere appreciation to all of you for believing in me and appointing me to this prestigious position. I am truly honoured and grateful to serve as the eighth President of the GNFSL.

Since its inception in 2003, the GNFSL has worked tirelessly for the advancement of the foundation and the professional development of nurses, which has, in turn, contributed to the betterment of the nursing profession in Sri Lanka. I take this opportunity to express my heartfelt gratitude and deep appreciation to all members of the Foundation, including past presidents and office bearers, for their unwavering dedication and devotion to the GNFSL.

As a result of these efforts, I am proud to say that the GNFSL has achieved remarkable milestones. In 2005, the GNFSL became a member of the Organization of Professional Associations (OPA) of Sri Lanka as one of its member associations. Another remarkable achievement is the publication of the first nursing journal in Sri Lanka, *The Sri Lankan Journal of Nursing*, in February 2022. This journal has provided a platform for nurses to publish their undergraduate and postgraduate research, thereby sharing their findings with the scientific community. I encourage all of you to take this excellent opportunity to disseminate your research findings.

I would like to express my gratitude to Dr. S.M.K.S. Seneviratne, the founding Editor-in-Chief, and the Editorial Board for their commitment and dedication in making this journal a reality. I also thank Dr. Pramuditha Madhavi, the current Editor-in-Chief, and the Editorial Board for their hard work in continuing this task. Besides, we publish our annual official newsletter, *New Vision*. I invite you to contribute your creative work, such as short communications, poems, news articles and more to enrich this newsletter.

At the same time, I would like to highlight the challenges we currently face and those that lie ahead. These include growing our membership, enhancing the quality of nursing care, promoting nursing research, establishing a college for nurses, and improving the public image of the nursing profession within society. My goal as President is to work diligently to address these challenges. I am confident that if we unite, we can successfully achieve these objectives. Through teamwork and collaboration, we can accomplish much for the betterment of the foundation.

I therefore invite all graduate nurses across the country to join us and work together for the betterment of the foundation and a brighter future for nursing in Sri Lanka. Together, let's move forward with that purpose in mind and spirit.

With kind regards.

Dr. M. R. S. Jayathilake,

President, Graduate Nurses Foundation of Sri Lanka

Message from the Secretary, GNFSL



I am pleased to extend this message to the “New Vision” official publication of the Graduate Nurses’ Foundation of Sri Lanka (GNFSL). As the Secretary, I am immensely pleased to communicate the latest updates and opportunities within our esteemed organization. While congratulating all authors who contributed to the Sri Lanka Journal of Nursing, which is the first nursing journal published in Sri Lanka, I would like to convey my deepest appreciation to Dr. S.M.K.S. Seneviratne, the founding Editor-in-Chief, and the Editorial Board for their dedication and effort in making this journal a reality. Also, I am

taking this opportunity to record my sincere thanks to Dr. A.V.P Madhavi, our Editor-in-Chief and the 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 last year, I am happy to note that we have continued to foster knowledge exchange through research workshops on both quantitative and qualitative aspects. The enthusiastic participation of our members underscores the growing interest in professional development opportunities within our community.

The 4th Biennial Academic Sessions was the most significant event in the GNFSL calendar, conducted on 17th February 2024. To make it a reality, all the groundwork had been organized to conduct it as a physical conference, and we are grateful to all the invited guests, professionals and members who joined 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 tirelessly worked to make the event a success.

We are looking forward and are committed to organizing a series of workshops in 2025 to empower more nurses to enhance their skills and expertise for personal and professional growth. I encourage all members to 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 the "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 Call to Action for Nurses in Addressing Unmet Needs among Activity-Limited Older People in Sri Lanka

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

*Senior Lecturer, Department of Nursing and Midwifery, Faculty of Allied Health Sciences,
General Sir John Kotelawala Defence University*

Introduction

With the rapid increase in the older population worldwide and in Sri Lanka, the demographic transition has led to an increase in older people with activity limitations and disabilities (Chen et al., 2018). The overall prevalence of disability and functional limitations increases with advancing age (Araujo et al., 2019). Disabilities in old age are a common occurrence that affects functionality and thus compromises the ability to carry out activities of daily living (ADL) (Lahiri et al., 2015). These activity limitations have led to significant challenges and unmet needs in healthcare, nutrition, social, emotional and financial aspects, housing and safety, caregiving and support services, transportation and mobility and educational aspects (World Health Organization [WHO], 2020). Therefore, unmet needs encompass many problems for older people, their families, communities and healthcare workers, and addressing them is challenging. As unmet needs in assisting older people with limitations in activities are a priority need globally and are not adequately studied in Sri Lanka, this article highlights that addressing the unmet needs of activity-limited older people requires a multidisciplinary approach, including a pivotal role of the nurse. Therefore, this article examines the assessment of unmet needs of this population, factors affecting unmet needs, barriers to care and the importance of addressing unmet needs and the role of nurses in minimizing unmet needs among activity limited older people in Sri Lanka.

Assessment of unmet needs in the context of activity-limited older people

An unmet need in the context of limitations in activities is defined as a need that requires help but is not received in performing ADLs and instrumental ADLs (IADLs) (Allen & Mor, 1997). Activities such as feeding, bathing, grooming, dressing, bowels, bladder, toilet use, transfers (bed to chair and back) and mobility on level surfaces and stairs are grouped under ADL (Mahoney & Barthel, 1965). More complex activities such as shopping, preparing or cooking food, using the telephone, washing clothes, housekeeping, transportation, taking medication and managing finances are considered as instrumental ADLs (Lawton & Brody, 1969).

To assess whether an older person has unmet needs in performing an activity, the following sequence of questions can be used (Allen & Mor, 1997):

1. Do you need help with performing the activity?
 - *If yes, proceed to the next question.*
 - *If no, go to question 3.*
2. Do you receive help in performing the activity?
 - *If no, the person has an unmet need for that activity.*
 - *If yes, their need is being met.*
3. Do you need more help to perform the activity?
 - *If yes, the person has an unmet need.*
 - *If no, proceed to the next question.*
4. Have you experienced negative consequences in performing the activity?
 - *If yes, the person has an unmet need for that activity.*

- *If no, their need is being met.*

The unmet need for personal care is much higher among older people with ADL/IADL limitations. Therefore, they are considered as a valuable indicator for assessing the need for long-term care services.

Factors affecting unmet needs

Several factors affect unmet needs among older people. In addition to the level of impairment in the activities of older persons, poorer health status tends to increase the unmet needs in assistance of many activities (Allen & Mor, 1997). Poverty and inadequate family support are also associated with higher rates of unmet needs (Allen & Mor, 1997). Based on prior research, variables such as gender, age, race/ethnicity, family income, living arrangements, health status, number of limitations in activities and the type of assistance received are recognized predictors of unmet needs for ADL assistance (Kennedy, 2001). Unmet needs were more common among older persons living alone or having limitations in ADL (Davey et al., 2013). Living with unmet needs is associated with falls, an increased requirement for healthcare services, hospitalization (LaPlante et al., 2004) and lower level of quality of life. Hence, it is recommended that disabled older people be supported to meet their unmet needs to minimize their health consequences (Sands et al., 2006). In addition, an unmet need is associated with a higher level of disability, where these unmet needs can be alleviated by improving functional abilities and by providing assistive devices to older people with limitations of activity (Williams, Lyons & Rowland, 2008). Furthermore, minimizing unmet needs and monitoring older people's needs are considered the primary goals of long-term care (Dubuc et al., 2011). Therefore, addressing older people's needs would help to provide adequate care for the activity-limited older people in the community.

Importance of addressing unmet needs

In parallel with the increase in the older population in Sri Lanka, there will be a concurrent rise in the problems faced by older people and their caregivers due to unmet needs for assistance with activity limitations. As these unmet needs correlate significantly with higher levels of disability, it is crucial to assess the impact of unmet needs among older people with activity limitations. Older people with unmet needs experience severe and negative consequences from not receiving adequate personal assistance (Desai et al., 2001). The negative consequences of unmet needs affect not only older people but also their caregivers (Fu et al., 2017). Therefore, a comprehensive understanding of unmet needs would aid in developing a needs-based care service for older people living in their own homes (Fu et al., 2017).

Unmet needs among older people are increasing in the context of Sri Lanka, mainly due to the lack of caregivers' support and knowledge regarding specific care, especially for bedbound older people. Given the rapid rise in the ageing population in Sri Lanka, steps must be taken to strengthen the existing potential for informal caregiving facilities and enhance nurses' involvement to provide better care for activity-limited older people. Furthermore, older people may be unable to depend on family caregiving as the women in the household also seek employment with the expectation of economic prosperity (UN, 2019). Although family-based caregiving of older people is the socially and culturally accepted norm in Sri Lanka, there are many challenges encountered with informal caregiving, where caregivers report numerous difficulties during their caregiving process (Perera, 2004). Family caregivers bear the burden of responsibility, uncertainty, worry and social life restrictions, which result in greater susceptibility to stress, anxiety, exhaustion, isolation, increased psychological disease problems and

reduced quality of life (Greenwood et al. 2009a). This can lead to the cessation of caregiving and institutionalization of the care recipient (Freedman & Spillman, 2014). Family caregivers often feel unprepared for care delivery because of inadequate knowledge, skills and guidance from formal healthcare providers (Scherbring, 2002). Another outcome of challenges faced in caregiving includes the caregivers neglecting their own healthcare needs, causing deterioration of their health and well-being (Greenwood et al., 2009). Therefore, informal caregivers must be provided with guidance, support and skills in the complexities of caregiving (Bakas et al., 2006) where nurses and healthcare professionals can offer their service towards this.

Nurses' role in addressing unmet needs of activity limited older people

Older people with limitations in ADLs need to be carefully managed and monitored to improve their health outcomes by identifying unmet needs and alleviating their negative consequences (Hu & Wang, 2019). Thus, a nurse with education and experience in providing care for activity-limited older people can perform assessments, identify problems, provide care interventions and guide both informal and formal carers in Sri Lanka. However, when focusing on the Sri Lankan context, one of the main challenges faced by the nurses during care delivery is limited funding and infrastructure facilities to provide comprehensive care for activity-limited older people with unmet needs. Moreover, the lack of trained geriatric nurses, professional or home-based caregivers for care delivery, and the lack of awareness of the families towards the available support services are also considered barriers towards implementing care. Nurses in both community and hospital settings have several roles in addressing these unmet needs of older people in Sri Lanka.

Nurses can play roles as advocates for elder-friendly infrastructure in healthcare facilities, including wheelchairs, transportation assistance and home-based care services and as collaborators with government and non-governmental organizations to establish mobile health clinics for home-based older people with activity limitations. Nurses in community settings can provide ADL support training for family caregivers and develop sessions focusing on manual handling techniques, fall prevention and personal hygiene care for caregivers (Wijesiri, 2024). As hospital-based nurses, they can develop personalized care plans for activity-limited older adults, ensuring regular follow-ups, medication management and patient education towards improving chronic disease management. Moreover, it is considered that providing counseling and educational support for family caregivers will enhance the quality of care for the disabled (Hung et al., 2002). Therefore, nurses can integrate mental health assessments into routine nursing care and conduct counseling sessions for activity-limited older people who experience loneliness and depression. Meanwhile, nurses can act as members of a multidisciplinary team and can coordinate with physiotherapists and occupational therapists to promote the rehabilitation and mobility of older persons (WHO, 2020).

Unmet needs and the level of assistance provided are important indicators for policymaking and in providing financial and health care support services (Williams et al., 2008). Besides the policy advocacy to prioritize elder care, there is a great responsibility in capacity building to enhance geriatric care training and focus on continuous professional development opportunities. In addition, organizing the establishment of community-based programmes to support activity-limited older people through social, educational and health initiatives and encourage conducting geriatric nursing research at the ministry level is highlighted. Ultimately,

nurses play a vital role in addressing the unmet needs and prioritizing the needs of older people of activity-limited older people, leading to a more age-friendly healthcare system in Sri Lanka.

Conclusion

The unmet needs among older people in Sri Lanka represent a significant challenge that requires immediate attention. Nurses, as key healthcare professionals in Sri Lanka, must focus on the educational and caregiving aspects for older people with activity limitations, addressing the challenges faced by both older people and their caregivers. By recognizing the importance of addressing these needs and working collaboratively with other stakeholders, nurses can make a meaningful impact on the lives of older individuals and their families. Together, we can create a healthcare system that meets the needs of all its people, regardless of age.

References

- Allen, S.M., & Mor, V. (1997). The prevalence and consequences of unmet need. *Contrasts between older and younger adults with disability. Medical Care*, 35(11), 1132-1148. doi:10.1097/00005650-199711000-00005.
- Araujo, G.K., Souto, R.Q., Alves, F.A., Sousa, R.C., Ceballos, A.G., Santos, R.C., Lyra, E.V., & Nogueira, R. T. (2019). Functional capability and associated factors in the elderly living in the community. *Acta Paul Enferm*, 32(3), 312-8. doi:10.1590/1982-0194201900043.
- Bakas, T., Pressler, S.J., Johnson, E.A., Nauseef, J.A., & Shaneyfelt, T. (2006). Family caregiving in heart failure. *Nursing Research*. 55(3), 180-188.
- Chen, S., Zheng, J., Chen, C., Xing, Y., Cui, Y., Ding, Y., & Li, X. (2018). Unmet needs of activities of daily living among a community-based sample of disabled elderly people in Eastern China: A cross-sectional study. *BMC Geriatrics*, 18, 160. doi:10.1186/s12877-018-0856-6.
- Davey, A., Takagi, E., Sundström, G., & Malmberg, B. (2013). Informal support and unmet needs in the national long-term care survey. *Journal of Comparative Family Studies*, 44(4), 437-453. <http://www.jstor.org/stable/23644632> Accessed: 06-10-2017 07:01 UTC.
- Desai, M.M., Lentzner, H.R., & Weeks, J.D. (2001). Unmet need for personal assistance with activities of daily living among older adults. *Gerontologist*, 41(1), 82-88. doi: 10.1093/geront/41.1.82.
- Dubuc, N., Dubois, M.F., Raïche, M., Gueye, D.R., & Hébert, R. (2011). Meeting the home-care needs of disabled older persons living in the community: does integrated services delivery make a difference?. *BMC Geriatrics*, 11, 67. <http://www.biomedcentral.com/1471-2318/11/67>.
- Freedman, V.A., & Spillman, B.C. (2014). Disability and care needs among older Americans. *A Multidisciplinary Journal of Population Health and Health Policy*, 92(3), 509-541. doi:10.1111/1468-0009.12076.
- Fu, Y., Guo, Y., Bai, X., & Chui, E.W.T. (2017). Factors associated with older people's long-term care needs: a case study adopting the expanded version of the Anderson Model in China. *BMC Geriatrics*, 17, 38. doi:10.1186/s12877-017-0436-1.
- Greenwood, N., Mackenzie, A., Cloud, G.C., & Wilson, N. (2009). Informal primary carers of stroke survivors living at home – challenges,

- satisfactions and coping: a systematic review of qualitative studies. *Disability and Rehabilitation*, 31(5), 337–351. doi:10.1080/09638280802051721.
- Hu, B., & Wang, J. (2019). Unmet long-term care needs and depression: The double disadvantage of community-dwelling older people in rural China. *Health & Social Care in the Community*, 27, 126–138. doi:10.1111/hsc.12630.
- Hung, L.C., Liu, C.C., & Kuo, H.W. (2002). Unmet nursing care needs of home-based disabled patients. *Department of Public Health*, 40(1), 96–104. doi:10.1046/j.1365-2648.2002.02344.x.
- Kennedy, J. (2001). Unmet and under met need for activities of daily living and instrumental activities of daily living assistance among adults with disabilities. *Medical Care*, 39(12), 1305–1312. doi:10.1097/00005650-200112000-00006.
- Lahiri, S., Biswas, A., Santra, S., Lahiri, S. (2015). Assessment of nutritional status among elderly population in a rural area of West Bengal, India. *International Journal of Medical Science and Public Health*. 4, 569–72.
- LaPlante, M.P., Kaye, H.S., Kang, T., & Harrington, C. (2004). Unmet need for personal assistance services: estimating the shortfall in hours of help and adverse consequences. *Journal of Gerontology*, 59(2), S98–S108. doi:10.1093/geronb/59.2.s98.
- Lawton, M.P., & Brody, E.M. (1969). Assessment of Older People: Self-Maintaining and Instrumental Activities of Daily Living. *The Gerontologist*, 9, 179–186. doi:10.1093/geront/9.3_Part_1.179.
- Mahoney, F.I., & Barthel, D. (1965). Functional evaluation: The Barthel Index. *Maryland State Medical Journal*, 14, 61–65. PMID: 14258950.
- Perera, R. (2004). A sociological study on elderly care in an urban community in Sri Lanka. Proceedings of the second academic sessions, 142–46. Retrieved from <http://ir.lib.ruh.ac.lk/xmlui/handle/iruo/579>.
- Sands, L.P., Wang, Y., McCabe, G.P., Jennings, K., Eng, C., & Covinsky, K.E. (2006). Rates of acute care admissions for frail older people living with met versus unmet activity of daily living needs. *Journal of American Geriatric society*, 54(2), 339–344. doi:10.1111/j.1532-5415.2005.00590.x.
- Scherbring, M. (2002). Effect of caregiver perception of preparedness on burden in an oncology population. *Oncology Nursing Forum*, 29(6): E70–6. doi:10.1188/02.ONF.E70-E76.
- United Nations, (2019). *World Population Prospects 2019*. New York. <https://population.un.org/wpp/>.
- Wijesiri, H.S.M.S.K., (2024). Development of home-based care educational programme for the family caregivers of activity limited older people: an educational programme model for community nurses. *BMJ Leader*, 0:1–5. doi:10.1136/leader-2023-000965.
- Williams, J., Lyons, B., & Rowland, D., (2008). Unmet long-term care needs of elderly people in the community: a review of the literature. *Home Health Care Serv Quarterly*, 16(1-2), 93–119. doi:10.1300/J027v16n01_07
- World Health Organization (WHO) (2020). *World Report on Aging and Health*.

"The Vital Link: Effective Communication and the Therapeutic Relationship in Nursing"

Dinithi Ravindrika Samarakoon

Programme Convener - Nursing Edith Cowan University – Sri Lanka

Communication plays a vital role in the healthcare sector. It is a key element in achieving better patient outcomes. To gain insight into a patient's subjective data regarding a specific condition or experience, healthcare professionals must effectively utilize therapeutic communication strategies. As evidenced by Kwame and Petrucka (2021), patient satisfaction with care, safety, social support and medication and treatment plan adherence may all be improved with respectful communication between nurses and patients. It can also lessen ambiguity and encourage patient involvement in decision-making. Furthermore, the importance of communication in developing a therapeutic relationship was majorly highlighted by barriers that were presented during the pandemic era (Doorn et al., 2020). The pandemic not only affected patients but also limited healthcare professionals' ability to develop meaningful therapeutic relationships with patients (Doorn et al., 2020). This underlies the impact communication has on the nursing process.

One major factor that disrupts effective communication is human cognition which can be easily influenced by external factors (Lavie et al., 2004). Factors that hinder viable information as primary resources for distractions often lead to tragic consequences related to the nurse-patient relationship. Scenarios such as handoffs (Hasan et al., 2017), improper sample handling (Van Wicklin, 2015), medication administration errors (Keers et al., 2013) and substandard teamwork in operations rooms, all have been linked to communication breakdowns and adverse patient outcomes (Wheelock et al., 2015).

When the flow of conversation is impacted due to an external issue (Healey et al., 2007), it disrupts the process (Li, 2015). This often disrupts the flow of communication as individuals tend to prioritize addressing immediate distractions (Collins et al., 2007).

Patient care is negatively impacted by miscommunication in the nursing process (Banerjee et al., 2017; Gillett et al., 2016). This consequently impacts the therapeutic relationship that develops amongst the patient and healthcare professional (Burgener, 2019). On the contrary, a positive impact on the patient satisfaction, disease prevention efforts and treatment adherence could result in enhanced communication abilities and reduced anxiety among healthcare professionals (Howick et al., 2018).

The language barrier has been globally recognized to have a greater impact on access to healthcare and patient outcomes negatively (Barwise et al., 2019). Such inequality among these individuals is evident in managing non-communicable diseases (Njeru et al., 2017) and receiving appropriate hospital outcomes (Reaume et al., 2020) compared to persons with no language barriers. However, even though equality is provided, the patient's level of understanding cannot be reviewed (Shamsi et al., 2020). With such hindrance at hand, when there is no prominent communication strategy implemented, the standard of the therapeutic relationship is decreased (Shamsi et al., 2020). Hence, it becomes challenging for patients with language barriers to achieve better outcomes.

To maximize the positive impacts of communication on patient care, healthcare

professionals must identify and address barriers that hinder effective communication. According to Kalaldehy et al. (2020), a majority of the nurses identified environmental factors as a significant barrier in therapeutic relationships. These factors include nursing shortage, overwork, time limitations, multi-critical case issues identified in the unit and work violence (Kalaldehy et al., 2020). Unfortunately, support systems for nurses to overcome these challenges remain limited (Hartley et al., 2020). This would interrupt the goals which could be achieved by the successful therapeutic alliance, such as better patient intervention, outcomes and satisfaction (Hartley et al., 2020). Hence, it is necessary to dissolve the barriers present in communication to achieve meaningful results by developing an effective therapeutic relationship among the healthcare professional and patient.

References

- Banerjee, S. C., Manna, R., Coyle, N., Penn, S., Gallegos, T. E., Zaider, T., Krueger, C. A., Bialer, P. A., Bylund, C. L., & Parker, P. A. (2017). The implementation and evaluation of a communication skills training program for oncology nurses. *Translational Behavioral Medicine*, 7(3), 615–623. <https://doi.org/10.1007/s13142-017-0473-5>
- Barwise, A., Balls-Berry, J. E., Soleimani, J., Karki, B., Barrett, B., Castillo, K., Kreps, S., Kunkel, H., Vega, B. R., Erwin, P. J., Suarez, N. E., & Wilson, M. E. (2019). Interventions for end-of-life decision making for patients with limited english proficiency. *Journal of Immigrant and Minority Health*, 22(4), 860–872. <https://doi.org/10.1007/s10903-019-00947-w>
- Collins, S. A., Currie, L. M., Patel, V. L., Bakken, S., & Cimino, J. J. (2007). Multitasking by clinicians in the context of CPOE and CIS use. *PubMed*, 129(Pt 2), 958–962. <https://pubmed.ncbi.nlm.nih.gov/17911857>
- Doorn, K. A., Békés, V., & Prout, T. A. (2020). Grappling with our therapeutic relationship and professional self-doubt during COVID-19: will we use video therapy again? *Counselling Psychology Quarterly*, 34(3–4), 473–484. <https://doi.org/10.1080/09515070.2020.1773404>
- Gillett, K., O’Neill, B., & Bloomfield, J. (2016). Factors influencing the development of end-of-life communication skills: A focus group study of nursing and medical students. *Nurse Education Today*, 36, 395–400. <https://doi.org/10.1016/j.nedt.2015.10.015>
- Hartley, S., Raphael, J., Lovell, K., & Berry, K. (2020). Effective nurse–patient relationships in mental health care: A systematic review of interventions to improve the therapeutic alliance. *International Journal of Nursing Studies*, 102, 103490. <https://doi.org/10.1016/j.ijnurstu.2019.103490>
- Hasan, H. Y., Ali, F., Barker, P., Treat, R., Peschman, J., Mohorek, M., Redlich, P. N., & Webb, T. P. (2017). Evaluating handoffs in the context of a communication framework. *Surgery*, 161(3), 861–868. <https://doi.org/10.1016/j.surg.2016.09.003>
- Howick, J., Moscrop, A., Mebius, A., Fanshawe, T. R., Lewith, G., Bishop, F. L., Mistiaen, P., Roberts, N., Dieninytė, E., Hu, X., Aveyard, P., & Onakpoya, I. (2018). Effects of empathic and positive communication in healthcare consultations: a systematic review and meta-analysis. *Journal of the Royal Society of Medicine*, 111(7), 240–252. <https://doi.org/10.1177/0141076818769477>
- Kwame, A., & Petrucka, P. (2021). A literature-based study of patient-centred care and communication in nurse–patient interactions: barriers, facilitators, and the way forward. *BMC*

- Nursing*, 20(1).
<https://doi.org/10.1186/s12912-021-00684-2>
- Lavie, N., Hirst, A., De Fockert, J. W., & Viding, E. (2004). Load Theory of selective attention and Cognitive Control. *Journal of Experimental Psychology: General*, 133(3), 339–354.
<https://doi.org/10.1037/0096-3445.133.3.339>
- Njeru, J. W., Wieland, M. L., Kwete, G. M., Tan, E. M., Breitkopf, C. R., Agunwamba, A. A., Prokop, L. J., & Murad, M. H. (2017). Diabetes Mellitus Management Among Patients with Limited English Proficiency: A Systematic Review and Meta-Analysis. *Journal of General Internal Medicine*, 33(4), 524–532.
<https://doi.org/10.1007/s11606-017-4237-1>
- Reaume, M., Batista, R., Talarico, R., Guérin, E., Rhodes, E., Carson, S., Prud'homme, D., & Tanuseputro, P. (2020). In-Hospital patient Harm across Linguistic Groups: A Retrospective cohort study of home care recipients. *Journal of Patient Safety*, 18(1), e196–e204.
<https://doi.org/10.1097/pts.00000000000000726>
- Wheelock, A., Suliman, A., Wharton, R., Babu, E., Hull, L., Vincent, C., Sevdalis, N., & Arora, S. (2015). The impact of operating room distractions on stress, workload, and teamwork. *Annals of Surgery*, 261(6), 1079–1084.
<https://doi.org/10.1097/sla.0000000000001051>

Creating a Sustainable Healthcare Safety Net: New Dimensions in Health Expenditure in Sri Lanka

Ms. W.A.R.P. Menike
Senior Lecturer in Nursing
Faculty of Nursing, University of Colombo

The healthcare safety net comprises a variety of programmes and providers that offer coverage and medical care to individuals with low incomes, those without private insurance and those with specific medical needs. It is our responsibility to ensure that everyone has access to essential preventive, curative, rehabilitative and promotional healthcare of high quality, which not only promotes effectiveness but also prevents financial hardship when these services are needed Ministry of Health (2016).

Universal Health Care (UHC) is defined by the World Health Organization (WHO) as ensuring that all people have access to the promotive, preventive, curative, rehabilitative and palliative health services they need. These services should be of sufficient quality to be effective, while also ensuring that their use does not expose individuals to financial hardship (WHO, 2016). The goal of UHC is embedded in the United Nations' 2030 Agenda as part of the Sustainable Development Goals (SDGs). In essence, UHC mandates that everyone has access to high-quality healthcare without the risk of financial burden. It encompasses three essential coverage dimensions: population, services and cost (WHO, 2020).

The supply-side initiatives that ensure robust service delivery have been central to Sri Lanka's ambition for achieving universal healthcare. Since the 1930s, the population has had free and universal access to government-funded healthcare services.

Sri Lanka's total expenditure on healthcare (both public and private) is 3.8% of GDP. This is lower than the lower-middle-income

countries' average health expenditure of 4.1% but higher than South Asian countries' average health expenditure of 3.5%. The World Bank reports that Sri Lanka excels compared to its counterparts in key health metrics, notably in the reduction of child and maternal mortality rates and the enhancement of life expectancy at birth, and significant strides have also been made in the eradication of various communicable diseases, such as malaria and tuberculosis (UNICEF, 2021).

However, challenges persist in addressing regional disparities in health outcomes, combating child malnutrition, managing the rise of dengue and tackling the increasing prevalence of non-communicable diseases (NCDs), all the while managing the needs of an ageing population. In 2020, the Sri Lankan Government faced a significant challenge due to COVID-19 related expenditures amounting to LKR 117.5 billion, with an additional LKR 53 billion spent from January to June 2021. These expenditures included financial assistance and livelihood support for affected families, costs associated with extenuation efforts such as quarantine facilities and expenses related to the importation of vaccines (Budget Brief: Health Sector Sri Lanka, 2021).

However, in Sri Lanka, the Universal Health Care system does not exist due to the most critical gaps in Sri Lanka's current healthcare financing system (Madurawela, 2016). These gaps are:

- i. inadequacy of resource mobilization

ii. allocative inefficiency in the distribution of health care provision outcomes, and

iii. weaknesses in financial management

i. Inadequacy of resource mobilization

Sri Lanka's current expenditure on health, which stands at approximately 3-4% of the GDP, falls short of adequately funding the nation's forthcoming healthcare requirements. The Health Master Plan (2006-2017) emphasizes the need for increased health expenditure in response to the growing life expectancy at birth. With the current life expectancy surpassing 68 years (72 years for males and 78 years for females in 2013), the Total Expenditure on Health (TEH) must constitute 5.8% of the GDP. Despite an increase in life expectancy over time, health spending has not increased in line with this trend (Madurawela, 2016).

Further, the country's two-tiered healthcare system consists of a heavily subsidized public sector and a user-charged private sector. The public and private sectors share equal portions of the country's total health expenditures (Madurawela, 2016).

ii. Allocative inefficiency

Preventive health services received 11% of the total TEH in 1990. However, this amount fell to 7% in 1995 and 5% in 2000. Since then, it has remained at no more than 5% of TEH (Ministry of Health - Sri Lanka (2014). This allocation is lacking even to support the accomplishments of the past with the rapidly escalating burden of NCDs, which means more financing is essential for preventive services (Madurawela, 2016).

Sri Lanka claims a commendable distribution of primary care facilities comprising hospitals, peripheral units, rural hospitals and a large number of central dispensaries. The secondary and tertiary care institutions are confined to towns and

cities: Teaching Hospitals, District General Hospitals and base Hospitals. Patient referral is a system of providing for the continuity of care from a primary care level to a secondary or tertiary level. An efficient referral system is absent in Sri Lanka due to the lack of confidence in the primary care institutes (Fernando, 2011). In 1991, the primary care level facilities acquired 30-35% of total recurrent patient care expenditure, and 65-70% were assigned to secondary and tertiary institutes. However, this discrepancy has widened by which one-fourth of the allotment is for primary and 3/4 for secondary and tertiary level care institutions (Fernando, 2011).

iii. Weaknesses in financial management

The current management structure provides little flexibility and authority for individuals to manage the provision of services locally. Managers struggle to make decisions about finance, staffing and resource allocation due to the management structure. Further, the inadequacy of current managerial and financial systems result in lacking trained staff (Fernando, 2011).

Recommendations

The primary weaknesses in the distribution of financial resources can be attributed to the disparities in allocating funds for preventive and curative care and the discrepancies in resource allocation across different levels of institutions. The three levels of prevention are primary (health education and immunization) secondary (regular exams and screening tests) and tertiary (rehabilitation programmes) (Madurawela, 2016). Deficiencies in primary care – and there are many that can be met by continuing professional development, medical education and considerable recognition and support to the primary care system – not by increasing, strengthening or providing easier access to secondary and tertiary care services can be realized by the country (Fernando, 2011). Further, Sri Lanka has a range of financing

policy alternatives to consider (Madurawela, 2016).

Community-based health insurance (CBHI)

CBHI decreases personal expenditure and enhances financial recuperation.; it is also important as a social protection device. Sri Lanka can consider the CBHI as a complement to strong government involvement in healthcare financing. The government can provide incentives to CBHI schemes in many ways; for instance, by creating a conducive atmosphere, building technical management capabilities of the CBHI and granting certain types of subsidies. These schemes are founded on three fundamental principles, specifically community collaboration, regional autonomy and advance payment (Madurawela, 2016).

A social health insurance (SHI) mechanism

In Sri Lanka, healthcare services can be financed through contributions to a health fund, allowing individuals to cover their medical expenses. Membership in Social Health Insurance (SHI) schemes is generally mandatory. However, certain groups, such as the self-employed, may have the opportunity to participate voluntarily. Yet, self-employed individuals either pay a fixed amount or contribute based on their estimated income (Madurawela, 2016).

Private-public partnerships (PPPs) and social marketing

The public sector has access to numerous policy tools to foster engagement and launch collaborations with the private sector in the realm of healthcare delivery. Options such as outsourcing, licensing and accreditation, public-private partnerships (PPPs) and social marketing are among the strategies that can be employed. Private providers and partnership businesses join with governments, international products

and services, organizations or non-profits to address social needs. Enhancing quality standards through the provision of financial and technical assistance to the current regulatory authority as well as adjusting current policies and regulations to promote private sector involvement is essential.

Conclusion

Sri Lanka's health system requires additional financial resources due to shifts in demographic composition, disease trends and increasing income levels. Therefore, it is crucial to explore alternative and creative methods of funding. Mechanisms such as PPPs, SHI and CBHIs are some of the possible financing policy options available in Sri Lanka. Among these options, PPPs are not a novel concept for Sri Lanka. It is imperative to thoroughly examine all available choices, considering the socio-economic landscape of the country. These options should be implemented to attain Sri Lanka's healthcare objectives and guarantee universal healthcare coverage.

References

- Behruzi, R., Klam, S., Dehertog, M., Jimenez, V., & Hatem, M. (2017). Understanding factors affecting collaboration between midwives and other health care professionals in a birth center and its affiliated Quebec hospital: a case study. *BMC pregnancy and childbirth*, 17(1), 200. <https://doi.org/10.1186/s12884-017-1381-x>
- UNICEF. (2021). *Budget brief: Health sector Sri Lanka*. <https://www.unicef.org/srilanka/media/2716/file/BUDGET%20BRIEF:%20HEALTH%20SECTOR%2021.pdf>
- Fernando, J. (2013). The urgent need for a well planned referral system for health care delivery in Sri Lanka. *Sri Lankan Journal of Medical Administration*, 13(0), 14.

<https://doi.org/10.4038/sljma.v13i0.5339>

Ministry of Health. (2016). *Health strategic master plan 2016 - 2025 (Vol. IV)*. Policy Analysis and Development Unit, Ministry of Health.
<https://www.health.gov.lk/wp-content/uploads/2022/10/Health-Admin-HRH.pdf>

Madurawela, S. (2016). *Sri Lanka state of the economy report (Chapter 8): Health care financing in Sri Lanka—Challenges and alternatives*. Institute of Policy Studies of Sri Lanka.
<https://www.ips.lk/wp-content/uploads/2018/07/Health-Care-Financing-in-Sri-Lanka.pdf>

Ministry of Health - Sri Lanka. (2014). *Sri Lanka national health accounts 2010-2011*. Institute of Policy Studies of Sri Lanka.
<https://www.ips.lk/sri-lanka-national-health-accounts-2010-2011/>

Silva, A., Ranasinghe, T., & Abeykoon, P. (2016). Universal health coverage and the health Sustainable Development Goal: Achievements and challenges for Sri Lanka. *South-East Asia Journal of Public Health*, 5(2), 82.
<https://doi.org/10.4103/2224-3151.206257>

World Health Organization. (2016). *Health financing for universal coverage*.
https://www.who.int/health_financing/universal_coverage_definition

World Health Organization. (2020). *What is universal health coverage?*
<https://www.who.int/news-room/questions-and-answers/item/what-is-universal-health-coverage>

The Need of Evidence-Based Practice for Hemodialysis Nurses

Ms. Erandima Sandamali

Department of Nursing, Faculty of Allied Health Sciences, University of Ruhuna, Sri Lanka

Introduction

Evidence-Based Practice (EBP) involves making clinical decisions through the careful, explicit and wise use of the best current evidence, combined with clinical expertise and patient preference to provide high-quality care in clinical settings. This process involves five steps (Figure 1).

Population of interest, intervention of interest and outcome of interest should be considered to develop a good question as the first step. The second step is finding the best available research evidence with suitable solutions. This can be done by referring to previous literature such as quantitative studies, qualitative studies, systematic reviews, abstracts, etc. aligning with the keywords of the question. After selecting the most suitable research evidence, the validity, applicability and reliability should also be checked before applying to the actual practice.

However, research evidence alone is not sufficient to justify a change in practice. Implementation of this practice is highly influenced by institutional and clinical variables such as patient preference, work experience and expert opinion. Therefore, it is also important to pay attention to these aspects when implementing evidenced-based care. Moreover, positive effects can be included in future practice and negative effects can be remedied by continuing the EBP process.

Despite certain limitations, EBP is crucial for implementing effective solutions, particularly in nursing care. This article highlights EBP in the context of hemodialysis nursing care.

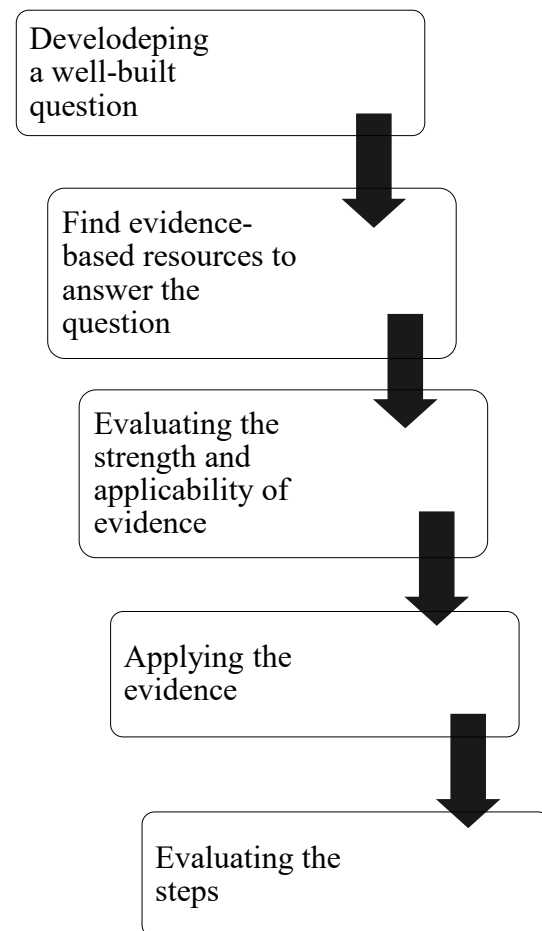


Figure 1: Process of EBP

EBP in nursing

Considering Evidence-Based Practice (EBP) in nursing, nurses can make decisions regarding nursing care using the best available research evidence while considering patient expectations and expert advice. This approach helps to implement high-quality nursing interventions in a scientific way. Moreover, EBP helps to update nurses' knowledge which is essential for lifelong learning and to provide the best clinical judgments as well.

In the literature, some studies have been done on EBP in the context of nursing. A Greek study was done to explore the impact of individual qualifications of nurses on their competence towards EBP. They found that although nurses had positive attitudes and skills, their knowledge and utilization were low towards EBP (Schetaki et al., 2023). Similarly, a Romanian study found that the nurses' knowledge of EBP is poor (Mazilu et al., 2023). Moreover, a qualitative study was done to explore the perspectives and experiences of nurses regarding EBP in Saudi Arabia. They also found that the lack of knowledge and skills regarding EBP was the reason for considering EBP as a complex process among nurses (Mohamed et al., 2024). On the other hand, some researchers found the factors affecting EBP in nurses such as organizational dynamics, leadership and management, teamwork and communication and resources and infrastructure (Furtado et al., 2024).

An Ethiopian study found that the educational status of nurses was significantly associated with EBP ($p=0.02$). However, interestingly, 48.8% of participants had a medium degree of EBP utilization in Ethiopia (Assefa & Shewangizaw, 2021). In Sri Lanka, nurses are only confined to routine nursing care due to a lack of staff, an increased number of patients, a lot of work and management influences. Nurses do not have adequate time to engage with the EBP process in the clinical setting while providing care (Mohamed, 2019). Moreover, most nurses follow traditional organizational practices based on observations and practices from generation to generation. Often, nurses seek solutions from friends or senior colleagues instead of employing scientific methods. However, nurses have a big responsibility to identify the problems and find the best solutions frequently in some special fields such as Hemodialysis, Intensive Care Units, Operation Theatres, etc. rather than general nurses. Among them,

Hemodialysis-trained nurses engage in a type of life-saving procedure in which nurses face a lot of problems to find solutions. EBP would help to find the best solutions by increasing the quality of life in the patients.

EBP in hemodialysis nursing

Hemodialysis is one of the main treatments for patients with End Stage Renal Failure. This procedure is performed by a well-trained nursing staff with the help of other members of the Hemodialysis team. Hemodialysis nurses' responsibilities are radiated through different aspects. Unlike general nurses, Hemodialysis nurses should have adequate and sound knowledge regarding different aspects like intradialytic complications, vascular accesses, patient education, empowering and counselling of caregivers, etc. Also, nurses should have a sound knowledge of the technical aspects of the Hemodialysis equipment. In the context of Hemodialysis with complex problems, EBP plays a vital role in decision making regarding Hemodialysis treatment and caring for Hemodialysis patients. Especially, nurses make clinical judgments throughout the management process.

For example, vascular access is one of the essential requirements for Hemodialysis. There are three different types; Central Venous Catheter (CVC), Arteriovenous Fistula (AV Fistula) and Arteriovenous graft (AV Graft). Among these three types, AV Fistula is created commonly in which a surgical connection is made between an artery and vein. AV Fistula puncture is performed by a well-trained Hemodialysis nurse. Large AV Fistula puncture needles are used for this procedure. Assuming that a patient who is diagnosed with End Stage Renal Failure is waiting for hemodialysis treatment via AV Fistula, the AV Fistula puncture is planned after administering local anesthesia to the puncture site using a small syringe, based on previous practices and observations to reduce pain.

However, this patient is refusing local anesthesia and requesting that the AF Fistula puncture be done without local anesthesia as the patient does not like to experience two punctures. The problem can be identified as “Is performing the AF Fistula puncture in a single attempt more advantageous than performing it with two punctures to reduce pain?”. EBP is useful for Hemodialysis nurses to find out the best solution for that problem rather than considering previous observations or traditional practices. Although, it takes some time to proceed, the patient can be provided the best possible care. According to the EBP process, after arising the problem, Hemodialysis nurse should carefully go through the previous literature regarding AF Fistula puncture and patient experiences. It may differ according to the patient’s characteristics. Hence, nurses should refer to the literature based on the patient’s actual conditions. By searching the previous literature, nurses can gain a lot of knowledge and facts regarding the issue. Not only finding the best evidence but also it is important to check the validity, applicability and reliability of the evidence to the clinical setting. It can be done by using different critical appraisal questions, checklists and tools. On the other hand, institutional and clinical variables and patient preferences are also important components of EBP. Hence, when finding the best solution for the problem, it is important to consider the institutional policies or regulations on AF Fistula puncture, the nephrologist’s opinion and the patient’s desire for AV Fistula puncture. Considering all the components, the Hemodialysis nurses can implement their best finding method for AF Fistula puncture. At the same time, it is important to monitor and evaluate the outcomes as the final steps in the EBP. According to this example, it is vital to evaluate pain, numbness, swelling and pulses distal to the vascular access. Furthermore, signs of infection like redness, warmth, inflammation, etc. around the AV Fistula site should be assessed. On the other hand,

the patient’s attitudes, emotional reactions and verbal feedback could be assessed to evaluate the practice from the patient’s perspectives. Positive effects can further be implemented. Likewise, the knowledge from EBP helps to address all the management aspects of the patients rather than AV Fistula puncture. There are a lot of traditional nursing practices aligning with the Hemodialysis procedure. Therefore, it is imperative to utilize the EBP process to provide standard and high-quality care for such patients.

Although EBP is important for nurses; specially in Hemodialysis practice, lack of knowledge and skills, lack of time and resources to research, resistance to change, organizational constraints and overwhelming patient load are some barriers that can be identified. In the literature, a study on nurses’ perception of the hospitals’ culture and readiness of evidence-based practice integration in the hospital system in Western Ethiopia found that leadership and guidance on EBP are important to make EBP a practice in hospital culture. (Diriba & Tilahun, 2024). Furthermore, they identified that a lack of nurse scientists, inadequate facilities for quality computers, libraries, electronic databases access and poor knowledge and skills of librarians regarding EBP were the limitations to create an EBP culture in clinical practice (Diriba & Tilahun, 2024).

EBP in nursing education is one of the best solutions to reduce the gap in EBP in the clinical practice (Estalella et al.,2023).

Conclusion

In conclusion, EBP is a good practice for delivering high-quality nursing care for patients; especially for Hemodialysis nurses as they are performing a lifesaving procedure even in very critical conditions of the patients. The institutions should provide adequate facilities for Hemodialysis Units, and education and training for Hemodialysis nurses regarding

EBP. Making a bridge to fill the gap of EBP in clinical practice among Hemodialysis nurses requires not only employing extrinsic motivation methods by the institution but also intrinsic motivation of nurses, sense of change and a sense of adaptation.

References

- Assefa, K., & Shewangizaw, Z. (2021). Evidence-based practice utilization and associated factors among nurses in public hospitals, Addis Ababa, Ethiopia.
- Diriba, D. C., & Tilahun, T. (2024). Nurses' perception of the hospitals' culture and readiness of evidence-based practise integration in the hospital's system in western ethiopia. *BMC Nursing*, 23(1), 103-103. <https://doi.org/10.1186/s12912-024-01741-2>
- Estalella, I., Román, Ó., Reichenberger, T. N., & Maquibar, A. (2023). Impact of a teaching strategy to promote evidence-based practice on nursing students' knowledge and confidence in simulated clinical intervention choices. *BMC Nursing*, 22(1), 1-361. <https://doi.org/10.1186/s12912-023-01540-1>
- Furtado, L., Coelho, F., Mendonça, N., Soares, H., Gomes, L., Sousa, J. P., Duarte, H., Costeira, C., Santos, C., & Araújo, B. (2024). Exploring professional practice environments and organisational context factors affecting nurses' adoption of evidence-based practice: A scoping review. *Healthcare (Basel)*, 12(2), 245. <https://doi.org/10.3390/healthcare12020245>
- Kim, S., & Jeong, H. W. (2024). Developing and evaluating an evidence-based practice research competency enhancement program for clinical nurses in korea: A pilot study. *BMC Nursing*, 23(1), 111-111. <https://doi.org/10.1186/s12912-024-01749-8>
- Mazilu, D. C., Nedelcu, V., Vernic, C., & Zazu, M. (2023). Knowledge, attitude and use of evidence-based practice among nurses and midwives in bucharest hospitals. *Applied Medical Informatics*, 45(Suppl. S1), S37-S37.
- Mohamed, A. M. (2019). Essay on Towards the Evidence Based Nursing in Sri Lanka: Opportunities, Challenges and Barriers. ResearchGate. <https://www.researchgate.net/publication/337366710>
- Mohamed, R. A., Alhujaily, M., Ahmed, F. A., Nouh, W. G., & Almowafy, A. A. (2024). Nurses' experiences and perspectives regarding evidence-based practice implementation in healthcare context: A qualitative study. *Nursing Open*, 11(1), e2080-n/a. <https://doi.org/10.1002/nop2.2080>
- Schetaki, S., Patelarou, E., Giakoumidakis, K., Kleisiaris, C., & Patelarou, A. (2023). Evidence-based practice competency of registered nurses in the greek national health service. *Nursing Reports (Pavia, Italy)*, 13(3), 1225-1235. <https://doi.org/10.3390/nursrep13030105>
- Zhang, X., Peng, M., He, M., Du, M., Jiang, M., Cui, M., Cai, Y., Yan, Q., & Wang, Y. (2024). Climates and associated factors for evidence-based practice implementation among nurses: A cross-sectional study. *BMC Nursing*, 23(1), 62-62. <https://doi.org/10.1186/s12912-023-01694>

Collaborative Activities of GNFSL

On 19th December 2024, the College of Palliative Medicine of Sri Lanka organized an insightful workshop focusing on “Palliative Care for Public Health nurses” for nurses at Base and District Hospitals in the Rathnapura District. Prof. Lalitha Meegoda served as the resource person at the event. Her extensive knowledge and experience in palliative care made her an invaluable guide to the attendees.



Collaborative Activities of GNFSL

The second medical camp was held on 14th July 2024, from 8:30 am to 1:30 pm at the Auditorium of the Organization of Professional Associations of Sri Lanka (OPA). The event was organized by the Senior Professionals' Committee of OPA as its annual event for members and their families aged 55 years and above. The Graduate Nurses' Foundation of Sri Lanka (GNFSL) actively participated in the event by supporting various activities. Dr. M. R. S. Jayathilake, the President of GNFSL and three nursing officers participated in the event.



Workshops Conducted by GNFSL

Research Workshop for Beginners

The Graduate Nurses' Foundation of Sri Lanka organized a research workshop for beginners on 29th June 2024 for nursing students and nurses. The workshop aimed at improving knowledge and skills towards selecting a research topic, setting objectives, determining research designs, developing a questionnaire, method of data collection and ethical considerations and how to write a proposal. The resource persons were Prof. Damayanthi Dasanayake, Professor in Nursing, University of Peradeniya, Prof. Nirmala Rathnayake, Professor in Nursing, University of Ruhuna, Dr. K. A. Sriyani, Senior Lecturer, The Open University of Sri Lanka, Dr. M. R. S. Jayathilake, Senior Lecturer, University of Sri Jayewardenepura and Dr. H. S. M. S. K. Wijesiri, Senior Lecturer, General Sir John Kotelawala Defence University. Sixty-three participants actively engaged in the workshop.



GRADUATE NURSES' FOUNDATION OF SRI LANKA



RESEARCH WORKSHOP FOR BEGINNERS

As a beginner, are you interested in creating compelling research ?

RESOURCE PERSONS



Prof. Damayanthi Dasanayake
Professor in Nursing
University of Peradeniya



Dr. K.A.Sriyani
Senior Lecturer
Open University of Sri Lanka



Dr.M.R.S.Jayathilake
Senior Lecturer
University of Sri Jayewardenepura



Dr. Maliga Wijesiri
Senior Lecturer
Kotelawala Defence University



Prof. Nirmala Rathnayake
Professor in Nursing
University of Ruhuna

Moderated By

Ms. Thilini Mapatuna
Assistant secretary
GNFSL



29 JUNE 2024

08.30 AM - 12.30 PM

PLATFORM



Topics -

- How to select a research topic and setting objectives
- Research designs (quantitative)
- How to develop a questionnaire
- Methods of data collection and ethical consideration
- How to write a proposal

REGISTRATION FEE-
RS.500/- ONLY



Fill the google form-

<https://forms.gle/FobMN22xVwoWeEggZ>



0773120732
Dr. M.R.S.Jayathilake
(Chairperson)

0715616656
Thilini Mapatuna
(Assistant Secretary)

<https://gnfsl.lk/>

Qualitative Research Workshop

A qualitative research Workshop was organized by the Research Committee of the Graduate Nurses' Foundation of Sri Lanka on 28th September 2024. The workshop covered areas such as introduction to qualitative research and identification of research questions, qualitative data collection methods and qualitative research designs. The resource persons were Prof. M. K. D. L. Meegoda, Professor in Nursing and Midwifery, University of Sri Jayewardenepura, Prof. B. Sunil S. De Silva, Professor in Nursing, The Open University of Sri Lanka and Dr. S. M. T. D. Sundarapperuma, Senior Lecturer, University of Ruhuna. Forty-three participants

 GRADUATE NURSES' FOUNDATION OF SRI LANKA

E-CERTIFICATE WILL BE PROVIDED

"Unlocking the power of stories"

Qualitative Research Workshop

WWW.GNFSL.LK


Prof. B. Sunil S. De Silva
Dean/Professor in Nursing
The Open University of Sri Lanka


Prof. M.K.D.L. Meegoda
Professor in Nursing and Midwifery
University of Sri Jayewardenepura


Dr. S.M.T.D. Sundarapperuma
Senior Lecturer
University of Ruhuna

28TH SEPTEMBER 2024
9.00am - 12.30pm

Moderated By
Mr. Kavishka Madushan
Temp. Lecturer
Faculty of Nursing
University of Colombo



TOPICS -

- Introduction to qualitative research and identification of research questions
- Qualitative research designs
- Qualitative data collection methods

PLATFORM

REGISTER NOW

REGISTRATION FEE
RS.1000/- ONLY

CONTACT US

 0769384283
Mr.Kavishka Madushan

Fill the google form
<https://forms.gle/UMMRdohwRgoL9Dpm7>

Special Activities

4th Biennial Academic Sessions - GNFSL

The Graduate Nurses' Foundation of Sri Lanka (GNFSL) successfully conducted its 4th Biennial Academic Sessions on 17th February 2024 at the Auditorium of the Post Basic College of Nursing, Colombo. The event, under the theme "Advancing Nursing Practice Towards Sustainability, Equity and Excellence", focused on five pivotal tracks: Current Healthcare Problems, Emerging Health Challenges, Nursing Trends and Issues, Nursing Continuing Education and Clinical and Public Health Nursing, with enthusiastic participation from members and distinguished guests. The Chief Guest of the event was Mr. Sarath Gamage, President of the Organization of Professional Associations of Sri Lanka, and the Keynote speaker was Prof. B. Sunil S. De Silva, Dean of the Faculty of Health Sciences, The Open University of Sri Lanka. There were three technical sessions conducted as two oral presentation sessions and one poster presentation session. Engaging discussions and presentations provided invaluable knowledge to advance nursing practice. The event was highly interactive and very productive. The GNFSL extends heartfelt gratitude to all attendees, presenters and contributors for making the event a remarkable success.



<https://gnfsl.lk/news/4th-biennial-academic-sessions-2024/>

Download the proceeding here

2nd International Conference on Neuro-degenerative Disorders -2024

The 2nd International Conference on Neurodegenerative Disorders 2024, organized by the Faculty of Nursing at the University of Colombo, took place on November 26th-27th, 2024. The conference, themed "Expanding the Horizon for Neurocare in Sri Lanka," was held in collaboration with the nEUROcare Project, a European initiative aimed at building capacity to address the challenges of caring for individuals with neurodegenerative disorders in Sri Lanka.

The conference was chaired by Professor S.S.P. Warnakulasuriya, who also served as the Sri Lankan Coordinator of the Neurocare Project. Professor Warnakulasuriya's extensive expertise in neurodegenerative disorders provided invaluable guidance to the attendees and significantly enriched both the discussions and the outcomes of the conference. The GNFSL was invited to this prestigious event. Dr. M. R. S. Jayathilake, the President of GNFSL, along with three other members, participated in the conference.



The banner features logos for the University of Colombo, the Erasmus+ Programme of the European Union, and Kristianstad University. It includes the text: "Co-funded by the Erasmus+ Programme of the European Union", "618596-EPP-1-2020-1-SE-EPPKA2-CBHE-JP", and "Kristianstad University".

Key figures mentioned include:

- Senior Professor H.D. Karumaratne, Vice Chancellor, University of Colombo
- Prof. Håkan Pihl, Vice Chancellor, Kristianstad University
- H.E. Mr. David Pine, New Zealand High Commissioner to Sri Lanka

The main title of the conference is:
 2nd International Conference On Neurodegenerative Disorders
26th & 27th NOVEMBER 2024
FACULTY OF NURSING, UNIVERSITY OF COLOMBO, SRI LANKA
"EXPANDING THE HORIZON FOR NEUROCARE IN SRI LANKA"

Speakers:

- Keynote Speaker:** Dr. Barana Nillawithana (Consultant Physician, Base Hospital, Minuwangoda) and Prof. Steve Smith (Triskelion Norway).
- European Coordinator:** Prof. Martin Persson (Kristianstad University).
- Sri Lankan Coordinator / Conference Chair:** Prof. S.S. P. Warnakulasuriya (University of Colombo).
- Conference Secretary:** Ms. Shirana Malkanthi (University of Colombo).
- Other Speakers:** Ms. Chandrani Herath (University of Colombo), Ms. Rupa Padmini Manike (University of Colombo), Ms. Emma Edberg Matei (Kristianstad University), Prof. Nirmala Rathnayake (University of Ruhuna), Dr. Pramudika Nirmani (University of Ruhuna), Dr. Anneli Orrung Wallin (Kristianstad University), Dr. A.M.S.D. Pathiranaige (University of Peradeniya), Ms. D.A.R.K. Dasanayaka (University of Peradeniya), Dr. Dinithi Vidanage (Kotelawala Defense University), Dr. Maliga Wijesiri (Kotelawala Defense University), Dr. Riina Runnel (University of Tatu Estonia), Prof. Gorazd Drevesček (University of Ljubljana Slovenia), Prof. Zvezdan Pirtosek (University of Ljubljana Slovenia), Dr. Andres Küster (University of Tartu Estonia), Mr. Thomas Nilson (Triskelion Norway), Dr. Elly Anastasiades (Neapolis University), Prof. Marilena Mousoulidou (Neapolis University).

Logos at the bottom include Kristianstad University, Neapolis University Pafos, University of Ljubljana, UNIVERSITY OF TARTU, Triskelion Norway, Faculty of Allied Health Sciences University of Peradeniya, Faculty of Allied Health Sciences University of Ruhuna, Sri Lanka, and Faculty of Allied Health Sciences General Sir John Kotelawala Defense University.

Congratulations!



Warmest Congratulations to Mrs. Hemamala Vithanarachchi, one of the pioneering members of GNFSL, on receiving an Honorary Professorship from the Kaatsu International University on 10th January 2025 at their 7th Convocation 2025.

This was awarded in recognition and appreciation for her excellent and outstanding contributions to the Nursing field in Sri Lanka as a former senior academic

Office Bearers and Executive Committee of GNFSL 2024/2025

 President Dr. M.R.S. Jayathilake	 Secretary Dr. H.S.M.S.K. Wijesiri	 Vice President Ms. R.A.D.C. Karunaratne	 Assistant Secretary Ms. Thlini Mapatuna
 Treasurer Ms. E.T. Jagoda	 Assistant Treasurer Ms. Ruvini Senarathna	 Editor-in-Chief Dr. A.V.P. Madhavi	 Immediate past-president Dr. Sriyani Kumarasinghe
 Executive Committee Member Dr. S.M.K.S. Seneviratne	 Executive Committee Member Prof. S.S.P. Warnakulasuriya	 Executive Committee Member Prof. M.K.D.L. Meegoda	 Executive Committee Member Prof. B.S.S.de Silva
 Executive Committee Member Mr. W. A. Keerthiratne	 Executive Committee Member Dr. N.P. Edirisinghe	 Executive Committee Member Ms. Devika Banneheka	

Submit your research articles to the first ever nursing journal in Sri Lanka

Sri Lankan Journal of Nursing (SLJN)

SLJN was launched in 2022 on Sri Lankan Journal Online (SLJOL) <https://sljn.sljol.info/> and already published four issues. It is a peer-reviewed journal published biannually by the Graduate Nurses' Foundation of Sri Lanka (GNFSL). The journal provides a forum for nurses to publish quality research related to all aspects of the discipline of nursing including but not limited to nursing education, clinical nursing, nursing management and leadership and public health nursing. Research across a range of biological, behavioral, psychosocial, spiritual, ethical and cultural aspects of health are within the editorial focus.

Refer author guidelines: <https://sljn.sljol.info/about/submissions>



Visit us on Website

<https://gnfsl.lk/>

Publication of Graduate Nurses' Foundation of Sri Lanka



ISSN 2613-8735