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Message from the President, GNFSL



With great pleasure and deep honour, I share this message as the President of the Graduate Nurses' Foundation of Sri Lanka (GNFSL) at the launch of the second issue of the 14th volume of New Vision, the official publication of the Foundation.

Since its establishment in 2003, the GNFSL has worked tirelessly for the advancement of the Foundation and the professional development of nurses. These efforts have significantly contributed to the upliftment and recognition of the nursing profession in Sri Lanka. I take this opportunity to express my heartfelt gratitude and sincere appreciation to all members of the Foundation including past Presidents and office bearers for their unwavering dedication and commitment to the GNFSL.

Thanks to this collective effort, the GNFSL has reached several remarkable milestones. In 2005, we became a member of the Organization of Professional Associations (OPA) of Sri Lanka, marking a major step forward. Another significant achievement is the publication of The Sri Lankan Journal of Nursing, the first nursing journal in Sri Lanka which was launched in February 2022. This journal has provided a valuable platform for nurses to publish their undergraduate and postgraduate research and share their findings with the wider scientific community. I encourage all nurses to utilize this opportunity to disseminate their work. In addition to the journal, we also publish our official newsletter, New Vision, twice a year. I invite you to contribute to the journal with your creative and professional work to help enrich the content of this newsletter.

Beyond these two official publications, the GNFSL also organizes a Biennial Research Conference to provide a platform for nurses to present and share their research findings. We are now preparing for this major event; our 5th Biennial Research Conference scheduled to be held on 21st February 2026. We have already called for abstracts, and the abstract reviewing process is currently underway. Our organizing committee is working tirelessly to make this event a success.

Besides, we conducted a narrative competition for the first time, along with our regular knowledge-sharing session, in line with our General Meeting held on 22nd November 2025. More than thirty contestants both nurses and nursing students participated in the competition. We selected the best narrator in two categories: Nursing Officers and Nursing Students.

While we are proud of what we have accomplished so far, much remains to be done. Our membership continues to be relatively small. Therefore, we invite all graduate nurses to join the Foundation, strengthen its membership, and work together for its continued progress and advancement. At the same time, we encourage all existing members to take an active role in the ongoing initiatives of the Foundation. Together, I am confident that we can build a stronger GNFSL and advance the nursing profession in Sri Lanka for generations to come.

Dr. M. R. S. Jayathilake,
President
Graduate Nurses Foundation of Sri Lanka

Message from the Secretary, GNFSL



It is with great pleasure that I send this message to the official publication of the New Vision news article of the Graduate Nurses' Foundation of Sri Lanka (GNFSL). As the secretary, it brings me immense pleasure to communicate the latest updates and opportunities available to the nursing community within our 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 express my deepest appreciation to Dr. Sujatha Seneviratna, our founding Editor-in-Chief, Dr. A.V.P Madhavi, present Editor-in-Chief, editorial board, and article

review panel for their untiring efforts to advance the field of nursing by dissemination of knowledge through research.

Focusing on the educational sessions conducted by GNFSL, I am happy to note that we have been able to share knowledge through educational and research workshops, especially on research writing and publication which was accredited by the Education, Training & Research Unit of the Ministry of Health.

The last general meeting of GNFSL was conducted on 22nd November 2025, followed by the final round of narrative writing competition and the research-based knowledge sharing session. I am taking this opportunity to record my appreciation of the resource person of the workshop, expert judge panel and the Executive Committee of the GNFSL for their immense contribution, and to many others who supported tirelessly to make the event a success. Also, I take this opportunity to congratulate and thank them for their creative and meaningful narrative writings/presentations.

We are looking forward and are committed to organizing workshops and the 5th Biennial Academic sessions in 2026 to empower more nurses to enhance their skills and expertise for personal and professional growth. I encourage all members to participate in these inspiring events and contribute to our collective advancement. I am pleased to extend an 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 conclusion, 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
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Wound Irrigation: A Vital Nursing Practice for Infection Prevention

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Introduction

Wound irrigation is a fundamental yet often underemphasized procedure in surgical and clinical wound management. It involves the mechanical flushing of a wound with sterile solutions to remove debris, necrotic tissue, and microorganisms that may delay healing or cause infection. Mechanical flushing of wounds refers to the process of physically washing a wound using a stream of fluid. The primary aim of wound irrigation is to reduce microbial load and create a clean environment conducive to tissue repair. Despite its frequent use, there is no universal standard for the type of solution, pressure, or volume applied, and research findings vary across clinical settings (Papadakis, 2021). The objective of this article is to provide nurses with an evidence-based understanding of wound irrigation; its importance, suitable irrigants, indications, contraindications, irrigation methods, volume and pressure, equipment and the essential nursing roles that ensure aseptic technique, patient safety, and optimal outcomes.

Importance of Wound Irrigation

The importance of irrigation lies in its ability to lower bacterial contamination and support tissue regeneration by removing necrotic debris and exudate. It is particularly valuable in contaminated, traumatic, or surgical wounds, as it mechanically disrupts potential pathogens and biofilms that delay healing (Papadakis, 2021). Clinical studies show that pressurized saline irrigation can reduce bacterial counts in contaminated wounds, especially during major abdominal or orthopedic surgeries (Nikfarjam et al., 2014). Wound irrigation is recognized as a

cost-effective, low-risk infection-control strategy when performed with correct technique and appropriate solution choice (Edmiston et al., 2018).

Type of Irrigation

01. **Normal saline:** Warmed isotonic saline is the preferred irrigation solution, as it is safe, non-toxic, and compatible with most tissue surfaces. It is widely available and safe for all surgical site surfaces (Edmiston et al., 2018).
02. **Sterile water:** It is produced by distillation and is sometimes used for wound irrigation as a lower-cost alternative to normal saline (Papadakis, 2021).
3. **Antiseptic solutions:**
 - Chlorhexidine: The most common antiseptic agent is chlorhexidine gluconate and it covers a broad-spectrum pathogens including gram-negative and gram-positive and non-spore forming bacteria (Goztok et al., 2018). However, CHG is less effective than povidone-iodine (Edmiston et al., 2018). When chlorhexidine gluconate is selected for wound irrigation, a dilute concentration of 0.05% is recommended (Goztok et al., 2018), as higher concentrations may cause tissue toxicity and impair wound healing.
 - Povidone-iodine (PVP-I): Effective against a wide range of microorganisms including gram-negative and gram-positive bacteria, spores, mycobacteria, and fungi viruses. PVP-I solution contains 10% iodine and it is usually recommended for external use, however less concentration solution is used for irrigation (Papadakis, 2021).
 - Hydrogen peroxide (H₂O₂): A strong oxidizing agent with bactericidal

properties but associated with cytotoxicity and potential air embolism, thus its use is discouraged unless followed by copious saline rinsing (Lu & Hansen, 2017; Urban et al., 2019).

4. Antibiotic irrigation

Antibiotic irrigation was previously used in wound management; however, it is no longer routinely recommended. Effective antimicrobial action requires prolonged contact between the antibiotic and target tissues, a condition that is not achieved during brief irrigation procedures. Furthermore, the use of antibiotics in irrigation solutions is associated with potential adverse effects, including hypersensitivity reactions, nephrotoxicity, and the development of antimicrobial resistance. Current evidence indicates that antibiotic irrigation does not significantly reduce surgical site infection rates when compared with normal saline irrigation (de Jonge et al., 2017; Emile et al., 2020).

Indications for Wound Irrigation

- Acute traumatic wounds (lacerations, abrasions) before closure (Lewis & Pay, 2023)
- Chronic wounds (e.g., pressure ulcers, diabetic ulcers) to remove exudate and necrotic tissue (Lewis & Pay, 2023)
- Surgical wounds to reduce bacterial load before closure (Edmiston et al., 2018)
- Contaminated or infected wounds, especially in abdominal or orthopedic procedures (Papadakis, 2021; NICE, 2020)
- Chemical burns (Cartotto et al., 1996, as cited in Papadakis, 202)

Contraindications for Wound Irrigation

Irrigation should be avoided or modified in:

- Actively bleeding wounds, where irrigation may dislodge forming clots (Lewis & Pay, 2023)

- Sinus tracts or fistulas of unknown depth, to prevent fluid tracking into body cavities (Lewis & Pay, 2023)
- Highly vascular regions such as scalp or mucosa, where minimal irrigation suffices (Lewis & Pay, 2023).

Irrigation Methods

As described by Gabriel (2021) three types of irrigation are mentioned below.

- Continuous irrigation
 - Delivers an uninterrupted flow of irrigating solution onto the wound surface.
 - Commonly used in routine wound cleansing.
- Pulsed irrigation
 - Provides irrigation in intermittent, pressurized bursts.
 - Pressure delivery is often described by the number of pulses per second.
 - Clinical outcomes are generally similar to those of continuous irrigation.
- Power-pulsed lavage
 - Uses an electrically powered pump system.
 - Delivers a high volume of irrigation solution under controlled pressure.
 - Mainly used in surgical and orthopedic settings

Irrigation Pressure and Volume

Irrigation pressure plays a major role in effective wound cleansing. Therefore, choosing an appropriate irrigation pressure is important. The American College of Surgeons has prescribed the following pressure ranges for wound irrigation (Sullivan et al., 2007).

- Low-pressure irrigation: 1–15 pounds per square inch (psi)
- High-pressure irrigation: 35–70 psi

Increasing the volume of irrigation improves wound cleansing up to a point;

however, the optimal irrigation volume remains unclear (Papadakis, 2021). Volumes of approximately 50–100 mL per centimeter of wound length are commonly reported (Lammers et al., 2003, as cited in Papadakis, 2021). This means for every 1 centimeter of wound length, about 50–100 milliliters of irrigation fluid are usually needed to clean the wound properly. Irrigation volume should be guided by wound characteristics and degree of contamination, with copious saline or potable water recommended for chemical burns (Cartotto et al., 1996, as cited in Papadakis, 2021). For example, in heavily contaminated wounds with visible dirt or foreign material, irrigation should be continued until all debris is removed and the wound bed appears clean. Similarly, chemical-exposed wounds require prolonged irrigation with copious amounts of saline or clean potable water to dilute and remove harmful substances.

Irrigation Equipment

Numerous wound irrigation techniques exist. Following is the equipment needed for syringe irrigation (Gabriel, 2021).

| | |
|---|--|
| <ul style="list-style-type: none"> • Prescribed irrigant • Sterile water or normal saline solution • Soft rubber or plastic catheter • Sterile container • Dressing set • Materials as needed for wound care • Commercial wound cleaner • 35-mL piston syringe with 19-gauge needle or catheter | <ul style="list-style-type: none"> • Waterproof trash bag • Linen-saver pad • Emesis basin • Clean gloves • Sterile gloves • Goggles • Gown, if indicated • Skin protectant wipe |
|---|--|

Figure 1. Equipment needed for syringe irrigation

Nursing Considerations

Nurses play a vital role in ensuring that wound irrigation is carried out safely, aseptically, and effectively. They must always use appropriate personal protective equipment (PPE) such as gloves, gown, mask, and eye or face protection to prevent exposure to splashes. Maintaining aseptic technique throughout the procedure is essential to prevent cross-contamination and the introduction of new microorganisms into the wound. When selecting an irrigation solution, normal saline is preferred because it is non-toxic and tissue-friendly, while clean tap water may be used in resource-limited settings if it is microbiologically safe (NICE, 2020). The routine use of antibiotic or hydrogen peroxide solutions should be avoided. The pressure of irrigation should be moderate to effectively removes debris without causing tissue damage (Singer et al., 1994; FLOW Investigators, 2015). Using an adequate volume of irrigation solution is essential to ensure thorough wound cleansing (Papadakis, 2021). Nurses should also consider patient comfort, providing analgesia or local anesthesia when necessary, and maintain environmental safety by using absorbent pads to control fluid runoff and disposing of contaminated materials according to infection-control guidelines.

Nurses' Role in Wound Irrigation

Nurses play a central role throughout the wound-irrigation process. They begin with assessment, evaluating wound size, depth, exudate, and contamination to determine the appropriate technique. During preparation, nurses assemble sterile equipment, verify patient identity and allergies, and explain the procedure to reduce anxiety. Implementation involves performing or assisting with irrigation while maintaining asepsis and controlling irrigation pressure and volume. In the monitoring phase, nurses observe for bleeding, discomfort, or allergic reactions. Documentation must include the solution

type, quantity used, wound appearance, and patient response. Lastly, nurses engage in collaboration with the interprofessional healthcare team. Thus, prompt communication of assessment findings and observations is essential to support ongoing wound management and informed clinical decision-making (Papadakis, 2021; NICE, 2020). Further, nurses provide health education to patients and caregivers on proper wound care practices, signs of infection, and the importance of follow-up to promote safe healing and prevent complications.

Conclusion

Wound irrigation remains a cornerstone of effective wound management and infection prevention. Although research findings vary, current evidence supports normal saline as the safest and most widely accepted irrigant. Antiseptic agents such as chlorhexidine and povidone-iodine may be used selectively, while routine antibiotic irrigation is discouraged due to limited benefit and potential harm. For nurses, understanding the scientific rationale and correct technique for wound irrigation together with vigilant assessment, aseptic practice, and comprehensive documentation, is critical for achieving positive patient outcomes.

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You're facing exhaustion during long nursing shifts. How can you stay productive and prevent burnout?

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Introduction

Nurses are often viewed as superheroes. You constantly deal with high-stress situations while working lengthy shifts, frequently lasting 12 or more hours. It is no surprise large number of nurses experience extreme fatigue and burnout. This is a major problem that can negatively impact your happiness, everyday activities, career, and health.

Beyond simply meaning 'exhaustion', which is a profound lack of energy that persists even after a restful night's sleep, burnout is a workplace condition characterized by being physically and emotionally exhausted, disengaged from task, and reduced efficacy (WHO, 2019).

This article compiles useful strategies from the body of existing literature using a narrative synthesis approach. Important sources were chosen because they were pertinent to health-promoting interventions in healthcare, shift work exhaustion, and nursing burnout. WHO publications, occupational health literature, and peer-reviewed studies (e.g., Han et al., 2018; Maslach & Leiter, 2016) were reviewed. These strategies were those that were compatible with the themes of energy management and nurse self-care and were consistently backed by data. This method ensures that the suggestions are evidence-based and relevant to clinical nursing practice.

This article offers simple and practical strategies for managing your energy throughout lengthy workdays and establishing routines outside of work that will keep you productive and prevent burnout.

1. Rapid Energy Boosts During Your Work Shifts

Keeping your energy levels while working in a hospital is essential to being effective. Just like you can't do sports without staying hydrated, you can't handle a long work shift without taking short breaks. Giving your body and brain quick refreshes throughout the shifts is the main goal of these techniques.

1.1 The Power of Small Breaks

Even 60 seconds can help, even if it may seem impossible to move away. Take a short break each time you complete a task or patient involvement.

- **One-minute Reset:** Find a quiet area and perform a simple stretching exercise. Roll your shoulders backward and forward five times. Stretch your neck gently. This may address emotions of fatigue and heaviness.
- **Deep Breathing:** Stop for 30 seconds if you feel your stress levels rising. For five counts, take a deep inhale through your nose, hold the breath for five, and then slowly and gradually release your breath through your mouth for six.

1.2 Hydration and Snacks

Many nurses fail to eat and drink enough, but your brain requires fuel to function.

- **Drink Water properly:** Dehydration can cause fatigue and headaches. Always have a bottle of water with

you, and as you arrive at the nurses' station, take a sip. Aim to consume adequate water intake, depending on your activity level.

- **Smart Snacks:** Avoid sugary snacks like chocolates and toffees, which may provide a quick energy boost but are often followed by a crash. To maintain a consistent amount of energy, adhere to protein and fiber-rich foods. Nuts, cheese wedges, hard-boiled eggs, and apple slices with peanut butter are all excellent shift snacks (Han et al., 2018).

1.3 Arrange and Conquer

Every task seems enormous when you are exhausted. Keeping mental energy requires learning to prioritize.

- **The "To-Do" List:** Make a list of your top five tasks at the beginning of the workday. Focus on priority tasks first. Everything else can wait until the first five are finished.
- **Batch Your Work:** Group similar tasks together if you have four patients who require medication checks at the same time. Repeatedly performing the same type of task reduces mental switching demands and keeps you in a routine.

2. Recharging Outside of the Hospital

Preventing burnout begins at home. Taking time to reset and recover outside of work is crucial for maintaining both your physical and mental health.

2.1 Fix Your Sleep Habit

The most important thing you can do to prevent burnout is maintaining adequate sleep (Scott, 2020). This is particularly difficult if you work night shifts, but you can improve it.

- **The Blackout Room:** Make sure your bedroom is cool, quiet, and completely dark. Make use of dark curtains
- **Winding down Routine:** Changing from "work mode" to "sleep mode" is not instantaneous. Avoid using screens (phone, tablet) one hour before bed. Take a bath, read a book, or listen to relaxing music. This tells your body that it's time to relax.
- **Limit Caffeine:** Avoid taking coffee or energy beverages at least five hours before your scheduled bedtime.

2.2 Protect Your Boundaries

When the boundaries between your personal and professional lives blur, burnout often results. You have to safeguard your leisure time.

- **Saying "No":** When you know you need time to relax, learn to say "no" to extra shifts or favoritism. Your health is essential and must always be a priority.
- **The Commute Disconnect:** Take a mental break throughout your commute home. To divert your attention from work, listen to relaxing music or a lighthearted podcast. Remind yourself that "work is done for today" as soon as you get home.
- **2.3 Move Your Body and Mind:** Exercise and hobbies help you combat stress hormones, even if you feel too exhausted to continue.
- **Calm Movements:** You don't require strenuous exercise. Simple yoga poses or a 20-minute stroll outside, can boost your energy and attitude by improving mood-regulating hormones and promoting a sense of calm and control.
- **Find a Non-Work Hobby:** You need to engage in an activity that completely distracts your mind from nursing tasks. We refer to this as separation. It could

involve hiking, singing, gardening, or playing an instrument. The secret is that it makes you happy and activates a different area of your brain (Maslach & Leiter, 2016).

3. Building a Strong Support System

Nurses are members of a health team. You cannot handle all the stress on your own. A strong support network serves as an emotional buffer against burnout.

| Type of Support | Action Phase |
|--------------------------------|---|
| Talk to Peers | Notify nurses who are sympathetic to you about your difficult shifts. You only need someone to listen to you; This demonstrates that you are not alone. |
| Mentorship | Look for a mentor, a senior nurse who has successfully handled long-term stress. They may soothe your anxieties and offer helpful advice. |
| Professional Assistance | See a counselor or psychotherapist if you experience persistent sadness, anger, or desperation for longer than a few weeks. Getting help is not showing your weakness. |
| Team Unity | At the end of every work shift, make it a habit to say "thank you" or offer a tiny compliment to a coworker. Everyone's stress is reduced in a positive work environment. |

It's important to remember that while healthcare institutions have a responsibility to support you, you also have a responsibility to care for yourself. (Aiken et al., 2014).

4. Acknowledging Organizational and Structural Drivers.

It's important to identify that burnout is a systemic issue caused by organizational and structural issues, even though the techniques discussed center on individual-level action.

Leadership and healthcare organizations have a big part to play in fostering a positive work environment. Among these organizational motivators are:

- **Workload Systems:** The primary causes of burnout are excessive patient responsibilities and ongoing understaffing. To ensure safe patient-to-nurse ratios, organizations must use evidence-based staffing models.
- **Supportive Culture:** A culture of respect, psychological safety, and acknowledgment must be fostered by leadership. This requires open communication, including nurses in decision-making, and promptly and equitably dealing with rudeness and mistreatment (Sigsved et al., 2020).
- **Structural and Administrative Burden:** Nurses frequently spend a large amount of time to non-nursing duties, such as charting, administrative work, and technological problems. This burden can be reduced by streamlining processes and hiring enough support personnel (such as unit clerks and patient care technicians), allowing up nurses to

concentrate on delivering direct patient care.

Limitations

This article's suggestions work well for enhancing personal resilience and self-care. However, healthcare institutions must simultaneously take steps to address these structural causes in order to bring about long-lasting, overall change in burnout prevention. Both the individual nurse and the system as a whole are accountable for reducing burnout.

Summary

Strong, long-term practices and quick, on-the-spot actions are both necessary to combat fatigue and prevent burnout during a lengthy nursing career. To maintain steady energy levels during your shift, focus on taking short mini-breaks, drinking plenty of water, and consuming protein-rich snacks. Protecting your sleep, maintaining boundaries between work and family, and engaging in non-work hobbies that support mental health during your off times are also helpful. You may guarantee a long, healthy, and fulfilling career in nursing by prioritizing your own health as an essential component.

It's crucial to keep in mind that while healthcare organizations have responsibilities to address the workload and structural systems that lead to burnout, you also have a huge responsibility to take care of yourself and your peers (Aiken et al., 2014).

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The Day I Didn't Give Up: A Neonatal ICU Nurse's Story of Clinical Judgment and Persistence: A Reflective Case Narrative

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Abstract

This article presents a reflective case narrative from neonatal intensive care practice in Sri Lanka, illustrating how nursing persistence, experience-based clinical judgment, and interprofessional collaboration contributed to a life-saving outcome following an arterial switch operation. Through reflection on a critical incident, the narrative demonstrates how a nurse identified the source of uncontrolled postoperative bleeding and advocated for timely intervention. The article highlights the value of nursing expertise, professional empowerment, and reflective practice in high-acuity neonatal care, with implications for strengthening nurse-led clinical reasoning and collaborative decision-making.

Introduction

Nursing is both an art and a science, requiring technical competence, emotional resilience, and the ability to make sound clinical judgments in complex and rapidly changing environments. In neonatal intensive care units (NICUs), where patient conditions can deteriorate quickly, nurses play a vital role in continuous assessment, early detection of complications, and advocacy for appropriate interventions. However, despite this, nursing contributions to clinical decision-making may be undervalued, particularly in hierarchical healthcare systems.

Narrative inquiry offers a means of capturing lived clinical experiences, integrating clinical reasoning with the

ethical, emotional, and relational aspects of nursing practice (Clandinin & Connelly, 2000). This article presents a reflective case narrative drawn from my experience as a neonatal intensive care nurse. It aims to demonstrate how experience-based clinical judgment, professional persistence, and inter-professional collaboration can influence patient outcomes in high-acuity neonatal care. The reflection is informed by Benner's From Novice to Expert theory and the Clinical Reasoning Cycle, which explain the development and application of nursing expertise in complex clinical situations.

Case Narrative

Fourteen years ago, while working in a tertiary-level children's hospital in Sri Lanka, a neonate was admitted to the NICU following an arterial switch operation for transposition of the great arteries (TGA). TGA is a congenital cardiac defect in which the aorta and pulmonary artery are transposed, resulting in compromised systemic oxygenation and fatal outcomes without surgical correction.

The neonate arrived in a critically unstable condition. Due to severe postoperative bleeding, the chest was left open, yet repeated attempts by the surgical team to identify the bleeding source were unsuccessful. Despite continuous transfusion of blood products, administration of medications, and repeated chest lavages, hemorrhage persisted.

As the nurse responsible for the infant's care, I experienced considerable emotional strain. However, focused observation and

deliberate clinical reasoning informed by prior experience guided my actions. Although the healthcare team appeared increasingly exhausted and uncertain, I remained concerned about the unexplained bleeding. Rather than accepting this uncertainty, I suggested obtaining two arterial blood gas (ABG) samples simultaneously—one from the arterial line and another from the surgical site.

The ABG results demonstrated a significant difference in oxygenation levels, indicating the aorta as the likely source of bleeding. These findings were promptly communicated to the surgical team, who agreed to re-explore surgically. Intraoperative findings confirmed the suspicion, and corrective repair successfully controlled the hemorrhage. The neonate remained in the NICU for nearly one month, requiring prolonged ventilatory support and close monitoring before making a gradual recovery.

Several years later, I encountered the child again—healthy, active, and thriving. This encounter reinforced the enduring impact of nursing vigilance, experience-based judgment, and persistence on patient survival and long-term outcomes.

Discussion

This incident exemplifies Benner's (1984) From Novice to Expert theory, which describes how expert nurses move beyond rule-based practice toward experience-based, context-driven clinical judgment. The decision to compare ABG samples was not a routine protocol but an experience-based response informed by accumulated clinical knowledge, pattern recognition, and situational awareness.

The Clinical Reasoning Cycle (Levett-Jones et al., 2010) further clarifies this process by emphasizing cue recognition, data interpretation, and timely intervention. In this case, ongoing physiological instability prompted further cue collection, analytical interpretation of ABG data, and decisive clinical action. Experience-based

judgment did not replace evidence-based practice but complemented it by enabling rapid synthesis of clinical information in a high-risk environment.

Inter-professional collaboration and communication were also central to the outcome. Evidence indicates that patient outcomes improve when nurses' clinical judgments are respected and integrated into decision-making processes (Aiken et al., 2012; Manojlovich, 2007). In hierarchical healthcare systems, however, nurses may hesitate to voice concerns. This case highlights the importance of fostering a professional culture that values nurses as knowledgeable partners in care delivery. Within the Sri Lankan healthcare setting, clinical decision-making often occurs in environments shaped by limited resources and clearly defined professional hierarchies. In this context, thoughtful communication and professional persistence by nursing staff are particularly important in ensuring timely information sharing and collaborative decision-making, especially in high-acuity situations.

Implications for Nursing Practice

This reflective narrative highlights the critical role of nursing judgment in acute and high-acuity care environments, where timely assessment and intervention can be life-saving. Reflective practice supports the development of clinical reasoning, professional confidence, and emotional resilience among nurses.

The case also reinforces the nurse's role as a patient advocate capable of influencing clinical decisions and outcomes. Assertive communication grounded in clinical evidence and professional judgment is essential for patient safety. Furthermore, inter-professional collaboration based on mutual respect ensures that nursing expertise is effectively utilized within healthcare teams.

Conclusion

This reflective case narrative reaffirms the dual nature of nursing practice, in which scientific knowledge is inseparable from experience-based judgment, persistence, and moral courage. A single moment of questioning, reassessment, or advocacy can alter the trajectory of care and transform patient outcomes.

By empowering nurses to speak up, lead clinical reasoning, and participate fully in decision-making, healthcare systems can strengthen nursing leadership and promote a culture of shared responsibility, professional respect, and excellence in patient care.

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Workshop on Research Writing and Publication

The Graduate Nurses' Foundation, Sri Lanka, organized a research workshop on "Research writing and Publication" on 25th October 2025. The workshop aimed to improve knowledge and skills related to writing research abstracts, manuscripts, selecting suitable journals, and creating awareness of publication ethics. The resource persons were Prof. Sudath S.P. Warnakulasuriya, Professor in Nursing and Dean, Faculty of Nursing, University of Colombo, Prof. Nirmala Rathnayaka, Professor in Nursing, University of Ruhuna, 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. Forty-nine participants actively participated in the workshop. The workshop was accredited by the Education, Training & Research Unit of the Ministry of Health and registered for CPD points. Therefore, this workshop accredited 05 CPD points for each participant and 2 CPD points for each resource person.

 Graduate Nurses' Foundation of Sri Lanka

A WORKSHOP ON RESEARCH WRITING AND PUBLICATION

Resource Persons



Prof. SSP Warnakulasooriya
Dean, Faculty of Nursing
University of Colombo



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



Prof. Nirmala Rathnayake
Senior Lecturer
University of Ruhuna



Dr. Maliga Wijesiri
Senior Lecturer
Kotelawala Defence University

25th October 2025
8.00 am onwards

ONLINE WORKSHOP

Topics -

- How to write an abstract?,
- How to write a manuscript?
- How to find a good journal?
- Publication Ethics

Registration Fee- Rs. 2000/- only

Moderated by  Ms. M.G.S. Nishara

All participants will receive a e-certificate of participation (and CPD points)

Fill the Google Form-
<https://forms.gle/he7s3XRtNccUVwCXA>

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(Assistant Secretary)

<https://gnfsl.lk/>

OPA Annual Conference & National Apex Awards 2025

The 38th Annual Conference of the Organization of Professional Associations (OPA) and the 4th National Apex Awards Ceremony were held on the 19th and 20th of August 2025 at Cinnamon Life, Colombo. Hon. Dr. Jagath Wickramaratna, the Speaker of the Parliament of the Democratic Socialist Republic of Sri Lanka, graced the inaugural session as the Chief Guest.

Professionals from member associations were invited to the event. The President of GNFSL, Dr. M. R. S. Jayathilake, the Vice President, Ms. R.A.D.C Karunarathne, and three Executive Committee members participated in the inaugural session as well as in the technical sessions held on both days.



General Meeting 2025

The Graduate Nurses' Foundation of Sri Lanka (GNFSL) successfully held its General Meeting 2025 on 22nd November 2025 at the Post Basic College of Nursing Auditorium. A key highlight of the programme was the Research-Based Knowledge Sharing Session conducted by Dr. Ashoka Dissanayake, Lecturer, Department of Nursing and Midwifery, University of Sri Jayewardenepura. Dr. Dissanayake delivered an insightful session that provided valuable perspectives for both academic and clinical practitioners.



Narrative Writing Competition 2025

The general meeting of the Graduate Nurses Foundation 2025 featured the final round of the Narrative Writing Competition, showcasing the creativity and reflective writing skills of the participants. Following these sessions, the General Meeting was held, providing a platform for members to review the year's progress, discuss ongoing initiatives, and share ideas for future activities. GNFSL extends its sincere appreciation to all attendees, contributors, evaluators of the narrative writing competition, and members for their enthusiastic participation and continued commitment to uplifting the nursing profession in Sri Lanka.



Upcoming Events

5th Biennial Academic Sessions - GNFSL

The 5th Biennial Academic Session of the Graduate Nurses' Foundation of Sri Lanka (GNFSL), scheduled to be held on 21st February 2026.

**Graduate Nurses' Foundation of Sri Lanka**

**5TH BIENNIAL
ACADEMIC
SESSIONS - 2026**

*"Empowering the Nursing Workforce:
Advancing Practice, Education, and Public
Health"*



21st February 2026
08.15am- 01.30pm
 Post Basic College of Nursing,
Colombo

MR. JAYANTHA GALLEHEWA
Chief Guest
President,
Organization of Professional
Associations of Sri Lanka



PROF. M K D L MEEGODA
Keynote Speaker
Professor in Nursing and Midwifery,
Faculty of Allied Health Sciences,
University of Sri Jayewardenepura



DR. SUNETHRA JAYATHILAKE
Conference Chairperson
President,
Graduate Nurses' Foundation
of Sri Lanka



Registration Information:

- Early Bird Registration (until 15.01.2026): Rs.2500/-
- Regular Registration (after 15.01.2026 & Onsite): Rs. 3000/-
- Student Rates: (Special rates for students with valid ID before 15.01.2026): Rs.2000/-

How to Register:

- Fill the Google Form-
<https://forms.gle/1JgD38kzyb88689Y7>

Complimentary Participation Certificates and Refreshments, including Morning Tea and Lunch, Will be Provided
Limited seats available. Reserve your spot today!

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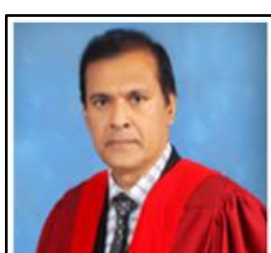
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Sri Lankan Journal of Nursing (SLJN)

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



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