

# **BOOKLET**

**on**

## **“Nursing Excellence: Education, Ethics, Evidence, and Empowerment ”**



**Organized by**  
**MAHARSHI KARVE STREE SHIKSHAN SAMSTHA'S**  
**SMT. BAKUL TAMBAT INSTITUTE OF NURSING EDUCATION**  
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**MKSSS FACULTY PHOTO**





# International Conference

On

## “Nursing Excellence: Education, Ethics, Evidence, and Empowerment ”

13th and 14th March 2024

Organized by

**MKSSS Smt. Bakul Tambat Institute of Nursing Education, Karvenagar,  
Pune-52**

**Sponsored by MUHS, Nashik**

NAAC A Grade Accredited

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**MNC 5 Credit  
Points are  
applicable**

**Hybrid Mode  
(only for  
International  
delegates)**

**Venue**

**Auditorium at 4th floor of  
MKSSS Dr. Bhanuben Nanavati College of Architecture  
for Women, Karvenagar, Pune-52**

Schedule of Conference			Day 1- 13/03/2024		
Time	Sessions		Resource Persons		
8 am-9 am	Registration and Breakfast/ Poster Presentation (Parallel Session)				
9 am-9.45 am	Overview of Conference Theme Nursing Excellence: Education, Ethics, Evidence and Empowerment		Dr. Meena Ganapathy, Principal, MKSSSBTINE, Pune.		
9.45am- 10.35am	Inauguration of Conference				
10.35am- 10.45am	Tea Break				
10.45am- 11.30 am	Innovation in Nursing Education for Excellence: The Global Scenario.		Dr.Rajrani Sharma, Professor, Lone Star college, Houston,USA.		
11.30am- 12.45pm	Plenary session I:  1. Where are we in the achievement of excellence in nursing education now?  2. Road Map for Transforming Nursing Education for Excellence: Preparing Nurses for Tomorrow		Chairperson: Dr. Meena Ganapathy, Principal, MKSSSBTINE, Pune.  Dr. Shardha Ramesh, Principal, Vinayaka Mission University, Salem, Tamil Nadu.  Mrs. L. Bijayalakshmi Devi, Professor. BTINE, Pune.		
12.45pm – 1.15pm	Lunch				
1.15pm- 2.00pm	Global Frameworks for Ethical Decisions and Actions of Nurses		Brig. S. Gita Ramesh, Principal, AFMC, Pune.		
2.00pm-3.30pm	Plenary session II:  1. Are we ethically competent now?  2. Decoding and Mapping Ethics in the Modern Era for Nursing Excellence for future		Chairperson: Mrs. L. Bijayalakshmi Devi, Professor.BTINE, Pune.  Dr. Sheela Upendra, Dpt. Director & Prof, Symbiosis CON, Pune.  Ms. Smita Devi L, Asso.Prof.BTINE, Pune.		
3.30pm – 3.40pm	Tea Break				
3.40pm – 5.10pm	Group Activities of Education and Ethics		BTINE Team		
5.10pm-6.00pm	Cultural events				



Day 2- 14/03/2024		
Time	Sessions	Resource Persons
8 am-9 am	Breakfast	
9 am- 9.30am	Innovative Strategies for students evaluation in clinical.	Dr. Vicky Keys, Asso. Professor, Lone Star college, Houston,USA.
9.30am-10am	AI and Technology in Nursing Education.	Ms.Seethalakshmi Natarajan Instructional Designer, Lone Star college,Houston, USA.
10 am-10.45am	Innovative Evidence Based Practice in Nursing: EBP revolution from Bench to Action and Policy in Global Scenario	Dr. Phalakshi Manjrekar, Director Nursing PD Hinduja, Mumbai.
10.45am-10.55am	Tea Break	
10.55am-12.10pm	Plenary session III:  1. Are we up-to-date in our EBP revolution from Bench to Action and Policy for Excellence in the Modern Era now?  2. Actions needed for EBP in day to day practice to achieve Nursing Excellence	Chairperson: Mrs. Nupoor Bhambid, Professor. BTINE, Pune.  Dr. Tripti Nanda, Director Nursing Noble Hospital, Pune.  Mrs. Shailaja Mathews, Lecturer, BTINE, Pune.
12.10pm- 12.55pm	Innovative ways Empowering Nurses at all Levels for Excellence: The Global Scenario	Dr. Swati Rane, CEO, Seva Shakti Health Care Consultancy, Mumbai.
12.55pm- 1.40pm	Lunch Break	
1.40pm – 2.55pm	Plenary session IV:  1.Are we empowered now as nurses at all levels?  2. Actions needed for empowerment to achieve Nursing Excellence for future	Chairperson: Mrs. Shailaja Mathews, Lecturer, BTINE, Pune.  Col. Dr. Vandana Agnihotri Principal, CON INHS Asvini, Mumbai.  Mrs. Ujwala Jadhav, Lecturer, BTINE, Pune.
2.55pm- 3.55pm	Group Activities of Evidence and Empowerment	BTINE Team
3.55pm-4.05pm	Tea Break	
4.05pm – 4.35pm	Scientific Paper Presentation	
4.35pm-5.00pm	Valedictory Session	

## FROM PRINCIPAL'S DESK



It is a great privilege to welcome each of you to participate in this International Conference on "Nursing Excellence: Education, Ethics, Evidence, and Empowerment".

It is an honor to organize this conference in MKSSS BTINE, founded under the umbrella of the great performer Dr. Dhondo Keshav Karve. He and his wife, Baya, a nurse dedicated their lives to making a difference in the lives of many thousand women and their families through empowering them with education.

Excellence is striving to be the best one can be as an individual, organization, profession, and nation. It is challenging the status quo. It is the eternal embracing of the inevitable changes that are evident due to the latest knowledge, technological developments, current challenges, and opportunities in health care.

We have chosen four sub themes to excellence in nursing with talks, plenary sessions, and activities that will add interactive elements to improve the participants' experience.

I sincerely appreciate all the international, national, and state-level resource personnel and participants for taking the time to inform, contemplate, and co-create transformative strategies for achieving nursing excellence in education, ethics evidence, and empowerment.

Our gratitude to the Maharashtra University of Health Sciences Nashik, for sponsoring this conference, and to the Maharashtra Nursing Council for granting credit points.

Let us all actively participate, and engage with themes that enhance our efforts of striving towards nursing excellence. Take full advantage of these two days.

**Dr. Meena Ganapathy**  
**Principal**  
**MKSSS BTINE, Pune.**

## FROM VICE-CHANCELLOR'S DESK



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK



लेफ्टनंट जनरल माधुरी कानिटकर (निवृत्त)  
(बालरोग नेफ्रोलॉजिस्ट) पीव्हीएसएम, एव्हीएसएम, व्हीएसएम  
कुलगुरु

*Lt Gen Madhuri Kanitkar (Retd)*  
(Pediatric Nephrologist) PVSM, AVSM, VSM  
Vice-Chancellor

Date: 6<sup>th</sup> March 2024

### Message

It is my pleasure to convey my best wishes to you all for the International Conference on "Nursing Excellence: Education, Ethics, Evidence and Empowerment" Organized by MKSSS. Smt. Bakul Tambat Institute of Nursing Education, Pune

Nursing excellence isn't just a goal; it's a commitment to compassionate care, unwavering ethics, and continuous empowerment. This conference gives you the opportunity to learn from each other, share your experiences and insights, and inspire each other to reach new heights of excellence.

As you all embark on this journey of discovery and collaboration, please do remember the profound difference you make in the lives of those you care for. Let us uphold the highest standards of education, ethics, empowerment, and evidence-based practice, knowing that the efforts are shaping the future of healthcare for generations to come.

My best wishes for the International conference and congratulations to the organisers.

**Lt Gen Madhuri Kanitkar**

## FROM CHAIRMAN'S DESK



As a Chairman of Maharshi Karve Stree Shikshan Samstha's, I deeply appreciate the profound importance of nurturing nursing excellence, a theme that resonates throughout our conference agenda. Together, we are dedicated to shaping a brighter future for nursing by prioritizing education, ethical conduct, empowerment, and evidence-based practice. I am delighted to extend a heartfelt welcome to all esteemed attendees of the International Conference on & Nursing Excellence: Education, Ethics, Evidence, and Empowerment, & graciously hosted by Smt Bakul Tambat Institute of Nursing Education in Pune. I am firmly confident that the invaluable exchange of insights and collaborative spirit fostered during this conference will not only inspire but also empower each participant to carve their unique path towards achieving excellence in nursing.

Let us embrace this opportunity to come together, united in our commitment to elevate the standards of nursing care and practice. With collective determination, as we begin this journey, we ensure that our influence extends far beyond the boundaries of this conference hall, resonating nursing profession globally.

Sending my best wishes for the conference & success I am confident it will be a remarkable event in the field of nursing and health care.

**Shri. Ravindra Gajanan Deo**  
**Chairman**  
**Maharshi Karve Stree**  
**Shikshan Samstha, Pune.**



## FROM SECRETARY'S DESK



I congratulate the organizers of this two day International Conference, for coming up with such an apt topic for accumulating the deliberations and demonstrating synergies in the field of Nursing. The profession of Nursing itself is a noble one and Ethics, Education and Evidence becomes the integral part of the overall process of Empowerment. Maharshi Karve Stree Shikshan Samstha always has put its cent percent in imbining the sense of empathy in its students. We support good research in the field of nursing and nursing education. This kind of conferences would truly help students, faculty and practising Nurses to show case their contribution as well as they would also be introduced to the current challenges and practices in Nursing Profession. I forward my best wishes to all the participants and presenters for these two days and welcome all to the Venue and place of enlightenment at MKSSS".

**Dr. P.V. S. Shastry**  
**Secretary**  
**Maharshi Karve Stree**  
**Shikshan Samstha, Pune.**

## FROM MEDICAL DIRECTOR DESK DMH, PUNE



Doctors treat patients, but it our nurses who actually heal them. The role of nursing, which started with Florence Nightingale, primarily rooted in patient-care, has now evolved into a full-fledged professional career with nurses taking on serious roles as treatment partners and clinical leaders. It is now the need of the hour for nurses to rise to this challenge, clinically and administratively, through high-quality training and a long-term approach to building a new paradigm of medical professionals who will be the backbone of all hospitals and patient care in the time to come. Today's nurses are pivotal clinical leaders, extending their roles beyond traditional duties to meet new challenges in both administrative and clinical spheres. A commitment to quality and rigorous training underpins the creation of a new standard for nursing practice. Education, ethics, empowerment, and evidence-based practice form the cornerstone of this excellence, ensuring nurses are equipped to deliver expert, compassionate care while prioritizing patient well-being above all else.

**Dr. Dhanajay Kelkar**  
**MBBS M.S. (General Surgery) FRCS.**  
**Deenanath Mangeshkar Hospital & Research**  
**Center, Pune.**

## FROM ORGANIZING SECRETARY'S DESK



Nursing excellence stands at the core of our profession, serving as the guiding light that illuminates our path forward. It is the manifestation of our commitment to delivering compassionate and evidence-based care while upholding the highest ethical standards. In today's rapidly evolving healthcare landscape, the pursuit of excellence is more imperative than ever, as it ensures the delivery of quality care and fosters positive patient outcomes.

Through this conference, we aim to collaboratively co-create transformative strategies on education, empowerment, ethics, and evidence to strive for excellence in nursing at all levels.

we can gain insights, exchange ideas, and collectively advance our knowledge and skills.

I am confident that the knowledge and experiences shared during this conference will not only inspire and empower each attendee but also equip them with valuable tools and strategies to enhance their practice and make a meaningful impact in their respective healthcare settings. Together, let us embark on this journey towards excellence in nursing, with a shared vision of transforming healthcare for the better.

**Organizing Secretary**  
**Mrs. Nupoor Ninad Bhambid**  
**Professor**  
**BTINE, PUNE.**

# Briefing on Nursing Excellence: Education, Ethics, Evidence and Empowerment



**Dr. Meena Ganapathy**  
**Principal MKSSS BTINE PUNE**

## **Introduction to the Idea:**

We, nurses, are the maximum percentage of the healthcare workforce constituting 60% of the total healthcare personnel. As the frontline soldiers fighting for and maintaining health, and wellness for people globally, rendering womb-to-tomb care at all levels and in all cadres. We are the only profession that has 90% of women as its members. We as change makers are in a position to better our chosen profession and the health care of our mother nation.

The International Council of Nursing (ICN), established in 1899, dedicated 2020, as the year of nurses and midwives. It boldly declared the theme “Nurses a Voice to Lead; Invest in Nursing and Protect the Rights of Nurses for global health”. To achieve Universal Health Care and realize Sustainable Development Goals the globe has to protect and sustain its front-line warriors, the nurses.

However, ICN couldn't celebrate the 200th birth centenary of Florence Nightingale, with this theme as in Jan 2020, COVID stuck the world, and by March it was declared a pandemic. The world had to lock people at home to prevent the spread of this unknown deadly disease. There marched the nurses, as the frontline warriors to protect and care for people affected with COVID, with little knowledge and protection. Ironically, instead of receiving the celebration, and much-needed pampering, we marched forward to protect the globe.

The whole world was protected by the COVID care and vaccination given by nurses. Yet we nurses made no fanfare or publicity. The reason is that we understand that it is a collaborative effort. There lies our excellence in collaboration. We nurses are always open to changes, despite their challenges, and embrace the latest knowledge, technology, trends, and opportunities for continuous development and improvements. This is nursing excellence in action to protect the health of the nation.

## **Introduction to samstha and resource persons:**

We are very fortunate, to be in an institution founded by a unique person, Maharshi Karve, fondly known as Anna, who went against the flow of time to bring social revolution through widow remarriage initially, and then to women's education. His commitment to widow remarriage was challenged mainly by women themselves, as they were not in a position to accept this change. Therefore, Anna decided to concentrate on women's education. In the words of Anna, “Social reformation and women's education are closely related and an educated woman will transform the society”.

His second wife, Godhubai Nee Anandibhai Karve, known as Baya, was a widow herself, on marriage to Anna went to do Nursing at Nagpur, so that she could support herself and their children and Anna would be free to concentrate on his commitment.

These two great personalities, and Mrs. Bakul Tambat, a nurse educator, whose life earning was given to us by her husband Mr. Harish Chandra Tambat, for our nursing college building so that his wife's dream of quality nursing will continue through us are the reasons to take up this topic of Nursing Excellence. Along came a friend of many years, a professor of Hindi at Bombay University, An avid theatre personality, who on marriage shifted to the USA, and then took up Nursing as a profession. She has been consistently giving us time, to inform, educate, and discuss nursing education and practice in the USA.



That is one reason that we learned to implement some best practices in nursing education and practice here. It is Dr. Rajrani Sharma who gave us the courage to host this international conference. She is the guide and star faculty for this conference. She brought two of her colleagues' Dr. Vicky Keys a nurse educator expert in evaluation, and Mrs. Ms.Seethalakshmi Natarajan, an expert in designing instructional modules on board to be resource persons for this conference.

We have on board experts in nursing education, practice, and advocacy at the national level to discuss each theme of excellence in education, ethics, evidence, and empowerment. We handpicked them for their excellent contributions to their professional lives.

### **Introduction to MKSSSBTINE:**

Coming to the theme of this conference, excellence in nursing through education, ethics, evidence, and empowerment, you may ask why this theme is at this Juncture. We at MKSSSBTINE, are always striving for excellence with a mission of commitment to developing conscientious (morally upright) confident, caring quality nursing professionals of international repute. We realize that confidence cannot be exhibited unless a student is strong in skills, knowledge, and attitude. Nursing care cannot be rendered unless its providers have compassion, empathy, and a caring attitude toward human beings and all life forms. Without moral strength and confidence, a caring attitude cannot be sustained.

We are the first pioneer institute under MUHS to initiate BSC Nursing, under a private charitable educational trust. We had to resort to the help of the Honorable High Court of Mumbai to challenge the perspective plan of MUHS, which allowed only medical colleges to start nursing colleges. We challenged this because nursing should be taught by nursing faculty and doctor faculty can be invited as guest lecturers for select subjects. Now there are about 250 to 300 nursing colleges under MUHS.

We are the only institute that had ANM to PhD Nursing in 10 years. In 2015 we went for NAAC and graded with B++, and in 2021, again with an A grade. We also run a Private Nursing Colleges Association since 2008, and Mr. Vinod Tawade was our first President. We solved and continue to solve issues faced by Private Nursing Colleges in Maharashtra.

We have completed 24 years, and next year we will be celebrating our silver Jubilee. So this is the right time to look at excellence in nursing and challenge us yet again to revamp the way we teach and practice nursing education, ethics, evidence, and empowerment.

The theme of excellence in nursing, has various definitions, depending on the perspective of its assessors. NAAC and NABH define it differently. **"Excellence is doing the best one is capable of and challenging the status quo by accepting changes"**.

### **The sub-theme of the conference:**

Regarding excellence in education, Teaching and learning has changed from the traditional method and mode to newer ways in which the learner is an equal partner in the process. It is the learner's learning outcomes that determine the success of the course and program outcomes. Conventional lectures and demonstrations are substituted with competency-based teaching, learning, simulations, and clinical practice. Newer additions like mastery learning, modules, peer tutoring, jigsaw and flipped classrooms, project methods, and gaming are introduced to make teaching and learning a participative experience. COVID and technology have brought great disruption in the information that is available to the learners. Educational databases, and AI like Chat GPT, have made information more accessible to learners. The speed of AI is scary and breathtaking. Let us learn and use it wisely with ethics.

Coming to ethics. We teach bio-medical ethics, based on the biomedical model of health care delivery which concentrates on reducing mortality through infection and communicable diseases. Now, ethics is evolving into a holistic model where health and wellness are the core, as mortality and morbidity are shifting from communicable diseases to non-communicable diseases. Life lifestyle changes and wellness practices lie with the consumer, rather than caregivers. Even our Primary Health Centers are now named as Health and Wellness centers. Here again, there is a paradigm shift from curative ethics to preventive ethics. We need to evolve in the way we teach ethics in the present scenario.

Regarding evidence, we always confined evidence to clinical practice, randomized controlled trials were the prerogative of medical and nursing research. Now every discipline from economics to education, many randomized controlled trials are refining their knowledge base. All our actions regarding education, economics, health, and sustainability are all based on evidence. Here yet again we need to understand the paradigm shift. We need to use the latest evidence, and innovations to better our education and practice.

## **Nursing Excellence: Education, Ethics, Evidence, and Empowerment**

Coming to empowerment, we always looked at institutions to empower us. Now the empowerment is in our hands. Atmanirbhar means self-reliance and self-empowerment. We need to understand how as an individual we have resources at hand to empower ourselves. We need to learn how we can use education, technology, collaboration to empower ourselves as an individual, organizations, professions, and communities, and nations.

These two days with four parts will concentrate on discussions, and activities on how to achieve nursing excellence. Be an active participant and be a partner in this conference. So that we can co-create strategies for transforming our education, ethics, evidence, and empowerment to strive for excellence in nursing. Wishing you all the best learning and sharing.

### **Our Gratitude:**

This conference would not have been possible without the support of our management, Lt. Col Dr. Madhuri Kanitkar, Honorable Vice Chancellor, the resource persons, MUHS, MNC, observers, dear participants and my team. Thank you.

# Nursing Excellence: Education, Ethics, Evidence & Empowerment

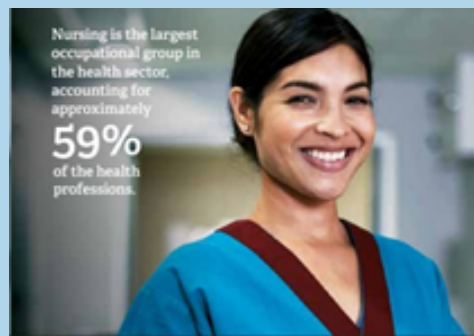


**Dr. Meena Ganapathy**  
**Principal MKSSS BTINE PUNE**

## Introduction:

Nurses, are the maximum percentage of the healthcare workforce constituting 60% of the total healthcare personnel. As the frontline soldiers fighting for and maintaining health, and wellness for people globally, rendering womb-to-tomb care at all levels and in all cadres. Nursing is the only profession that has 90% of women as its members. Nurses as change makers are in a position to better the profession and the health care of our mother nation.

The International Council of Nursing (ICN), established in 1899, dedicated 2020, as the year of nurses and midwives. It boldly declared the theme “Nurses a Voice to Lead; Invest in Nursing and Protect the Rights of Nurses for global health”. To achieve Universal Health Care and realize Sustainable Development Goals the globe has to protect and sustain its front-line warriors, the nurses.



## What Nurses Do?

- Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people.

### (Womb to Tomb Care)

- Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles. (ICN, 2002)
- Nurses are the **first frontline support** for individuals of all ages, families, groups and communities, sick or well and in all settings.
- Nursing is **90% women** oriented profession.
- Nursing is the '**Heart**' of Health Care System



### Nursing In the words other colleagues:

At the end of the day, and despite all that seems to be crumbling around us..., we should thank our nursing colleagues for their compassion, work ethic, persistence and optimism. This is hard, and often unpleasant, work. It is work that regularly goes unnoticed and underappreciated. Yet, our nurses continue to wake up, show up, and suit up and, on most days, do it all with a smile. As surgical leaders and colleagues, let's all help them in every way we can. We continue to be inspired by nurses' commitment to patients, to hospitals, and to us.

**Dr. Evita Fernandez on Nurses:** Nurses are as important as doctors in delivering healthcare... Nurses are a huge network. And there are those who have over the years gained tremendous clinical experience. Sadly, many have not had the opportunity to update themselves on recent practices. But they have the capacity to change if a hospital is driven by protocols. I think the important thing is the quality of training. We just have to up that...**CEO of Fernandez Hospital & Advocate of Nurse Midwives**

### Excellence

1. Excellence definition is varied. Each quality assessor defines it differently.
2. " Excellence is striving to be the best one can be, and not settling for the status quo"
3. Excellence involves skills, integrity, creativity and commitment to continuous improvement. Personal excellence involves both
4. professional and personal achievements.
5. Excellence may begin with an individual, organization, or the profession.
6. "Quest for Excellence" can be done through the identification of the strengths and weaknesses.

### Excellence of an individual is characterized by

1. Specific personal qualities: Perseverance, hard work
2. Has some significant achievements
3. Makes contributions in own and others' lives
4. Having skills, creativity, commitment to continuous improvement, and integrity.

### Excellence of a Profession is characterized by

1. High degree of competency/ mastery of its members
2. Less damage/ failure
3. Latest / evidenced based knowledge
4. Good problem solving ability with creative and critical thinking
5. Positive tangible outcomes
6. Continuous up gradation/lifelong learning
7. Feedback & Peer review.
8. Continuous internal checks and balance
9. Adaptability
10. Ethical practice
11. Involved & empowered members

### Nursing Excellence

- It involves providing high quality compassionate individualized care, demonstrating clinical skills, professionalism and a commitment to continuous improvement. It encompasses ethical practice, effective communication and holistic health care for consumer's wellbeing.





### Why we need excellence in Nursing?

1. To build a strong and diverse workforce to advance the health of the nation.
2. Enhancing person centered high quality care, and positive patients outcomes.
3. For professional development, improvements and motivation in members.  
For overall development of profession.
4. As an Individual to facilitate personal & professional growth
5. For integrating innovative solutions for preparing future nurses
6. For improving overall health care standards.



### Excellence in Nursing Education is achieved by.

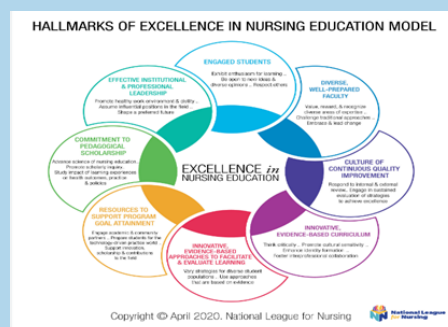
1. Well prepared administration & faculty
2. Student centered innovative, interactive curriculum
3. Engaged Students
4. Evidence based teaching, learning & evaluations
5. Quality resources
6. Recognition of expertise
7. A clear program standards & hallmarks that raise expectations
8. Lifelong learning

### Excellence in Education

#### Excellence in education is achieved when its learners are:

1. Able to think critically
2. Have curiosity & inquiry and seek knowledge beyond the curriculum
3. Able to improvise/ innovate with creativity & originality
4. Ready to adapt & embrace change
5. High commitment / integrity to learning
6. Able to display leadership
7. Commit to lifelong learning
8. Competent in skills

**“We are committed to developing conscientious, confident and caring quality nursing professionals of international repute”**



## INC's Graduate/ Course Out Comes



### Excellence in Ethics:

1. Ethos – Character
2. Ethics are the moral principles that govern how the person or groups behave or conduct themselves.
3. Ethics in Personal Competencies
4. Ethics in Socio Cultural Competencies
5. Ethics in Technical & Professional Competencies
6. Ethics in Nursing is derived from Bio Ethics & Holistic Ethics

### Ethical Virtues

- Virtues are learned attributes of moral character that predisposes the person to do what is right (ANA – Code of Ethics)

### Excellence in Ethics:

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### Ethical Virtues

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Virtues/ Behaviours needed in Nursing.

- |                           |                          |
|---------------------------|--------------------------|
| Compassion                | • Self awareness         |
| • Caring                  | • Self efficacy          |
| • Integrity               | • Self esteem            |
| • Respect                 | • Patience               |
| • Professionalism         | • Fairness               |
| • Confidentiality         | • Inclusiveness          |
| • Punctuality             | • Empathy                |
| • Advocacy                | • Fidelity               |
| • Accountability          | • Honesty                |
| • Excellence              | • Transparency/ Openness |
| • Collaboration           | • Loyalty                |
| • Ethical decision making | • Dignity                |
| • Cultural competency     | • Self reflection        |
| • Kindness                | • Resilience             |
| • Prudence                | • Truthfulness           |
| • Perseverance            | • Dedication             |
| • Communication           |                          |

### Excellence in Evidence & Innovation

- Evidence Informed Practice: In any role or setting, practice that is characterized by combining best available research, and health care ethics, and clinical experiential insight.



Evidences in Nursing Education



Evidence Based Nursing Leadership Competencies



Evidence-Based Empowerment - Leadership

**Establishing clear goals that cascade from an organization's strategic direction to the day-to-day work.**

1. Objective decision making
2. Culture of continuous learning
3. Culture of inclusivity
4. Flexibility / Adaptability
5. Proactively management of risks
6. Prioritizing organizational and individual well-being
7. Customer-driven.
8. Consider the big / holistic picture
9. Shared sense of purpose among team members and stakeholders

**Excellence in Empowerment -Individual**

Definition: The process of gaining freedom and power to do what you want or to control what happens to you. Cambridge Dictionary

As an Individual requirement for empowerment are:

1. Gumption: Combination of initiative, resourcefulness, courage & commonsense.
2. Proactive mind set
3. Anticipation
4. Responsibility
5. Goal orientation
6. Adaptability
7. Ownership

**Excellence in Empowerment – Organization**

1. Align goals & objectives with vision & mission
2. Build strong leadership
3. Delegate, train & encourage autonomy
4. Encourage & motivate
5. Train on job
6. Promote inclusivity & diversity
7. Take feedback, appraise, act on it
8. Build strong teams
9. Adequate support & resources
10. Monitor, evaluate performance & reward excellence
11. Collaborate & net work
12. Establish professional standards
13. Advocate for recognition & validation
14. Mentorship & support
15. Embrace technological development
16. Public awareness
17. Offer flexibility & work-life balance

**Excellence in Empowerment – Nursing Profession**

1. Engage public & community out reach
2. Make presence visible in social media
3. Feature interviews / articles/ expertise and contributions
4. Create online presence
5. Participate in public meetings, conferences, share your knowledge
6. Health blogs & publications
7. Collaborate with advocacy groups
8. Get trained in media communication
9. Be a active part of professional associations
10. Highlight patients testimonials



**Excellence in Empowerment – Nursing Profession**

1. Engage public & community outreach
2. Make presence visible in social media
3. Feature interviews / articles / expertise and contributions
4. Create online presence
5. Participate in public meetings, conferences, share your knowledge
6. Health blogs & publications
7. Collaborate with advocacy groups
8. Get trained in media communication
9. Be an active part of professional associations
10. Highlight patients testimonials

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## Nursing Excellence through Education



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In the dynamic global landscape of healthcare, the role of nursing education is paramount in ensuring the delivery of high-quality patient care. With healthcare systems facing unprecedented challenges and advancements, the demand for highly skilled and competent nurses is ever-growing. The pursuit of excellence in nursing education is imperative to meet the evolving demands of healthcare systems. However, achieving excellence in nursing education requires a comprehensive evaluation system including curriculum development, faculty training, clinical practice integration, and technology utilization.

Embracing technology is fundamental to enhance teaching methodologies, facilitate interactive learning experiences, and promote engagement, especially among Gen V learners. Innovative strategies, ranging from simulation-based learning to virtual reality applications, gamification, concept map, flipping the classroom are harnessed to optimize learner engagement, development of critical reasoning, clinical judgement, cultural competence, and skill acquisition. In the quest for excellence, nursing education must embrace a holistic and compassionate care approach.

Nursing education is to prepare nurses for his or her duties as medical care professionals, whose role is to advocate for and look after individuals of all ethnic origins and socio-economic backgrounds through health and illness.

By fostering a culture of excellence and continuous improvement, nursing education can adapt to the evolving healthcare needs and produce culturally sensitive, competent and empowered professionals capable of meeting the complex needs of patients and communities globally.

## Where are we in the achievement of excellence in nursing education now?



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Nursing education in India is undergoing notable improvements with various initiatives aimed at enhancing quality and aligning nursing curricula with global standards and emerging healthcare trends. These initiatives include curriculum revisions, integrating technology and emphasizing evidence-based practice, alongside increased emphasis on accreditation to ensure standardized quality. Moreover, specialized training programs were introduced in critical care, oncology, mental health, forensic nursing and gerontology to meet involving healthcare demands. Efforts are also dedicated to enhancing faculty development, promoting research and innovation, integrating technology into education, and raising public awareness about nurse and vital role in healthcare delivery. While significant progress has been made, challenges such as resource constraints and faculty shortages persist, highlighting the ongoing nature of efforts to elevate nursing education across the nation. The preparation of a diverse 21st-century nursing workforce is a critical priority to cope with issues including international migration, a global healthcare and the worldwide nursing shortage.

### **Engage diverse learners for quality Nursing Education**

Student populations in any age group contain learners with a wide variety of different characteristics, including academic ability, language, gender, ethnicity, religion, socioeconomic factors, physical ability and personal experiences. Diverse learners is an umbrella term used to describe students hailing from a wide variety of background and experiences related to race or ethnicity, socio economic status or regional or local cultural differences even refer to a students home life and or intellectual capabilities.

### **Meet the needs of diverse nurse learners**

To create Engagement in nursing force. There are 2 facets of engagement

1. level of commitment to the organization
2. commitment to the nursing profession itself engagement in nursing is required as it correlates directly with critical safety, quality, and patient experience outcomes.

### **Differentiated Instruction Techniques to Reach Diverse Learners**

1. Key Vocabulary
2. Prior Knowledge Links
3. Paired and Cooperative Learning
4. Non-linguistic Representations
5. Regalia and Hands-on Learning
6. Curricular and Personal Connections
7. Oral, Reading, and Writing Skills
8. Higher Order Thinking
9. Engage nursing students in clinical practice by role-play
10. Concept Maps

**To achieve these instruction methods faculty should adapt strategies of implementing teaching with the following to engage student learners**

1. Pre-class assignments
2. Unfolding case studies
3. NCLEX practice questions
4. Role play
5. Concept maps
6. Nursing simulation activities
7. Brain teasers
8. Mystery/patient/drug in a box

### **Faculty Development Programmes**

To achieve differentiated teaching faculty should be upskilled and well-trained to address the needs of the students. Leaders and policymakers should provide this platform for the faculty to implement the methods in the classrooms. The nursing schools have diverse learners for whom engaged immersive learning has to be provided which will foster. **Enhanced Critical thinking, In-depth Understanding, and Improved Collaboration with exploring the use of Virtual Reality (VR) and Augmented Reality (AR)** in teaching and learning. This fosters a sense of engagement and curiosity, which in turn leads to improved academic performance and a more fulfilling learning experience. A mix of old and new age faculty are there in every college. They require programmes to upskill for the new age. Faculty development programmes include 4 types of development:

1. Personal - interpersonal skills, career development, and life planning issues
2. Instructional - course design and development
3. Instructional technology
3. Organizational ways to improve the institutional environment to better support teaching

While the leaders in nursing schools focus on bringing such training, they should direct these toward 3 domains of Faculty development which include skills related to the

1. Roles of teacher & educator
2. Researcher & scholar
3. Administrator & leader

If the above domains are planned there are 6 types of faculty development activities that should be made available for the faculty. They are 1) organizational strategies, 2) fellowships, 3) comprehensive local programs, 4) workshops and seminars, 5) continuing nursing education 6) individual activities.

Faculty should understand differentiated Instruction pertaining to the levels of prior knowledge, learning speeds, and learning styles of the learners. They should also be open, sensitive, and responsive to diverse cultures and lifestyles inclusivity and understanding in multicultural Education.

**Faculty should integrate innovation in daily curriculum through the following**

1. Personalized Learning
2. Project-Based Learning
3. Jigsaws
4. Asking Open-Ended Questions
5. Flipping the Classroom
6. QR Codes
7. Inquiry-Based Learning
8. Culturally Inclusive Teaching

Faculty vitality thus plays a great role here. D. Ignatavicius and C.E. Chung 2021 conducted a survey of faculty in China showing keen interest and desire to integrate new learning practices and strategies. They noted the autonomy of faculty as a barrier to curricular changes. The other challenges are communication skills and active learning methodologies which foster lifelong learning habits—a fundamental aspect of nursing.

### Evaluation of overall Quality of Nursing Education

If the faculty are equipped well to cater to the diverse learners then has the quality of nursing education improved? Not many studies have been done so far to nail this question. There is one study done in China published in pub med referees PMID: 34964737-published in pub med-research at China in 2021 to an analytic hierarchy process with Input quality, Output quality, and Development quality Process quality. The study outright concludes master & education can improve patients' outcomes.

Astin & input-environment-output (I-E-O) model 2021 includes input mainly refers to "students' demographic characteristics," "family background," "study, and social experience," "the environment mainly includes students' academic experience," "project participation," "peer relationship" and "university cultural experience," and the output mainly refers to "students' knowledge," "ability," "characteristics," "values" and "behaviour patterns" when they leave university campus with career development and career satisfaction. This study does not confirm the quality improvement.

Konwar et al.2022. found in their study that nurses had reluctant behaviour to search and find new literature of review. They highlighted barriers from organization, either lack of resources or less authority and lack of cooperation by nurses were experienced. Weak regulatory bodies in India, indeterminate regulatory functions, lack of amendment of acts, lack of representation of nurses and midwives in governing positions, poor quality of conferences conducted and approved, undermined leadership positions have impaired the growth of the profession. There is a need of understanding this cultural diversity due to increased immigration and globalization. If student needs are evaluated and addressed more effectively, less time will be needed to clear up confusion and anger, less time will be spent in remediation, and less energy will be spent on frustration.

India still has discrepancies in paying nurses compared to other employees of different disciplines with equal qualifications. Nurses with fewer pay scales, even at the state and central level, promised fake incentives on work extracted from them, and extremely slow growth in funds they receive for official work are the biggest challenges now. This is the reason that nurses immigrate to foreign countries for better economic survival.

### Develop creative, sustainable Learners

Creative thinking classroom activities can be as simple as asking students to do free-write exercises, allowing them to explore their creativity and analytical skills. A good visual-based alternative is concept cartooning. In today's world of challenge, faculty should embrace the following.

1. More Focus on Practical Learning Rather than Rote Learning.
2. A Change in the Mindset
3. Self-evaluation.
4. Make Room for Open-ended Questions
5. Create a Place Where All the Learners Can Fit In
6. Develop Problem-finding and Problem-solving Skills in Students
7. Teach Them to Take Risks and Learn from Failures

There are software tools that can help faculty to make creative classrooms like **Cardonex, Testhound and Embarc**. Olden methods that are time tested and effective like Surveys, Interviews, Focus Group Studies, Document Analysis, Student Self Reports, Program level measures. Assignments and tests also are effective in knowledge and skill assessment to sustain the interest of the learners. Eventually the course outcomes and programme outcomes could be measured as follows

**(1) Cognitive Outcomes:** "What will students completing this course know?"

**(2) Behavioural Outcomes:** "What will students completing this course be able to do?"

**(3) Affective Outcomes:** "What will students completing this course care about or think?"

If these outcomes have to be achieved then technology will be the way to go with AI and Online learning methods. While using these technology lot of caution and ethics have to be followed.

### Ethical use of AI and Online learning

AI ethics are important because AI technology is meant to augment or replace human intelligence but when technology is designed to replicate human life, the same issues that can cloud human judgment can seep into the technology.

### 2 rules of AI

Law One – "A robot may not injure a human being or through inaction, allow a human being to come to harm."

Law Two – A robot must obey orders given to it by human beings except where such orders would conflict with the First Law

There 5 principles to be kept in mind while using AI

1. Transparency. From hiring processes to driverless cars, AI is integral to human safety and wellbeing
2. Impartiality
3. Accountability
4. Reliability
5. Security and privacy

## Conclusion

Achieving excellence in nursing education necessitates a multifaceted approach that addresses the diverse needs of learners, prepares faculty for innovative teaching methods, evaluates program outcomes, fosters critical thinking, creativity, and innovation in learners, and leverages the potential of Artificial Intelligence (AI) and online learning materials. profession & sustainability under the weight of demographic, economic, and technological pressures being felt across the industry, and is also fundamental to the success of strategies to improve healthcare delivery outcomes across the continuum of care. Faculty should understand that learning is not a & one-size-fits-all process. They should be given lot of training in upskilling their teaching attributes. A well planned and implemented FDP in every nursing school specially on online teaching and AI is the need of the hour.

59% of health care professionals are nurses, and there are about 28 million nurses in the world, including 19.3 million professional nurses, 6 million assistant professional nurses, and the rest are unclassified. Global nursing shortage has declined from 6.6 million estimated in 2016 to around 6 million in 2018, the bottom line is that by 2030, there will be a need for 36 million nurses practicing across the globe. It is imperative that the nursing education should reach and achieve the world class excellence. Lack of engagement in the nursing students lead to lack of work force. Faculty and leaders in nursing should percolate the importance of engagement. Due to the lack of positive social status, a large number of students choose to transfer or drop out. Work environment and job satisfaction is also a very important aspect. Leaders and policy makers should direct all plans towards combating the dissatisfaction with nursing which is considered to lead the students into depression and resignation, leading them to leave their major and continue to study different domains. Though 100% placement and employment convenience are one of the major advantages of nursing; positive changes in salary, autonomy, and responsibilities can improve nurses' attitude towards the nursing profession and strengthen the implementation of reform. Theory of fairness should be honored where individuals who think that employers treat and reward their abilities or work experience fairly will be more satisfied, motivated, and dedicated. Mismatch between expectation and reality, as well as the unsatisfied expectation, leads to the newly graduated young nurses leaving their profession. Nursing education Excellence is in its way to be achieved with concerted efforts of nursing leaders.

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# “Challenges in nursing education and roadmap toward excellence in nursing education”



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## Objectives:

1. Challenges in nursing education related to learners, faculty, administrators, regulating agencies and policies.
2. Road map to overcome the mentioned challenges.

## Introduction:

We Indian nurses are the second largest suppliers of professional nurses and demanded professional around the world, while Philippine are the first largest suppliers, as per SOWN report, 2018. Because of global labour markets, professionals are on the move, crossing national borders and creating global communities of expertise. These have a direct impact on our Indian health economy and Indian health workforce global standing. While we Indian nurses are major health care provider in local and global scenarios, one must not forget the current challenges that Indian nursing educational institute, schools, colleges, and health university are facing both in government and private sectors, to train a global standard qualified, caring, and competent nurse to meet the global citizen health need from culturally geographically diverse environment in these ever connectedness technologically equip world.

Hence there is need for drive toward excellence and global standing of Indian nursing education system. We need a major haul and improvement from ground level for Indian professional nursing training, that will benefit our local, national, and global community. To rise toward excellence in nursing education in India and to stand tall in a global platform, along with other global benchmark institutes, our Indian nursing educational institutes will require immense groundwork and support, from government political leaders backing to stakeholder interest, from financial funding to trained faculty in nursing educational institutes and many more.

## Challenges in nursing education toward excellence:

There are challenges in many levels and gap areas that need to be addressed.

Challenges areas currently face in nursing education are many and some of main challenges are as follows:

### 1. Disparity in nursing education establishment throughout India and its challenges

a. In 2023, Indian Ministry of Health data reveals that, 40% of districts in India lack any nursing colleges. Moreover, five States in the south have 42% of the country's nursing institutions, while three States in the western side have 17%. And only 2% of nursing colleges are in the northeastern State. Around 88% of nursing education in India is provided by the private sector where the quality of education is reportedly poorer.

b. Lack of backing from government and political leaders- Governments frequently impact the supply of health professionals based on political considerations rather than market rationale or epidemiological realities.

c. Funding deficiency: Lack of funding agencies from government and private sectors, philanthropies, donors to fund health training education sectors like nursing education colleges leading to funding deficiency.

### 2. Regulatory bodies and policies

a. Lack of diversity in representation for nursing and midwives and nurses in key governance roles have hampered the expansion of these professions. The regulatory challenges in education differ between public and private institutions.

b. Lack of evidence-based policies that address actual needs. Policies do not adequately address the issues of standardizing nursing education, monitoring and control by regulatory agencies.

**3. Accreditation-** Lack of uniform accreditation for institution and program evaluation- All nursing institutes do not adhere to the accreditation process, or the accreditation system itself is poor. There is a risk of unregulated, unaccredited, and subpar nursing schools.

**4. Professional issues-**

- a. Professional disparity- The growth of nursing colleges also lags far behind, may lead to unequal professional opportunities and act as roadblock to nursing education growth toward excellence.
- b. Professional silos- There is a need to break down professional silos or tribalism among the professions (tendency to work in isolation). Silos among professionals are a fundamental impediment to inter professional growth and a barrier to growth and excellence in nurse education.
- c. Nursing professionals struggle with transformational leadership and powerlessness in policy making.
- d. Gender based challenge- The nursing and midwifery professions encounter some gender-related problems. In a female-dominated profession, regulatory leadership is dominated by men, and gender-based discrimination and stigma are prevalent.

**5. Institutional and curriculum-**

- a. Lack of institutional reforms and lack of institution partnership and collaboration hinder nursing educational growth.
- b. Difficulty in designing and implementing educational reforms due to restrictive and overburdened curricula.
- c. The commercialization of the nursing profession and the mushrooming of new nursing colleges with inferior quality Transparency and quality concerns are major obstacles.

**6. Nursing Faculty challenges-** Indian nursing and midwifery education is faced with several challenges including:

- a. Lack/shortage of qualified teachers and shortage of teacher, poor teacher-to-student ratios, competing demands for research and teaching load and the hazards of mid-career exhaustion are important challenges.
- b. Difficult to obtain or lack of educational materials, crowded facilities lead to many educators to choose the didactic, lecture-based approach over more modern education.
- c. Inadequate or inefficient use of educational technology innovation in pedagogy, static pedagogy, or the inappropriate use of instructional techniques from the 20th century that are inadequate for addressing issues in the 21st.
- d. Lack of research innovation and evidence base teaching-learning, lack of scholarly activities among faculty may be due to complacency, or not trained to conduct research, not having time to conduct research, lack of rigor in research to global standard.
- e. Challenge related to advance excellence in nursing education, educators must use experiential teaching through facilitated, situated cognition with reflection.
- f. Educating generation Z and incoming future generation alpha- Approach to educate nursing for a generation grown up using internet world may be challenging in term of updating pedagogy, practices, students' engagement, and learner outcome.
- g. Lack of networking and connectivity: Most institutions and faculty are not sufficiently outward-looking to leverage the power of networking and contentedness for mutual strengthening on a global and local scale.

**7. Nursing students' challenges-**

- a. Lack of experiential learning in adequate clinical facility sites and the issue of dubious clinical posting threats exists
- b. Language barriers, health issues, financial challenges can be detrimental factors.
- c. Challenge of preparation-practice gap of newly joining registered graduate nurse and their need for support.
- d. Challenging need and lack for thinkers and knowledge workers to have clinical judgment, clinical reasoning skills among nurses.
- e. Lack of engaging our learners in deliberate and reflective practice, connecting pieces of information to discover what is salient to apply critical thinking and solve problems.

**8. Use of substandard evaluation procedures** to promote poor student performance, lowering nursing quality in a competitive global market.

**9. Challenges to implement standardized common exit examinations** for all nursing student to assess their core competencies.

**10. Lack of rigor in research in nursing education and publication**, failing to satisfy global or local needs. The nurse researcher may lack research skills, be untrained in novice research, etc. Unavailability of research funds and time restrictions are another reason for academics with research knowledge.

**11. Challenge to keep up with changing healthcare landscape and accelerated knowledge creation.** Increased serious condition of patient and decreased length of stay impact nursing education.

### Roadmap toward excellence in nursing education:

In pursuit of excellence in nursing education, the future roadmap towards excellence in nursing will face challenges as mentioned above.

Global Nursing education is the focus of three major reports in 2010: The Carnegie Foundation's Radical Transformation Initiative; the UK Prime Minister's Frontline Care Commission; and the Robert Wood Johnson Foundation's Future of Nursing Initiative at the US Institute of Medicine. The Carnegie report stated that, while nursing has been effective in promoting professional identity and ethical behavior, the issue of anticipating changing practice demands remains through scientific education strengthening and classroom-clinical teaching integration. The UK Commission specifies the essential core competences, abilities, and support systems for nurses.

### The way forward: Roadmap

The institutes or organizations roadmap towards excellence in nursing education can be as follow below step with guideline given by NLN, 2020 hallmark of excellence in nursing education.

1. Recognizing the current challenges, regulatory guideline, health policies, revise and set the institute goals for excellence in nursing education. SWOT analysis can be use.
2. Plan strategies for sustainable financial budget to support the goal with partner institutions etc.
3. Conduct meeting to identify strategics objective and plan strategies with faculty.
4. Assessment of current program aligning with strategic objectives for excellence in nursing education.
5. Identify nursing program initiatives to support strategic objectives.
6. Plan institutional strategies for excellence in nursing education to:
  - a. engage diverse student.
  - b. enrolled diverse well-prepared faculty.
  - c. Supportive plan to promote a culture of continuous quality improvement.
  - d. Revise existing curriculum and implement innovative evidence-based curriculum that align with regulatory council, affiliating universities, national and local health policies.
  - e. Device strategies to employ variety of innovative evidence-based approaches to facilitate and evaluate learning.
  - f. Seek out resources from community partner or institute, stewardship to create funding, to support program goal attainment.
  - g. Provide platform to pursuit continuous commitment to pedagogical scholarship for faculty and student, scholarly enquiry for teaching learning.
  - h. Arrange and facilitate effective institutional and professional leadership.
7. Determine priority through discussion and validate the priority.
8. Finalized strategic plan with faculty and contribution of student leaders' suggestion.
9. Determine implementation strategies.
10. Form implementation group and begin to discuss implementation strategies.
11. Implement the plan.
12. Perform ongoing Evaluation and accreditation for continuous quality improvement.

Below are guidelines given by National League of Nursing Hallmark of excellence in nursing education and strategies to attained it.

### Strategies to engage students:

- a. Students are excited about learning and exhibit a spirit of inquiry as well as a commitment to lifelong learning.
- b. Students are committed to innovation, continuous quality/performance improvement, and excellence.
- c. Students are committed to the professional nursing role including advancement in leadership, scholarship, and mentoring.

Student learning material can be enrich through material available in OpenCourseWare (OCW) , massive open online courses (MOOCs) eg coursera, Multimedia Educational Resource for Learning and Online Teaching (MERLOT) Open-source textbooks, SuperCourse, Open educational resources (OER) eg: Nursing OER

Evidence base teaching strategies like clinical integrated teaching strategies, blended learning, interactive teaching, team base approach, brainstorming can be utilized, virtual reality as innovative teaching strategy, clinical virtual simulation to improve knowledge retention and clinical reasoning in an initial stage and over time, and it increases the satisfaction with the learning experience among nursing students, peer tutoring can be innovative teaching approaches Collaborative Learning in Practice (CLIP) and use of artificial intelligence for instructional strategies to promote ethical based nursing care. Other like gamified elements make learning fun and competitive. Simulated patient encounters and VR-based scenarios create realistic and challenging situations that engage students deeply with the content.

**Strategies for diverse well-prepared faculty:**

Nursing Faculty and clinical nurse educator- Centre of nursing excellence can provide award and certification for faculty and clinical nurse educator as qualified educators to promote and sustained, evidence-based and substantive innovation in the faculty strength or identified area or topic and conduct ongoing research to document the effectiveness of such innovation; set high standards for themselves; and are committed to continuous quality improvement. Faculty need to be well conversant with the intellectual tradition and intellectual diversity within institution, state, national and global level.

- a. The faculty complement is comprised of diverse individuals who are leaders and/or have expertise in clinical practice, education, interprofessional collaboration, and research/scholarship consistent with the parent institution's mission and vision.
- b. The unique contributions of each faculty member in teaching, service, research/scholarship, and practice that facilitate achievement of the program's mission and goals are valued, rewarded, and recognized.
- c. Faculty members are accountable for promoting excellence, creating civil and inclusive environments, and providing leadership in their area(s) of expertise.
- d. Faculty members model a commitment to lifelong learning, involvement in professional and community organizations, and scholarly activities.
- e. All faculty members have structured preparation for the faculty role, including competence in teaching, scholarship, and service.

**A culture of continuous quality improvement:** The program engages in a variety of activities that promote quality and excellence, including accreditation by national nursing accreditation bodies. Program design, implementation, and evaluation are continuously reviewed and revised to achieve and maintain excellence.

The goal may include improvement of operations, outcomes, systems processes, improved work environment, or regulatory compliance and a careful and thoughtful structured planning approach.

- a. Developed through benchmarking, where performance is compared to similar institutions or core measures. Each goal should have metrics that are tracked to determine the outcomes of interventions.
- b. Strategic plan reflect findings from the continuous quality improvement process in which faculty members, students, administrators, alumni, and community partners participate.
- c. Provision to support faculty research/scholarship; attendance at local, national, and international conferences; and faculty development events.
- d. Effort of each program to seek and maintain national nursing accreditation.
- e. continuous review of program design, implementation, and evaluation.
- f. curricular revisions

Eg: Six Sigma methodologies developed at Motorola by Bill Smith are focused on reducing error rates, Lean: Developed by Toyota Corporation, Lean methodology is a process of improving value to customers and employees with a focus on the reduction of waste.

**Strategies for innovative, evidence-based curriculum:**

- a. The curriculum is designed to help students achieve stated program outcomes, reflects current societal and health care trends and issues, and is responsive to change and evolving societal needs. The curriculum also embeds evidence-based information, reflects research findings and innovative practices, attends to the evolving role of the nurse in a variety of settings, is flexible and innovative, and incorporates local, national, and global perspectives.
- b. The curriculum provides learning activities that enhance students' abilities to think critically, reflect thoughtfully, and provide culturally sensitive, evidence-based nursing care to diverse populations.
- c. The curriculum emphasizes students' values development, identity formation, caring for self, commitment to lifelong learning, critical thinking, ethical and evidence-based practice, and creativity.
- d. The curriculum provides learning experiences that prepare graduates to assume roles that are essential to quality nursing practice, including but not limited to roles of care provider, advocate for those in need, teacher, communicator, change agent, care coordinator, member of intra- and interprofessional teams, user of information technology, collaborator, decision-maker, leader, and evolving scholar.
- e. The curriculum provides learning experiences that support evidence-based practice, interprofessional approaches to care, student achievement of clinical competence, and, as appropriate, competence in a specialty role.

A competency-based approach to curriculum and team-based learning are the paths to success in nursing education for the twenty-first century health climate. Interdisciplinary activities for students as part of curriculum to expose them to other discipline perspectives as part of their educational experiences like visit, interaction Q/A sessions, conference, seminars, club, sport activities can be organized. Non-nursing course as support program to train student to equip them with complexities of community health issues like ethics, medical laws etc. Designing curriculum and training programs, ensuring that AI tools are used in a manner that enhances equitable patient care and safety. Curriculum should include cultural diversity, inclusivity, ethic concept and experience in local, national, global perspectives.

**Strategies for innovative, evidence-based approaches to facilitate and evaluate learning:**

- a. Strategies used to facilitate and evaluate learning by a diverse student population are innovative and varied.
- b. Faculty members engage in collegial dialogue and interact with students and colleagues in nursing and other professions to promote and develop strategies to facilitate and evaluate learning.
- c. Strategies to facilitate and evaluate learning used by faculty members are evidence based.

Examples can be: Virtual simulation / virtual reality, video evidence for skills / video capture software allows students to capture and safely upload videos of themselves performing skills at home or even at the lab and provides experiential learning and supports evidence-based strategies to take on the theory-practice gap in nursing. Another example is EHR applications in which partnering with the clinical organization for student access to prepare them to use HER. ePortfolio, a digital portfolio can be one way where graduating nursing students articulate professional goals and demonstrate their skills and achievements. Provide clinical preparedness and requires students to think critically, holistically, and communicate efficiently about being ready for practice.

**Strategies for providing resources to support program goal attainment:**

- a. Partnerships in which the program is engaged promote excellence in nursing education, enhance the profession, benefit the community, enhance learning opportunities, and facilitate/support research/scholarship initiatives. Eg: twinning program.
- b. Technology is used effectively to facilitate, support, and evaluate student learning, faculty development, research/scholarship, and support services. Eg: Simulation Technology/Case simulation unfolding case studies, which encourage students to apply clinical reasoning and thinking skills to a simulated case study that evolves and changes in unpredictable ways. AI will likely be used to identify high-risk patients, predict patient outcomes, and even assist with creating diagnosis and treatment plans. E.g. Brown's Evidence-Based Nursing: The Research-Practice Connection. This dynamic feature allows nursing students to engage in a virtual escape room that's centered around nursing burnout. Virtual and Augmented Reality simulators being used to prepare students for working in the real world while practicing in a controlled environment.
- c. Student support services are culturally sensitive and empower students during the recruitment, retention, progression, graduation, and career planning processes.
- d. Financial resources are available to support initiatives that enhance faculty competence, student success, innovation, and scholarly endeavours.

Approaches can be engaging in supportive networking, having accountable partnerships, online communities, capacity building, engagement with community and building relationships, technology tools utilization, assessment tool to evaluate professional progress toward goal attainment.

**Strategies for commitment to pedagogical scholarship:**

- a. Faculty members and students contribute to the development of the science of nursing education through the critique, use, dissemination, and/or conduct of various forms of scholarly endeavors.
- b. Faculty members and students explore the influence of student learning experiences on the health of the individuals and populations they serve in various health care settings.

It may include designing new courses, or redesigning existing one, developing study skill materials, professional development materials, module design, mentoring and supervision work. Innovative learning techniques, and team activities, arranging and contributing to cross-disciplinary, interdisciplinary connections and collaborative learning. Teaching learning activities can be group tutorial, coaching, use of virtual learning, workshop, visit, and mentoring. Participating and conducting in pedagogical research is essential.

**Strategies for effective institutional and professional leadership:**

- a. Faculty members, administrators, and students provide the leadership needed to ensure that the culture of the school promotes excellence and a healthy work environment characterized by collegial dialogue, innovation, change, creativity, values development, and ethical behavior.
- b. Faculty members, administrators, students, and alumni are respected as leaders in the parent institution, as well as in local, state, regional, national, and/or international communities.
- c. Faculty members, administrators, students, and alumni are prepared for and assume leadership roles that advance quality nursing care; promote positive change, innovation, and excellence; and enhance the impact of the nursing profession.

Institutional leadership concerns establishing and protecting institutional values and character. Approaches can be of team building and collaborative, transformational leadership. Transformational nursing leader- A broad participation and engagement of leaders at all levels, from nursing academic to clinical nurse educator, administrator, at the local, national, and global levels, will be required to accomplish revolutionary nursing leadership that will result in reforms and outcomes. Nurse leaders should be encouraged to emerge from their academic and professional networks and participant as agent or member of boards or associations including political arena.

## Conclusion:

A path toward building interprofessional competent health team is the aim benefitted by the public at large. Faculty with their global knowledge and resources, scholarly activities, and with skilful use of IT support, will train nursing student who will be competent in global market. Such changes toward excellence in nursing education will be led by transformational leaders resulting in creating competent nurse workforce with core nursing value to provide caring science to the masses.

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# GLOBAL FRAMEWORK FOR ETHICAL DECISIONS AND ACTIONS FOR NURSES



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Nurses are constantly faced with the need to make ethical decisions. The current health care environment, with the rapid advances in science and technology, has created numerous ethical problems for the practice of nurses as well as an increase in these problems. It is essential to develop decision making skills for the excellence of the professional practice and quality of the health services. Ethical problems in health are situations that unsettle and disturb the conscience of the nurses. This is because, for such problems, there is not only one solution, but several courses able to lead these professionals to a solution, which requires the exercise of ethical deliberation. Solving these problems requires permanent creativity, as the answer has to be far-reaching, in order to obtain an increasingly better health practice. Nurses must solve the ethical problems of their practice, assuming their professional duty to act. For this, they need to seek suitable alternatives to resolve the problem identified, constructing an ethically prudent decision. Prudence is expressed as the ability to value the principles and duties involved in the ethical problem, reaching reasonable decisions.

## **Key Ethical Principle:**

- **Autonomy:** This addresses self-determination, allowing the person the freedom of choice and action.
- **Beneficence:** This refers to “doing good”.
- **Non maleficence:** This principle refers to not causing harm to others, including not inflicting intentional harm and not engaging in actions that risk harming others
- **Fidelity.** Honouring commitments is the focus of fidelity. Fidelity includes acting with caring and being honest; patients need to feel they can trust you.
- **Justice.** Justice does not mean treating everyone the same. Rather, it means
- treating a person in a way that meets his or her individual needs.

## **External factors of the ethical decision-making in nursing:**

Tensions between the values of the organization and the establishment of productivity, effectiveness and efficiency.

Professional nursing values (quality of care, respect for the person and respect for autonomy, among others)

Working with technological limitations and failures in communication with other professionals.

The relationship of trust between professional, user and family members.

## **Individual factors of the ethical decision making in nursing:**

- Individual experiences
- Knowledge
- Communication
- Interest
- Physical and emotional stress
- Resistance to change
- Overview of ANA Code of Ethics
- Compassion
- Commitment
- Advocacy
- Responsibility
- Self-Regard
- Safety

- Healthcare advancement
- Human rights
- Social Justice

**Common Ethical Dilemmas faced by Nurses:**

- Protecting patient's rights
- Receiving fully informed consent to treatment
- Breaches of patient confidentiality
- Respecting a patient's cultural or religious belief
- Life event decision-making

**Seven steps to ethical decision-making:**

1. Identify the problem
2. Apply code of ethics
3. Determine the nature and dimensions of the dilemma.
4. Generate potential courses of action.
5. Consider the potential consequences of all options and determine a course of action
6. Evaluate the selected course of action
7. Implement

**Participative Ethical Decision-Making Model (PEDM)** Mary D. Calabros developed the participative decision-making model (PEDM) as a model to help nurses with decision-making when confronted with ethical dilemmas. The model integrates all the ethical principles in nursing alongside professional standards in a healthcare environment. PEDM eradicates time-consuming steps that are sometimes not efficient in arriving at a solution. PEDM has seven steps that can be used in ethical decision-making.

**The seven steps of PEDM can be explained :**

- Is there a concern with no solution to which all parties can agree?
- Who is involved, what is the concern, and when is a decision needed?
- What professional standards are associated with the issue?
- What are the patient's principles and own values related to the situation?
- Review everyone's aims, desires, wanted outcomes, and emotions regarding the scenario
- Is there an ethical framework that is acceptable?
- Is there a potential solution that all can agree to?

## Are We Ethically Competent Now?



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Ethics, ethical values, professionalism, etiquette, and decorum are closely interrelated in nursing and collectively contribute to maintaining high standards of patient care and professional conduct.

**Ethics:** Ethics in nursing refer to the principles and standards that guide nurses in their interactions with patients, colleagues, and the broader healthcare system.

**Ethical Values:** are fundamental beliefs that inform nurses & decisions and actions. These values guide nurses in providing respectful, compassionate care, and aligned with patients' best interests.

**Professionalism:** Professionalism encompasses the attitudes, behaviors, and qualities of competent and ethical nursing practice. It involves adhering to professional standards, maintaining integrity, displaying accountability, and continuously striving for excellence in patient care.

**Etiquette:** Etiquette in nursing refers to the polite and respectful conduct nurses exhibit in their interactions with patients, families, and colleagues. Practicing good etiquette enhances the therapeutic relationship between nurses and patients, promotes effective teamwork, and contributes to a positive work environment.

Ethics, ethical values, professionalism, etiquette, and decorum are interconnected aspects of nursing practice that collectively shape the delivery of quality patient care and uphold the integrity of the nursing profession. By integrating these principles into their practice, nurses can fulfill their ethical responsibilities, maintain professional standards, and promote positive outcomes for patients and healthcare teams.

### Patient's Bills of Rights

- Right to information
- Right to Informed Consent
- Right to Privacy and Confidentiality
- Right to Quality Care
- Right to Safety and Protection
- Right to Access Medical Records

### Right to participate in Decision Making

- Right to Voice Concerns and Complaints
- Right to Continuity of Care
- Right to Accessible Healthcare Services

### Common Ethical Dilemmas for Nurses

Ethical dilemmas are common in nursing practice, often arising when nurses face conflicting values, responsibilities, or obligations. Here are some common ethical dilemmas for nurses

- **Autonomy vs Beneficence:** Balancing a patient's right to autonomy with the nurse's duty to promote their well-being.
- **Truth Telling vs. Non-Maleficence:** Deciding whether to disclose difficult or distressing information to patients while minimizing harm.

- Justice Vs Resource Allocation: Allocating limited healthcare resources fairly and equitably among patients with varying needs.
- Confidentiality vs Duty to Warn: Balancing the duty to maintain patient confidentiality with the obligation to protect others from harm.
- End of Life care: Navigating complex decisions surrounding end-of-life care, including withdrawal of life sustaining treatment and palliative sedation.
- Cultural and Religious Beliefs: Respecting and accommodating patients & cultural and religious beliefs while adhering to professional standards of care.
- Boundary Violations: Maintaining professional boundaries and avoiding conflicts of interest in nurse-patient relationships.

### How to Overcome Ethical Dilemmas?

#### Steps to help nurses navigate and resolve ethical dilemmas:

**Recognize the Dilemma:** Identify the ethical dilemma by acknowledging conflicting values, obligations, or responsibilities. This involves understanding the situation & complexity and recognizing the potential impact on patients, families, and other stakeholders.

**Gather Information:** Collect relevant information about the ethical dilemma, including medical facts, patient preferences, cultural considerations, and applicable laws and policies. Consult with colleagues, interdisciplinary teams, ethics committees, or other resources to gain diverse perspectives and insights.

**Identify Ethical Principles:** Identify the ethical principles and values at stake in the dilemma, such as autonomy, beneficence, non-maleficence, justice, and fidelity. Consider how each principle applies to the situation and prioritize ethical priorities based on the specific context.

**Consider Alternatives:** Explore alternative courses of action that align with ethical principles and values while addressing the needs and preferences of patients and stakeholders. Evaluate each alternative & potential risks, benefits, and consequences, including short-term and long-term outcomes.

**Apply Ethical Decision:** Making Models: Utilize ethical decision-making frameworks or models, such as the four principles approach, the ethical decision-making process, or the ANA Code of Ethics for Nurses, to guide systematic analysis and deliberation. These models provide structured steps for evaluating ethical dilemmas and reaching well-considered decisions.

**Consult and Collaborate:** Seek input and guidance from colleagues, supervisors, ethics committees, or other experts to facilitate collaborative decision-making. Engage in open dialogue and respectful communication to share perspectives, address concerns, and explore potential solutions collaboratively.

**Reflect on Values and Beliefs:** Reflect on personal values, beliefs, and biases that may influence decision-making. Consider how these factors may impact perceptions of the ethical dilemma and strive to maintain objectivity and impartiality in decision-making processes.

**Make a decision:** Make an informed and ethical decision based on careful analysis, consideration of alternatives, and alignment with ethical principles and professional standards. Document the decision-making process, rationale, and outcomes in the patient & medical record in accordance with legal and ethical requirements.

**Evaluate and Review:** Monitor the implementation of the decision and evaluate its effectiveness in addressing the ethical dilemma. Reflect on lessons learned from the experience and identify opportunities for improvement in future ethical decision-making processes.

### How can we improve ethical decision-making in Nursing?

**Ethics Education and Training:** Nurses should receive comprehensive education and training in ethics, including ethical theories, principles, and frameworks relevant to nursing practice. This equips them with the knowledge and tools necessary to recognize and navigate ethical dilemmas effectively.

**Ethical Reflection and Self-awareness:** Nurses should engage in regular reflection on their values, beliefs, and ethical principles, considering how these factors influence their decision-making process. Self-awareness allows nurses to recognize their biases, assumptions, and personal motivations, enabling them to make more objective and ethically sound decisions.

**Ethical Decision-making model:** Nurses can utilize ethical decision-making models, such as the & quantifier principles approach or the ethical decision-making framework, & to systematically analyze ethical dilemmas and arrive at ethically justifiable decisions. These models provide structured steps for identifying relevant factors, weighing options, and resolving conflicts in a methodical manner.

**Consultation and Collaboration:** Nurses should collaborate with interdisciplinary teams, ethics committees and other healthcare professionals to seek guidance and support when encountering complex ethical dilemmas. Consulting with colleagues with diverse perspectives can provide valuable insights and help nurses consider alternative viewpoints before making decisions.

**Continuous Professional Development:** Nurses should engage in ongoing professional development activities, such as attending ethics workshops, participating in case discussions, and keeping abreast of current literature and guidelines related to ethics in nursing. Continuing education enhances nurses' ethical competence and empowers them to navigate increasingly complex ethical challenges in healthcare.

**Are we ethically competent now?**

- To assess the ethical competence of nurses, & it is essential to consider their ability to:
- Recognize ethical issues and dilemmas in clinical practice.
- Apply ethical principles and values to guide decision-making.
- Engage in critical thinking and ethical reasoning to weigh potential courses of action.
- Communicate effectively with patients, families, and interdisciplinary teams to address ethical concerns.
- Advocate for ethical practice and patient rights within their healthcare settings.

# Decoding and Mapping Ethics in the Modern Era for Nursing Excellence for future



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## **1. Current ethical and professionalism challenges for nurses at various levels.**

In the ever-evolving landscape of healthcare, nurses play a central role not only in providing clinical care but also in upholding ethical standards and promoting patient well-being. As the field of nursing continues to advance, nurses are faced with increasingly complex ethical challenges that require thoughtful consideration and strategic navigation. The future of nursing ethics demands a proactive and comprehensive approach to addressing these challenges while upholding the core principles of patient-centered care, integrity, and compassion.

### **Few ethical and professional challenges among the nursing faculty:**

- **Maintaining academic integrity:** Nurse educators face challenges in ensuring academic honesty and preventing cheating and plagiarism among students, especially in a competitive academic environment where grades are highly valued.
- **Promoting cultural competence:** Educators must navigate diverse cultural backgrounds among students and ensure that teaching materials and methodologies are culturally sensitive and inclusive. For example, adapting teaching strategies to accommodate students from different linguistic backgrounds.
- **Faculty role modeling:** Ensuring that faculty members model ethical behavior and professionalism is crucial in nursing education. However, faculty may face challenges in maintaining high standards while juggling teaching, research, and clinical responsibilities. Implementing faculty development programs focused on ethics and professionalism can help address this challenge.

**Student misconduct:** Instances of student misconduct, such as academic dishonesty or unprofessional behavior, can undermine the integrity of nursing education programs.

**Ethical dilemmas in clinical practice:** Nursing students often encounter ethical dilemmas in clinical practice, such as respecting patient autonomy, confidentiality, and informed consent. Integrating ethics education into clinical rotations and providing opportunities for debriefing and reflection can help students navigate these challenges effectively.

- Ensuring fairness in evaluation
- Limited resources and high workloads
- Ethical use of technology
- Social media use
- Addressing burnout and well-being: Nursing students may experience burnout and stress due to the demanding nature of their education and clinical experiences.

Some of the ethical and professional challenges the nurses encounter in the hospital:

### **Patient Autonomy and Respect:**

- **Informed consent:** Ensuring patients understand treatment options and risks, respecting their right to refuse care.
- **Confidentiality:** Protecting patient privacy while balancing reporting requirements like suspected abuse.
- **Cultural sensitivity:** Recognizing and respecting individual values and beliefs when providing care.



### **Beneficence and Non-maleficence:**

- Prioritizing patient well-being: Balancing risks and benefits of interventions, making decisions based on best evidence.
- Allocating scarce resources fairly: Navigating difficult situations when resources like ventilators or medication are limited.
- Honesty and transparency: Truthfully communicating with patients about their condition and prognosis.

### **Justice and Fairness:**

- Advocating for vulnerable populations: Ensuring marginalized communities receive equitable access to care.
- Whistle blowing on unethical practices: Reporting harmful actions that compromise patient safety or well-being.
- Resource allocation: Striving for a fair distribution of medical resources and avoiding discrimination.

### **Professional Responsibilities:**

- Maintaining competence: Staying updated on best practices and new knowledge through continuing education.
- Collaboration with other healthcare professionals: Working effectively as part of a team to ensure comprehensive care.
- Self-care and boundaries: Recognizing personal limitations and managing work-life balance to avoid burnout.

### **Technological advancements:**

- Data privacy and security: Protecting patient data in the digital age while utilizing technology effectively.
- Artificial intelligence in healthcare: Ensuring ethical use of AI for diagnosis, treatment, and decision-making.
- Genomics and genetic testing: Addressing ethical concerns regarding privacy, discrimination, and informed consent.
- Emerging Biotechnologies: Ethical dilemmas may arise with the use of emerging biotechnologies such as gene editing, stem cell research, and artificial reproductive technologies. Nurses must navigate ethical considerations surrounding safety, efficacy, equity, and the potential long-term consequences of these technologies on patients and society.

### **End-of-life care:**

- Respecting patient autonomy in end-of-life decisions: Honoring preferences regarding pain management, advanced directives, and hospice care.
- Ethical issues surrounding euthanasia and assisted dying: Navigating legal and ethical guidelines in jurisdictions where these practices are permitted.
- Supporting families through grief and loss: Providing compassionate care and resources to cope with bereavement.

### **Additionally:**

- Personal values and beliefs: Nurses grapple with ethical dilemmas that challenge their own values and beliefs, requiring reflection and self-awareness.
- Moral distress: Witnessing unethical practices or facing situations where conflicting values clash can lead to moral distress, requiring support and coping mechanisms.
- Staffing shortages: Shortages of nursing staff can lead to increased workloads, burnout, and compromised patient safety. An example could be a nurse being assigned to care for an excessive number of patients, resulting in missed assessments or medication errors.

### **Holistic health care needs:**

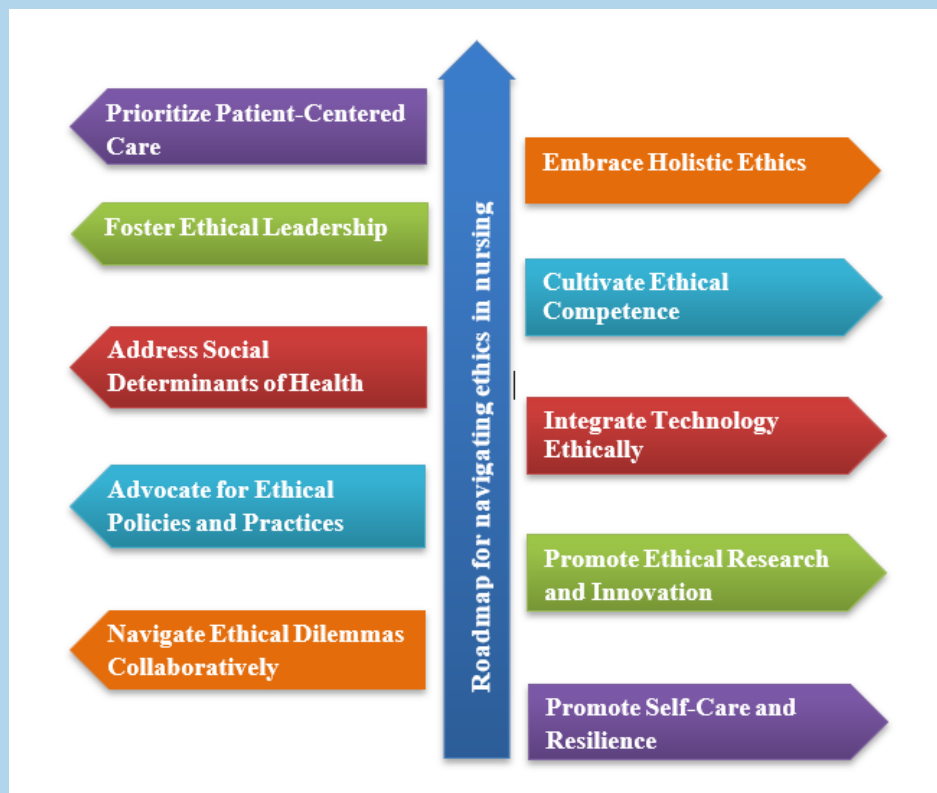
- Balancing Cultural Beliefs with Evidence-Based Practice
- Addressing Spiritual Needs
- Social Determinants of Health

### **Decoding and Mapping Ethics in the Modern Era for Nursing Excellence for future:**

Decoding and mapping ethics in the modern era for nursing excellence involves understanding the evolving ethical landscape and identifying key principles and strategies to promote ethical practice and excellence in nursing. Here's a roadmap for navigating ethics in nursing for the future:

- **Embrace Holistic Ethics:** Recognize the interconnectedness of physical, psychological, social, cultural, and spiritual dimensions of patient care. Embrace a holistic approach to ethics that values the whole person and promotes wellness, prevention, and quality of life.
- **Prioritize Patient-Centered Care:** Place the patient at the center of care and decision-making processes. Respect patient autonomy, preferences, and values. Engage patients as active partners in their care and involve them in decision-making to the greatest extent possible.
- **Cultivate Ethical Competence:** Invest in ongoing education and training to enhance nurses' ethical competence. Provide opportunities for nurses to develop critical thinking, ethical reasoning, communication skills, and cultural competence. Equip nurses with the knowledge and skills needed to navigate complex ethical dilemmas in clinical practice.

- **Foster Ethical Leadership:** Cultivate ethical leadership at all levels of nursing practice. Empower nurses to advocate for ethical principles, uphold professional standards, and promote a culture of ethical accountability and integrity within healthcare organizations. Encourage ethical reflection, dialogue, and collaboration among interdisciplinary teams.
- **Integrate Technology Ethically:** Harness the potential of technology to enhance patient care while respecting ethical principles and patient rights. Embrace ethical guidelines and best practices for the responsible use of health information technology, telehealth, artificial intelligence, and other digital tools. Ensure patient privacy, data security, and informed consent in the use of technology-enabled care delivery.
- **Address Social Determinants of Health:** Recognize the social, economic, and environmental factors that influence health outcomes and access to care. Advocate for health equity, social justice, and the rights of marginalized and vulnerable populations. Address systemic inequalities and disparities in healthcare access and outcomes through advocacy, policy change, and community engagement.
- **Promote Ethical Research and Innovation:** Conduct research and innovation in nursing practice ethically and responsibly. Adhere to ethical principles and regulatory guidelines in the design, conduct, and dissemination of research. Prioritize the safety, welfare, and rights of research participants. Foster a culture of ethical inquiry, evidence-based practice, and continuous improvement in nursing research and innovation.
- **Navigate Ethical Dilemmas Collaboratively:** Encourage interdisciplinary collaboration and communication to address complex ethical dilemmas in clinical practice. Consult with colleagues, ethicists, and other healthcare professionals to explore alternative perspectives and ethical solutions. Seek support and guidance from institutional ethics committees when needed.
- **Promote Self-Care and Resilience:** Recognize the impact of ethical stress and moral distress on nurses' well-being. Prioritize self-care practices and resilience-building strategies to mitigate the negative effects of ethical challenges and promote professional satisfaction and longevity.
- **Advocate for Ethical Policies and Practices:** Advocate for the development and implementation of ethical policies, guidelines, and standards of practice within healthcare organizations. Participate in professional organizations and legislative efforts to shape healthcare policy and promote ethical excellence in nursing.



## Innovator Learning Strategies for Evaluation in Clinical



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A communication tool is needed to assist nursing students to bridge the chasm between learned didactic content and its clinical application. In the classroom, nursing students are introduced to the fundamental principles and theoretical underpinnings of nursing care. The nursing process guides the development of a patient centric plan of care. However, it is well-reported that students feel trepidation in gathering information, understanding what they know, and applying it to the care of patients in the clinical setting. Students lack a clear and guided process to organize and correlate data. To students unfamiliar with the health care record, medications, along with lab and diagnostic results, appear as discrete and separate pieces of data without a direct and corresponding link to a patient condition. A multiple page all-inclusive crosswalk report form has been developed that guides data collection and enhances critical thinking. The crosswalk form begins with extensive documentation of nurse-to-nurse report, the nursing assessment, plan of care and includes pages for listing medications, labs, and diagnostics. The crosswalk page captures and accounts for all gathered patient data in a logical and organized manner. Beginning with admitting diagnosis and significant comorbidities, students are prompted to link patient medications, laboratory, and diagnostic values, along with nursing actions to the corresponding diagnosis in a linear format. The final step requires a brief pathophysiological description of each condition, and its link to comorbidities. This approach guides the student to not only gather data but to connect and understand the data in a meaningful way.

Vicky Keys' career spans three decades. Holding a Doctorate in Practice Nursing along with Advanced Practice certifications, she has a deep commitment to healthcare improvement, education, and leadership. She is an Associate Professor of Nursing at Lone Star North Harris dedicated to advancing nursing education and practice across various capacities blending clinical expertise with academic excellence. She has six publications and has held writer/editor and volunteer positions.

# AI and Technology in Nursing Education.



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The prolific growth and adoption of artificial intelligence (AI) and technology is functioning as a transformative force in nursing education. This presentation aims to explore the latest trends, and best practices to integrate and leverage emerging technology when preparing nurses to work in modern healthcare settings. We will explore technology tools like virtual reality, simulations, and patient simulators that offer a safe and controlled environment for student nurses to practice clinical skills and interventions without risking patient safety. This immersive hands-on learning experience will equip them with the knowledge, skills, and confidence to improve patient outcomes and deliver high-quality care.

# Innovative Evidence Based Practice in Nursing: EBP revolution from Bench to Action and Policy in Global Scenario



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**What is Evidence-Based Practice?** Evidence-based practice is the conscientious and judicious use of current best evidence in conjunction with clinical expertise, patient values, and circumstances to guide health care decisions. Thus Evidence based nursing is a part of the larger scope of evidence based practice. One of the most common definitions of evidence based practice comes from Dr. David Sackett. He describes EBP as: "...the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research."



Best evidence includes findings from randomized controlled trials, evidence from other scientific designs such as descriptive and qualitative research, and information from case reports and scientific principles. When enough reliable research evidence is available, practice should be guided by research findings in conjunction with clinical expertise and patient values. In some cases, however, a sufficient research base may not be available, and health care decision making is derived principally from other evidence sources such as scientific principles, case reports, and outcomes of quality improvement (QI) projects. For example, there is a strong evidence base for a psychoeducational intervention for dyads of adult cancer patients and caregivers that provides them with information and support for improving coping and quality of life, and decreasing distress.

**When thinking about the use of this intervention in your practice, you will need to consider the following:**

The components of the intervention, Whether you or other staff have the expertise to deliver this intervention, The perceptions of the populations of cancer patients you care for In what circumstances you will offer this intervention (e.g., newly diagnosed cancer patients vs. those at end of life)? making these decisions, you will need to carefully weigh the research regarding the following: multiple components of the psycho educational intervention tested, setting and format in which it has been tested (group format of three or four dyads in a cancer support community agency; individual dyads in the home), qualifications and specialized training of the interventionist (e.g., master's-prepared nurse, licensed master's-prepared social worker), and inclusion and exclusion criteria of the dyads (patients and caregivers) included in the studies.

The Johns Hopkins Evidence-Based Practice model for Nurses and Healthcare Professionals is a powerful problem-solving approach to clinical decision-making and is accompanied by user-friendly tools to guide individuals or groups through the EBP process.



The JHNEBP Model is a powerful problem-solving approach to clinical decision-making, and is accompanied by user-friendly tools to guide individual or group use. It is designed specifically to meet the needs of the practicing nurse and uses a three-step process called PET: practice question, evidence, and translation.

Quality improvement is both a philosophy of organizational functioning and a set of analysis tools and change techniques to reduce variations in the quality of care provided by health care organizations. QI emphasizes customer satisfaction, teams and teamwork, and the continuous improvement of work processes. Other defining features include setting organizational performance goals and expectations, use of data to make decisions, and standardization of work processes to reduce variation across providers and service encounters. For example, members of your health care organization's QI council are concerned about an increase in fall rates over the past 6 months that are higher than those of peer organizations in Accreditation Reports. You are charged with addressing this concern. How might you use principles of QI and organizational quality data in conjunction with evidence to guide your approach?

**The principles for QI set forth include the following:** (1) QI must be data-driven; (2) improving processes of care is necessary to improve outcomes; (3) about 20% of the health care processes account for nearly 80% of the inefficiencies and wide variations in process of care (Pareto principle); and (4) managing processes of care means engaging clinicians who understand the care delivery process and are equipped to figure out improving processes of care over time.

A common QI framework used with EBP is Structure-Process-Outcome. The structure includes the physical and organizational components of care delivery such as facilities, equipment, and staffing. Process of care is the services and treatments patients receive (e.g., early removal of Foley catheters). Outcomes are the effects that the processes of care have on patients and populations, such as catheter-associated urinary tract infection (CAUTI) rates. This framework will be helpful as you plan for EBP implementation and evaluation. QI and EBP have similarities and differences. EBP is a type of QI that focuses on implementing evidence-based processes of care to improve patient outcomes and population health. Not all QI, however, is based on scientific findings; it may use organization-specific data to guide actions for improving care processes.

For example, if QI data in your organization shows a wide variation in clinic wait times, organizational QI data about care processes (e.g., number of scheduled patients in specific time blocks) may be used to determine actions to decrease variation across clinics and shorten clinic wait times.

This is a QI project, but not an EBP project. Both are important for the quality of care. In comparison, your QI data may reveal high rates of CAUTI. A review of the evidence reveals a set of EBP recommendations that can be implemented to lower CAUTI rates in the identified patient population. The process of care in this example is guided by the most current evidence from research and other evidence sources (e.g., early removal of Foley catheters) to decrease CAUTI. QI data (e.g., CAUTI rates) are tracked over time with expectations that your rates will decline. The Donabedian framework of QI is useful in considering the types of metrics to use in evaluating the impact of EBPs.



## A FEW EBP MODELS

Model Name	Major Constructs/Concepts
Promoting Action on Research Implementation in Health Services (PARIHS)	Three core elements for success: Knowledge (clarity about the nature of the evidence), Context (quality of the context), and Facilitation (type of facilitation needed to ensure successful change). Each element has multiple components to consider.
Advancing Research Through Close Clinical Collaboration (ARCC Model);	Developed to promote EBP, establish a network of clinicians who support EBP, disseminate best evidence through research and conference. The model follows the steps of EBP: Ask a question, obtain best evidence, appraise the evidence, decide to implement change or not, and evaluate outcomes.
Ottawa Model of Research Use	Three phases: (1) Assess barriers and supports while considering the evidence-based innovation, adopters' characteristics, and environment's structure and social context. (2) Monitor intervention and degree of use, considering implementation such as diffusion, dissemination and transfer of strategies, and innovation adoption. (3) Evaluate and monitor patient, practitioner, and system outcomes.
Knowledge to Action (KTA) Model	KTA has seven cycles that lead to knowledge translation: Problem identification, adaptation of the knowledge use to the local context, assessment of barriers to knowledge use, selection, tailoring and implementing interventions to promote knowledge use, monitoring knowledge use, evaluating outcomes of use, and sustaining knowledge use.
Johns Hopkins Nursing EBP Model	Uses the PET Process for EBP: P = Practice question, E = Evidence, and T = Translation. The three phases have related steps to accomplish the process.
Dobbins's Framework for Dissemination and Utilization of Research	The model has five stages of innovation: knowledge, persuasion, decision, implementation, and confirmation. Within each stage are factors to consider for transferring research to practice.

To Summarise Evidence-based practice and quality improvement models provide a guide for clinical leaders and their teams for designing EBP and QI projects to improve the quality of care. Evidence-based practice, quality improvement, and research have unique, independent, but complementary feature. This is applicable to Nursing and is the Future of good Practices.

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# Ensuring Excellence through Evidence-Based Practice"



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## **Introduction: Define evidence-based practice (EBP) in nursing.**

- Explain the significance of staying up-to-date in the EBP revolution.
- Introduce the concept of translating research evidence (bench) into clinical practice (action) in nursing

## **Importance of Up-to-Date EBP**

- Highlight the importance of staying up-to-date in EBP for improving patient outcomes.
- Discuss the impact of EBP on enhancing patient safety and quality of care.
- Emphasize the role of EBP in driving continuous improvement in nursing practices.

## **Bench to Action: Translating Research into Practice**

- Explain the process of translating research evidence into clinical practice.
- Provide examples of how evidence from research studies is applied in nursing practice.
- Discuss the benefits of integrating research findings into clinical decision-making.

## **Current State of EBP in Nursing Practices**

- Evaluate the current state of EBP implementation within the nursing team or organization.
- Identify areas where improvements can be made to ensure up-to-date EBP practices.
- Discuss any challenges or barriers faced in staying up-to-date with the latest evidence in nursing practice.

## **Strategies for Staying Up-to-Date**

- Present strategies for ensuring up-to-date EBP in nursing practices.
- Highlight the importance of continuing education and professional development.
- Discuss the role of mentorship, peer learning, and collaboration in staying abreast of the latest evidence.

## **Utilizing Technology for EBP**

- Explore how technology can facilitate access to up-to-date evidence in nursing.
- Discuss the use of electronic databases, online journals, and evidence-based practice guidelines.
- Highlight the importance of utilizing technology to support evidence-based decision-making in nursing.

## **Implementing EBP in Nursing Practice**

- Provide examples of successful EBP initiatives implemented within the nursing team or organization.
- Discuss the impact of EBP on improving patient outcomes, safety, and satisfaction.

## **Share any lessons learned or best practices from EBP implementation**

## **Overcoming Challenges**

- Identify common challenges faced in implementing EBP in nursing practice.
- Discuss strategies for overcoming these challenges and ensuring up-to-date EBP practices.
- Encourage open communication and collaboration among nursing staff to address challenges effectively.

## **Conclusion**

- Summarize the key points discussed in the presentation.
- Reinforce the importance of staying up-to-date in the EBP revolution for ensuring excellence in nursing practices.
- Encourage the nursing team to prioritize continuous learning and integration of the latest evidence into clinical practice.

**INTRODUCTION –**

- Health professionals currently advise their patients to stop smoking. Why do they give this advice? The reason is that evidences are available which demonstrate that
- High levels of smoking are associated with increased risk of lung cancer.
- Stopping smoking reduces the risk of lung cancer.
- **DEFINITIONS**
- In 1997, Sackett et al. published the first textbook on evidenced based medicine and defined it as:
- “The conscientious, explicit and judicious use of current best evidence in making decisions about the healthcare of the patients.” .....Dr. David Sackett
- The definition proposed by the Sigma Theta Tau International (2008) is as follows:
- The process of shared decision-making between practitioner, patient, and others significant to them based on research evidence, the patient’s experience and preferences, clinical-expertise or know-how, and other available robust source of information.”

**BACKGROUND OF EVIDENCE BASED NURSING PRACTICE –**

- Under this section we will try to understand the context of EBP. We will be putting light to an very closely related concept of EBP that is the “Research Utilization”.

**RESEARCH UTILIZATION –**

- For decades, nurses have used the available research to guide nursing practice and their efforts to improve patient’s outcomes.
- This process involved critical analysis and evaluation of research findings and then determining how they fit into clinical practice.
- In research utilization the emphasis is on translating the research findings into the real-world applications.

**USE OF EBP IN HEALTH CARE**

- Assessment of patient condition.
- Diagnosis of patient problems.
- Planning patient care.
- Intervention to improve the patient functions, conditions, or to prevent complications.
- Evaluation of patient responses to interventions.

**Keeping abreast of the latest developments in EBP is critical for several reasons.**

1. **Enhanced Patient Outcomes:** By staying current with EBP, nursing teams can ensure that they are implementing the most effective and evidence-based interventions and treatments. This ultimately leads to better patient outcomes and improved quality of care.
  2. **Professional Development:** Staying up-to-date in the EBP revolution enables nurses to continuously enhance their knowledge and skills. This not only benefits their professional development but also contributes to higher job satisfaction and fulfillment.
  3. **Improved Decision-Making:** EBP provides nurses with a solid foundation for making informed clinical decisions. Access to the latest evidence and research enables nurses to critically evaluate their practices and make decisions that are in the best interest of their patients.
  4. **Credibility and Trust:** A nursing team that stays current with EBP is viewed as more credible and trustworthy by patients, families, and other healthcare professionals. It demonstrates a commitment to providing care that is based on the best available evidence.
  5. **Cost-Effective Practice:** Implementing evidence-based interventions and protocols can lead to more cost-effective healthcare delivery. By reducing unnecessary interventions and focusing on what has been proven to work, nursing teams can contribute to more efficient resource utilization.
- **In conclusion,** staying up-to-date in the EBP revolution is crucial for the nursing team as it directly impacts patient outcomes, professional development, decision-making, credibility, and cost-effective practice. Embracing EBP revolution ensures that nursing practices are aligned with the latest evidence and research, ultimately leading to higher standards of care.

## EBP IN INDIVIDUAL NURSING PRACTICE

### CLINICAL SCENARIOS AND THE NEED FOR EVIDENCE

- **CLINICAL SCENARIO I:** You work on an intensive care unit and notice that *Clostridium difficile* infection has become more prevalent among surgical patients in your hospital. You want to know if there is a reliable screening tool for assessing the risk of infection so that preventive measures could be initiated in a more timely and effective manner.
- **ASKING CLINICAL QUESTIONS: PLO AND PICO**
- A crucial first step in EBP involves asking relevant clinical questions that reflect uncertainties in clinical practice.
- Most guidelines for EBP use the acronyms PIO or PICO to help practitioners develop well-worded questions that facilitate a search for evidence.

#### In the most basic PIO form, the clinical question is worded to identify three components:

- **P:** the population or patients (What are the characteristics of the patients or people?)
- **I:** the intervention, influence or exposure (what are the Interventions or therapies of interest? or what are the potentially harmful influences/exposures of concern?)
- **O:** the outcomes

### FINDING RESEARCH EVIDENCE

- By wording clinical queries as PIO or PICO question, you should be able to search the research literature for the information you need.
- For an individual EBP endeavor, the best place to begin is by searching for evidence in a systematic review, clinical practice guideline, or other preprocessed sources because this approach leads to a quicker answer and, if your methodological skills are limited, potentially a superior answer as well.

### APPRAISING THE EVIDENCE FOR EBP

- Evidence should be appraised before clinical action is taken.
- The critical appraisal of evidence for the purposes of EBP may involve several types of assessments, but often focuses primarily on evidence quality.

### EVIDENCE QUALITY

- The first appraisal issue is the extent to which the findings are valid.
- That is, were the study methods sufficiently rigorous that the evidence is credible?
- We offer guidance on critiquing studies and evaluating the strength of evidence from primary studies throughout this book.

### MAGNITUDE OF EFFECTS

- You also need to assess what the results actually are and whether they are clinically important.
- This criterion considers not whether the results are valid but what they are and how powerful are the effect.

### PRECISION OF ESTIMATES

- Another consideration, relevant with quantitative evidence is how precise the estimate of effect is.
- This level of appraisal requires some statistical sophistication.
- Suffice it to say that research results provide only an estimate of effects and it is useful to understand not only the exact estimate but also the range within which the actual effect probably lies.

### PERIPHERAL EFFECTS

- Framing your clinical question, you would have identified the key outcomes in which you were interested for example, weight stabilization or weight gain for interventions to address cancer cachexia.

### FINANCIAL ISSUES

- Another issue concerns the financial cost of using the evidence.
- In some cases, costs may be small or non-existent.

### ACTIONS BASED ON EVIDENCE APPRAISALS

- Appraisals of the evidence may lead you to different courses of action.
- You may reach this point and conclude that the evidence is not sufficiently sound, or that the likely effect is too small, or that the cost of applying the evidence is too high.
- The integration of appraisal information may suggest that “usual care” is the best strategy or it may suggest the need for a new EBP inquiry.

### INTEGRATING EVIDENCE

- As the definition for EBP implies, research evidence needs to be integrated with other types of information, including your own clinical expertise and knowledge of your clinical setting.

### **IMPLEMENTING THE EVIDENCE AND EVALUATING OUTCOMES**

- After the first four steps of the EBP process have been completed, you can use the resulting information to make an evidence-based decision or provide research-informed advice.
- Although the steps in the process, as just described, may seem complicated, in reality, the process can be efficient if there is an adequate evidence base.

### **BARRIERS TO USING RESEARCH IN NURSING PRACTICE**

- Research related barriers
- Nurse related barriers
- Organizational barriers
- Barriers related to the nursing profession

### **THE PROCESS OF USING RESEARCH IN NURSING PRACTICE**

- The Stetler model
- The Iowa model
- Johns Hopkins nursing evidence-based practice model

### **STEPS IN USING RESEARCH IN NURSING PRACTICE**

- Selecting a topic or problem
- Assembling and evaluating evidence
- Assessing implementing potential

# Actions needed for EBP in day-to-day practice to achieve Nursing Excellence.



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## **Objectives/Areas to focus on:**

1. Identify current challenges of EBP to achieve quality and excellence in Nursing.
2. Strategies to overcome challenges in daily practice to achieve quality and excellence in nursing.

## **Introduction**

The integration of EBP in nursing at primary, secondary, and tertiary care and in education is instrumental in ensuring high-quality care and nursing excellence from students, nursing educators, clinical nurses, nursing leaders and policy makers.

Despite its significance, there are multiple challenges faced by nursing professionals in implementing EBP in their day-to-day practice.

### **1. Identify current challenges of EBP to achieve quality and excellence in Nursing.**

Few studies on challenges and strategies for implementing evidence based practice show that there are many challenges for EBP implementation.

A study done by Maria Pitsillidou, Zoe Roupa, Antonis Farmakas, and Maria Noula on Factors Affecting the Application and Implementation of Evidence-based Practice in Nursing (2021). This study investigated the factors which influence the implementation of Evidence-Based Practice and their correlation with nurses' socio-demographic characteristics. The results showed that, According to the nurses, the biggest obstacle for the application of Evidence-Based Practice is the lack of authority/power to change care procedures (83.8%), followed by the view that the results were not applicable in the nurses' environment (81.5%). This study showed that there is a need to create opportunities for the use of Evidence-Based Practice by nurses.1

Exploring Evidence: A Challenge before Nurses of Today, by Stephy Sabu in India. (2021) This study review article presents the obstacles and the solutions towards the implementation of Evidence Based Practice among the nurses in India by merging the content and concept from a few set of related articles by the experts. The barriers and challenges of conducting nursing research and communicating findings into practice. Results show that the nurses in many studies have reported very low response in practicing it in the clinical setting. The time has reached to frame out the nurses leaders as the leadership and administration play a key role in implementing EBP. The barriers that have been revealed must be recognized by the authorities concerned in India, thereby formulating a policy so that the nurses can experience the core competency in their work settings.2

challenges and Strategies for Implementing Evidence-Based Practice in Nursing: a Systematic Review by LValizadeh, V Zamanzadeh, N Babaei, M Avazeh, Tabriz. (2020) The aim of this study was to summarize and report structurally the results of various studies conducted in this field to identify challenges and strategies for implementing evidence based practice in nursing to develop effective and efficient guidelines. The result of the study showed that, most nurses are not familiar with the concept of evidence-based practice and there are several barriers in the way of nurses in implementing evidence-based practice. To address the clinical challenges of nursing, health care managers and policymakers should plan to use nursing professors and graduate students with the support of nursing managers to guide nurses in the implementation of evidence-based practice and the development of protocols.3



**Common challenges in above research studies among, students, educators, clinical nurses, leaders' and policy makers were:**

1. **Lack of Awareness and Limited EBP knowledge:** Many nurses may have limited exposure to EBP concepts. This lack of prior knowledge can make it challenging for them to understand and apply EBP principles. Many nursing programs do not adequately prepare students with the necessary skills to critically evaluate and apply research findings in clinical settings. Nurses may not be fully conscious of how EBP can be translated into better care and outcomes, thereby leading to a gap between knowledge and practice.
2. **Limited Access to Evidence-Based Resources:** Nurses often face challenges in accessing updated evidence-based resources, impacting their ability to integrate the latest research findings into their daily nursing practice.
3. **Limited Access to Resources:** Nurses may face barriers in accessing reliable, up-to-date resources, including research articles, databases, and clinical guidelines. Limited access can hinder their ability to find and use high-quality evidence in their practice. Not all institutions have the infrastructure or subscriptions to comprehensive databases for scholarly articles and evidence necessary for informed decision-making. This scarcity of resources forces many nurses to rely on outdated practices or secondary sources.
4. **Research Literacy:** Developing research literacy skills, including the ability to critically appraise research studies, can be challenging for students, clinical nurses, educators. Understanding statistical methods, study design, and research terminology may require additional support and training.
5. **Perceived lack of relevance:** They may struggle to see the direct relevance of EBP to their clinical practice. Bridging the gap between theory and practice and demonstrating the impact of EBP on patient outcomes can be crucial for students, clinical nurses, educators, and leaders.
6. **Fear of making mistakes:** Nurses may fear making mistakes when implementing EBP, particularly if they feel unsure about their research or critical appraisal skills. Encouraging a supportive learning environment can help mitigate this fear.
7. **Technology Barriers:** Limited access to technology or unfamiliarity with digital tools for accessing and managing evidence may pose challenges in staying connected with the latest research.
8. **Cultural and language diversity:** Nurses often include individuals from diverse cultural and linguistic backgrounds. Language barriers and varying cultural perspectives on healthcare may impact students' ability to engage with evidence effectively.
9. **Clinical Environment Barriers:** Hospital policies, culture, and a resistance to deviating from standard procedures hinder the adoption of new evidence-based interventions.
10. **Information Overload:** With the growth of health and medical literature, nurses often experience information overload and find it difficult to stay updated with the latest evidence.

**Challenges among students:**

1. **Workload:** The demands of a nursing program, including coursework, clinical hours, and other responsibilities, can create time constraints for students. Finding time to thoroughly engage with EBP, including conducting literature reviews and critically appraising evidence, can be challenging. The demanding workload in nursing programs may leave students with little time for self-directed learning and engagement with EBP concepts. Balancing academic requirements and EBP activities can be a significant challenge.
2. **Inadequate EBP integration in curriculum:** Inconsistencies in how EBP is integrated into the curriculum across different nursing programs can lead to variations in students' exposure and understanding. Some students may graduate with different levels of EBP proficiency.
3. **Limited faculty expertise:** Faculty members with varying levels of expertise in EBP may impact students' learning experiences. Students benefit from faculty who are well-versed in EBP and can effectively guide them in applying evidence to their practice.
4. **Assessment methods:** Assessment methods that do not effectively evaluate students' understanding and application of EBP may limit their motivation to fully engage with evidence-based activities.

**Challenges among clinical nurses:**

1. **Time constraints and workload-** The workload has kept our nurses away from having research thought. Due to shortage of nurses' workload increases. A double duty, nurse patient ratio is more, long duty hours etc.
2. **Resistance to change:** Nurses may be resistant to adopting new approaches, especially if they are accustomed to traditional, non-evidence-based practices.



**Challenges among Faculty:** Nursing faculty members play a crucial role in fostering evidence-based practice (EBP) among nursing students.

1. **Workload and Time constraints:** Finding time to stay updated on the latest evidence, develop EBP-focused curriculum, and mentor students can be challenging due to teaching responsibilities, administrative duties, NAAC, AISHE, NIRF documentation and clinical commitments.
2. **Resistance to change:** within the faculty or institutional culture can impede the integration of EBP into the curriculum. Faculty members may be accustomed to traditional teaching methods and may resist adopting new, evidence-based approaches.
3. **Lack of institutional support:** including recognition, funding, and incentives for incorporating EBP into teaching, can discourage faculty from prioritizing evidence-based approaches.
4. **Integration into clinical experiences:** Bridging the gap between classroom learning and clinical practice is essential. However, faculty may encounter challenges in effectively integrating EBP principles into clinical experiences, where time constraints and different priorities may exist.
5. **Lack of Role modeling:** Faculty members who do not actively engage in EBP in their own practice may struggle to effectively model evidence-based behaviors for their students.
6. **Interdisciplinary collaboration:** EBP often requires collaboration with professionals from various disciplines. Faculty may face challenges in fostering interdisciplinary collaboration within the academic setting, which is essential for comprehensive healthcare education.

#### Challenges of Leaders

1. **Lack of organizational/ institutional support:** including recognition, funding, and incentives for incorporating EBP into teaching, can discourage faculty from prioritizing evidence-based approaches.
2. **Management policies**
3. **Lack of funding**
4. **Time constraints**

#### Challenges of policy makers

1. **Conflict of Interest:** They may face pressure from various stakeholders, including political interests, industry, and advocacy groups. Balancing conflicting interests can make it challenging to prioritize evidence-based decisions over other considerations.
2. **Political pressure:** Public opinion and elections can influence policy decisions and this may affect the EBP implementation.
3. **Lack of Evaluation:** The absence of a systematic process for evaluating the impact of policies can hinder the identification of successful EBP initiatives and the ineffective practices.
4. **Short term focus:** Policy makers may prioritize short-term goals and outcomes over long-term benefits, making it challenging to implement evidence-based interventions that may require more time to show impact.
5. **Inadequate time:** Policy makers often work within tight time frames, making it challenging to thoroughly review and consider a broad range of evidence before making decisions.
6. **Resistance to change:** Existing policies and practices, even if not evidence-based, may be deeply entrenched. Policy makers might encounter resistance to change from various stakeholders who are comfortable with the status quo.

## 2. Strategies to overcome challenges in daily practice to achieve quality and excellence in nursing.

Addressing these challenges requires a collaborative effort between policy makers, leaders, nursing educators, clinical nurses, educational institutions, and students themselves. Implementing strategies such as mentorship programs, targeted EBP training and creating a supportive learning environment can contribute to overcoming these obstacles and promoting excellence in nursing education.

### 1. Students

- a. **Integration of EBP in Curriculum-** Faculty members can mentor students interested in research, guiding them through the research process and providing support in developing and conducting research projects. This hands-on experience fosters a culture of inquiry and critical thinking among future nurses.
- b. **Clinical experiences:** provide clinical experience along with clinical nurses, if they work closely with experienced nurses this allows them to observe and participate in evidence-based decision-making under the guidance of a mentor.
- c. **Interactive Learning Methods:** Implement interactive learning methods, such as case-based learning, simulation exercises, and group discussions, think- pair- share, projects, game based learning, flipped classrooms, collaborative learning etc. to engage students in the application of evidence to real-world scenarios.
- d. **Teach Critical Appraisal Skills:** Develop and implement coursework that teaches students how to critically appraise research studies. Emphasize the importance of evaluating the quality and relevance of evidence in making informed clinical decisions.

## 2. Practicing Nurses

- Patient Advocacy
- Data-Driven Care: Data from surveys, grievance/complaint management programs, and other sources can be used to define particular needs of patients, develop programs to address those needs, and monitor improvement.
- Attending professional conferences, seminars, and workshops: will help to upgrade their knowledge.
- Clinical practice should be based on sound rationale.

E.g.: Overall bundle protocols- On the assessment of data it is evident that practicing and continuous evaluation it is proven that bundle protocols as preventive measures helped to reduce infection rat

## 3. Nurse Educators

- Incorporate research finding into the curriculum- Curriculum Design
- Guidance & Mentorship- Establish mentorship programs to pair experienced faculty members with those who are newer.
- EBP or research. Encourage peer support and collaboration, creating an environment where faculty members can learn from each other's experiences and successes.
- Incorporating Research into Teaching: Nursing faculty members can integrate the latest research findings into their lectures and classroom discussions. This ensures that students are exposed to current evidence and understand how to apply it in clinical practice.
- Integration of Simulation and Case Studies: Using simulation-based learning and case studies rooted in real-world scenarios can help nursing faculty apply evidence-based principles in teaching. These methods provide students with opportunities to practice clinical decision-making based on the best available evidence.
- Active Participation in Professional Organizations: Joining and actively participating in professional nursing organizations allows faculty to stay informed about the latest research trends, attend conferences, and engage in discussions with colleagues.

**This exposure helps in incorporating the most recent evidence into teaching and practice.**

- Leaders Foster the climate to encourage reading/critical thinking and intellectual curiosity.
- Offer support to staff.
- Offer financial and other resources in support of research utilization.
- Reward effort of research utilization
- Establishing Policies
- Resource Allocation
- Quality Improvement

## 4. Policy Makers

- Evidence-Based Advocacy
- Legislative Support
- Public Awareness

## 5. Nurse Researchers

- Replicate studies.
- Do high quality research.
- Collaborate academic research along with practicing nurses and clinicians.
- Disseminate results.
- Communicate the results clearly.
- Suggest clinical implication of findings.

## 6. Other Strategies

- **Educational Initiatives:** Implementing targeted educational programs to enhance the understanding and application of evidence-based practice among nurses and other healthcare professionals.
- **Investing in Accessible Resources:** Strengthening infrastructure to ensure easier access to evidence-based resources, fostering a culture where the latest research is readily available for clinical use.
- **Integrating EBP into Policies:** Encouraging the integration of EBP principles into institutional policies, creating an environment that supports evidence-based decision-making and practice.
- **Educational Workshops:** Conducting workshops to educate nurses and healthcare providers about the importance and implementation of evidence-based practice.
- **Knowledge Dissemination:** Establishing platforms for the dissemination of evidence-based knowledge through accessible and user-friendly means.
- **Open Communication:** Promoting open communication channels to address queries and doubts related to evidence-based practice, fostering an environment of learning and collaboration.
- **Addressing Cultural Norms:** Understanding and addressing the cultural norms and traditions that may influence the resistance to change within nursing practices.
- **Leadership Role:** Empowering nursing leaders to champion the transition towards evidence-based practices within their respective healthcare setting.

## Conclusion

As we conclude, it's evident that evidence-based practice is not merely a trend but the foundation for excellence in nursing. The future of nursing demands a robust commitment to EBP, as the healthcare landscape evolves rapidly with technological advancements and ever-changing patient needs.

**4 Steps:** Recall the crucial steps of EBP pivotal in its successful integration into nursing practice: Ask, Acquire, Appraise, and Apply.

**1 Goal:** Remember that the ultimate goal of EBP is to improve nursing service and education outcomes through meticulous research and practical application.

**3 Strategies:** Focus on overcoming the three common barriers: resistance to change, limited resources, and lack of knowledge.

## Key Takeaways

- Think differently

Recognize that communicating cultural and organizational change is not enough; it is also important to communicate the “why” behind the change.

- Plan differently

Invest the time and resources it takes to hardwire new behaviors and establish a culture built on accountability.

- Act differently

Work to align leadership and clinicians on the goals, behaviors and processes that best connect to the organization’s mission of delivering exceptional patient care.

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# Innovative ways Empowering Nurses at all Levels for Excellence: The Global Scenario



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## HOW IS OUR WORK PLACE YES, OUR SUPER SPECIALITY HOSPITALS ?

Hospitals are complex organizations to manage due to its multi modern structures , multi-dimensional operational/functional system management, highly technical, with diverse professionals and hierarchies, they are governed by paradigms of complexity and nonlinear behaviors of their members, of the patients and also of their illnesses, which makes the environment intense ,stressed, on high alert, and critical to perform – in this environment we all are expected to provide safe and quality care with smiling faces .



### BENEFITS TO THE HEALTH INSTITUTION

- Satisfied Patients with the services.
- Increase in patient numbers.
- Publicity of hospital for good care.
- It enables Hospital in demonstrating commitment to quality care.
- Raises community confidence in the services provided by the hospital
- Bench marking best units and systems.
- Make more sustainable organization

### BENEFITS TO THE CLIENTS

- Good health outcomes.
- Client satisfaction.
- Value for money
- Less frustration.
- No Medical Errors
- Patient safety& quality care

## BENEFITS FOR NURSING STAFF

- An environment that recognizes and rewards competence
- Professional growth and development by educational opportunities and support
- A structure that encourages decision making at the bedside over clinical issues
- High job satisfaction
- Low turnover and more stability.
- Opportunity to practice professional nursing with strong interdisciplinary teamwork that support autonomous practice of nursing
- A culture that supports you to be the best nurse you can be!

## Empowerment – means? Depends on context, our's is nursing work environment.

The granting of the power, right or authority to perform various actions or duties. empowerment at work is just not granting or having it but one accepting it and believing in power, right and authority to perform the actions or duties.

- But, its not enough – just telling you that you are empowered to the employee doesn't means that you empowering your work place.
- It has to be seen, felt and observed only then will it be belived!!
- To do something with clarity of expectation with a boundary, providing support and autonomy to execute power to take independent decisions
- Right to do things only then the employee will be empowered otherwise employee will be frustrated and confused.
- Only then they will be accountability only then one will choose to be empowered

## Definition of Empowerment

It is a psychological state, a feeling of competence, control, and entitlement.

### Empowerment

- It is the process by which we facilitate the participation of others in decision making and taking action within an environment where there is equitable distribution of power.
- Power refers to ability, and Empowerment refers to feelings.
- Both are of importance to nursing leaders and managers.

Relationship between empowerment and organizational structure. Kanter's theory suggests that a leader's competency is mainly influenced by an organization's behavior in the form of providing formal and informal power.

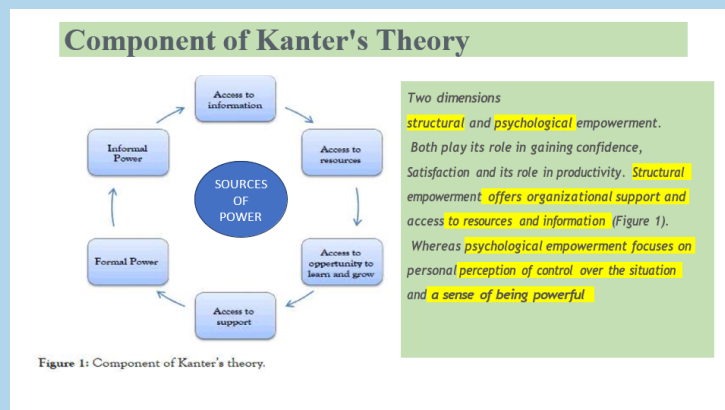
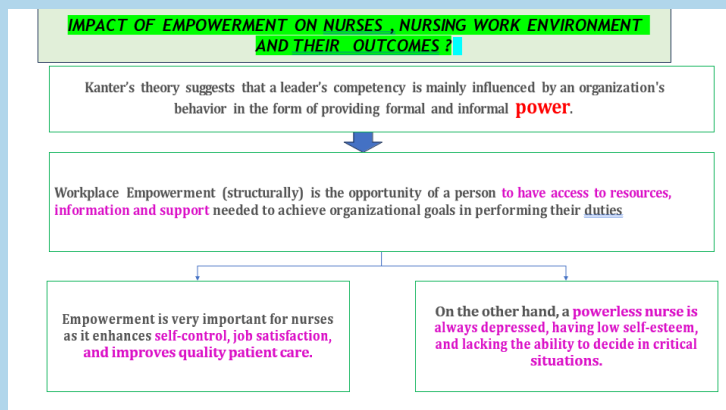
A structurally empowered working environment allows its employs

## CHALLENGES NURSES FACE EVEN TODAY

- Discrimination,
- Gender bias,
- Disrespect.
- Nurses are quite powerless and being oppressed by society.
- Evident through reporting of lack of confidence and low self- esteem among nurses.
- Consequently, nurses lacking the ability to make decisions in conflict situations. That could affect their ability in providing care to the patients and compromise their role as health care providers

## Empowerment is very important for nurses as it enhances self-control, job satisfaction, and improves quality patient care.

- On the other hand, a powerless nurse is always depressed, having low self-esteem, and lacking the ability to decide in critical situations
- For the health care system empowered nurse's results in more job satisfaction, increased nurse retention, and ultimately enhancing their commitment towards their profession. It impacts all areas of healthcare such as medical procedures, patient care, best practices, safety, education, and innovation.
- For society empowered nurses to become a source of motivation for others and provide
- More compassionate care through community coordination and mobilization
- Nurses that receive additional clinical and non-clinical training are able to provide better problem solving, job performance, and patient outcomes while reducing costs and healthcare-associated or acquired infections.
- Advanced education allows for more autonomy and power as nurses are better able to
- solve medical issues with less supervision.



### Access to information

Information deals with the knowledge essential for performing required activities. This address adequate knowledge, and competency in doing basic responsibilities in an organization.

It includes practicing and sharing information in a timely order through email, newsletter, and websites.

The organizations that maintain a channel of high information and open communication with their employs give them a feeling of empowerment in performing their duties and increase their level of satisfaction with their Jobs

In nursing access to information is important for nurses in providing care. As a well-informed nurse will be more confident In dealing with patients and provide quality care. That results in enhancing patient satisfaction and outcome.

### Access to support

Access to adequate support is needed for maximizing effectiveness in one's duties.

An organization that sets standards for job description and maintains a channel of feedback enhances employs satisfaction. Support from senior managers and guidance is becoming a source of motivation for the employees. That encourages achieving a level of excellence in their work.

Nurse's adequate access to support gives a sense of security and independence in their work. An environment that provides a collaborative, interactive, facilitative approach could enhance self-esteem leading to a more autonomous approach in providing care to the patients

### Access to resources

Adequate access to resources and time management is a core component of empowerment.

The adequate accessibility and availability of resources including man, material, money, and incentives are necessary for Achieving job accomplishment and fulfilling their tasks

### Access to opportunity

The organizations offering their employs opportunities for professional growth and development play their role in Empowering.

As this develops new learning and awareness of the latest technology could enhance their working abilities and competency in performing work.

In nursing, the encouraging, facilitative, and accessibility of an opportunity for upgrading knowledge and education empowered nurses in their job and would be a source of increasing quality work.

### Formal power

In the Kanter's model (1993), formal power is focusing on activities that are directly related to solving problems.

It deals with flexibility according to the situation in which problems arise .

In dealing with patient's nurses are standing in a position to have control over patients as they lacking their ability to manage health.

Viewing the nurses as a source of power nurses can educate patients regarding self-care, hygiene, nutrition, exercise, and other basics activities of daily living. Consequently, transfer power to the patients by motivating independence in care. That will enhance quality care and patient outcome.



## Informal power

Informal power develops from a person's network of coalitions and compassionate relations.

Informal power is the opportunity in teamwork with coordination and collaboration. A strong network of team building promotes collegiality and gives a sense of power among workers.

This type of power is promoted when the nurse maintains a strong collaboration with their colleagues, other members of the health care team, and quick access to resources and support when needed. Moreover a strong, healthy relationship and support from family and friends is also a source of informal power

## Model Of Nurse/Patient Empower

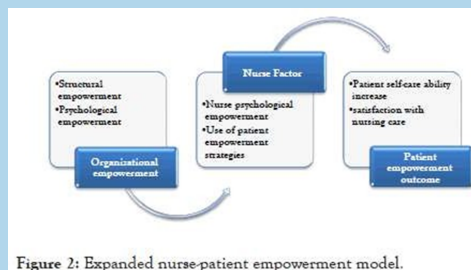


Figure 2: Expanded nurse-patient empowerment model.

Correlation between an organization's structure of working conditions, nursing care plan, and patient Outcome.

This model proposes that nurse empowerment is important for patient empowerment and create a logical pattern in the model.

In the nurse-patient relationship, it is evident that if nurses will be empowered, they will share and transfer their power with patients. Therefore, patients will be more empowered and increase patient quality of care. If nurses will be empowered and have access to information, and resources.

Finally, it is suggested that a combination of nurse-patient empowerment result in better communication, shortened hospital stay, increase patient satisfaction, greater self-care ability, and achieving the goal of positive health in Figure 2.

## RECOMMENDATION

### • In light of the above following recommendations would be suggested:

- At the organizational level, clear policies should be made regarding their employees ' self- respect and job security should be provided.
- A policy should be made to encourage staff to report such cases and an action committee should be made to handle such situations in which patients trying to influence workers and create hurdles in performing their duties.
- A clear policy statement should be made that guides the worker to provide the emergency and immediately necessary care to the patient and refer that person for further advice.
- The policy regarding dealing with employees should be display and written inpatient admission form. Therefore, everyone knows adequate behaviour and attitude towards employees.
- The administrator and manager should provide support in terms of physical and psychological to their workers and empowered them in such situations.
- A strong multidisciplinary team coordination system should be introduced
- that enhances workers' confidence and psychological well-being.
- There should be a regular program and training of staff professional
- development that empowered them to handle wisely in such situations.

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## Are we Empowered now as Nurses at all Levels?



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### Introduction

Nursing empowerment is a multifaceted concept that is pivotal to nurses' well-being and the quality of patient care they provide. Nursing empowerment isn't just about giving nurses more responsibilities; it's about creating an environment where they can thrive professionally and personally. It's a critical step towards a more efficient, empathetic, and patient-centered healthcare system. It is a foundational element for professional success and exceptional patient care

Nursing empowerment:

Nursing empowerment means the ability to effectively motivate and mobilize self and others to accomplish positive outcomes in nursing practice and work environment.

Nursing empowerment is instilling a sense of power by granting decision-making authority, and/or creating opportunities to influence decisions, and providing ability to make choices by nurses.

### Levels of Nursing empowerment

Nursing empowerment is defined as a state in which an individual nurse has assumed control over her practice, enabling her to fulfill professional nursing responsibilities within an organization successfully. Empowerment exists at three levels simultaneously and each of these levels interact to create the individual nurses perceived sense of empowerment. The three levels are :

Level 1 Individual

Level 2 Organizational

Level 3 Societal

At the level of individual it is psychological empowerment which is based on factors of intrinsic motivation. Ability to get the things done. Nurses' sense of work role, values, Competence, self determination and impact. Nurses perception that her work influences outcomes at work place.

At the organizational level it is structural empowerment which is characterized by a work environment that adheres to empowering practices. Nurses access to resources, support and information

At societal or institutional level empowerment is considered as emancipation of practitioners from institutionally embedded oppressive practices which consolidate power and impose the perspective of dominate discipline upon subordinate disciplines.

### Are we empowered as nurses?

At its core, nursing empowerment is about providing nurses with the tools, authority, autonomy, and respect they need to excel in their roles. It's a dynamic process that involves several key elements:

- 1. Autonomy and Decision-Making:** Empowerment starts with giving nurses the freedom to make decisions about patient care. This autonomy respects their professional judgment and expertise, allowing them to tailor care plans to individual patient needs and take leadership in healthcare settings.
- 2. Professional Growth and Leadership Opportunities:** Empowerment also means encouraging nurses to grow professionally. This involves providing opportunities for further education, specialized training, and stepping into leadership roles. By fostering a culture of continuous learning and development, nurses can expand their skill and influence in healthcare.

3. **Recognition and Respect:** Empowerment in nursing is deeply rooted in the recognition and respect for the profession. It's about valuing nurses' contributions, listening to their insights, and integrating their perspectives into healthcare policies and practices. When nurses feel respected and their work is valued, it boosts morale and job satisfaction.
4. **Supportive Work Environment:** A supportive work environment is crucial for empowerment. This includes having the necessary resources, a safe and inclusive workplace, and a management structure that listens to and acts on nurses' feedback. A supportive environment nurtures innovation and allows nurses to advocate for the best patient outcomes.
5. **Psychological Empowerment:** Lastly, empowerment involves the psychological aspect of feeling competent, self-determined, and impactful. When nurses believe in their ability to make a difference, it not only enhances their job satisfaction but also positively affects patient care.

Nursing empowerment inherently exists in our roles as caring professionals. As a bedside nurse, we deal with nursing goals all the time. Whether it's encouraging incentive spirometry, giving blood pressure pills, ambulating a patient, or reassessing a pain score after giving an analgesic, we are actively participating in a care plan and implementing many interventions which all lead to the eventual goal.

As nurses, we are on the front line of healthcare. We need to realize that there are many people involved in the care of every patient who walks through the doors of a hospital. We as nurses can't take care of our patients all by ourselves. We need the help of doctors, aids, other nurses, and other departments.

Clinical nurse autonomy and control over nursing practice (CONP) have been associated with increased nurse satisfaction and improved patient outcomes - both elements of a healthy work environment.

Autonomy refers to the ability to act according to one's knowledge and judgment, providing nursing care within the full scope of practice as defined by existing professional, regulatory, and organizational rules ([Weston, 2008](#)).

CONP refers to the nurses' ability to shape departmental and organizational policies and practices related to nursing care ([Weston, 2008](#)).

### Examples of Nursing empowerment

Are Nurses part of the Patient care round team? Yes

Patient care rounds are organized in a way that ensures that nurses contribute to decision-making about the treatment plan of patients.

### Are Nurses having Autonomy? Yes

Nurses enhance autonomy by clearly communicating and organizing their work to ensure that they have the freedom to act on nursing decisions using sound clinical judgment.

Fundamentally, nurses need to foster the understanding that their work involves both the direct clinical care of patients as well as the management of the context in which that care is delivered. As a result, both clinical patient care and organizational and committee work are within the realm of nursing practice. Nurses cannot effectively practice without the right resources (including an appropriate amount and mix of caregivers, supplies, and supporting systems) or without the necessary evidence-based policies and practices.

### Are Nurses included in the decision-making committees? Yes

Nurses are included along with physicians and administrators on key organizational committees that establish patient care policies and procedures.

### The Pillars of Nurse Empowerment

1. **Autonomy and Agency:** Nurses thrive in environments where they have autonomy and agency. Being able to make decisions and have a say in patient care elevates their role from mere implementers to critical thinkers and leaders in healthcare. It's about giving nurses the reins to steer patient care in innovative and effective ways.
2. **Leadership Opportunities:** When nurses are given leadership roles, it's not just a title. It's an acknowledgment of their expertise and an expression of trust in their decision-making skills. Empowering nurses with leadership opportunities fosters a **sense of ownership and pride in their work, leading to higher job satisfaction and better patient outcomes.**
3. **A Culture of Inclusivity:** An environment where nurses feel valued and included is essential. This means having a voice in decision-making and policies that affect their work. It's about creating a culture where nurses are seen as integral partners in health care delivery.

### Professional Development and Nurse Empowerment

The journey of a nurse doesn't end at graduation; it's a continuous path of learning and growth. Professional development is a cornerstone of nurse empowerment, significantly impacting both the quality of patient care and the personal satisfaction of nurses. Here are some methods that nurses can explore to further their nursing autonomy and grow as empowered nursing professionals:

1. **Lifelong Learning:** The field of healthcare is ever-evolving, with new treatments, technologies, and best practices emerging regularly. For nurses to remain effective and provide the best possible care, ongoing education is essential. Organizations like the American Nurses Association offer a plethora of resources and opportunities for continuing education, which are crucial for nurses to stay abreast of the latest developments in their field.
2. **Specialization and Advanced Roles:** Professional development often involves specialization in areas like pediatrics, oncology, or geriatrics, or advancing to roles such as nurse practitioners or clinical nurse specialists. These pathways not only enhance a nurse's skill set but also open up new opportunities for leadership and autonomy. The National League for Nursing emphasizes the importance of these advanced roles in expanding the scope and impact of nursing practice.
3. **Mentorship and Networking:** Building a strong professional network and seeking mentorship are key aspects of professional development. Organizations like the Sigma Theta Tau International Honor Society of Nursing facilitate networking and mentorship, connecting nurses with experienced professionals who can guide their career development and empower them in their roles.
4. **Certification and Recognition:** Obtaining certification in specialized areas of nursing is not just about adding credentials. It's a recognition of a nurse's expertise and dedication to their field. The American Association of Critical-Care Nurses offers various certification programs that acknowledge the proficiency and specialized knowledge of nurses in critical care.
5. **Research and Innovation:** Nurses are encouraged to engage in research to improve patient care practices and outcomes. Involvement in research not only empowers nurses by validating their expertise, but it also contributes to the advancement of the entire field. The American Association of Colleges of Nursing highlights the role of research in nursing education and practice, underscoring its importance in professional development.

## Conclusion

Nurses perceived level of empowerment exists on a continuum not as empowered or dis empowered. It depends on the interaction among individual, organizational & socio cultural antecedents. They should understand that their empowerment is based on their knowledge & skill rather than personal virtue .Caring is the essence of nursing, it requires involvement ,courage & initiative on the part of the individual nurse to motivate changes in the care environments for the betterment of patients& families. Caring requires action and action is motivated by nurses professional power.

Empowered nurses are more than just happier employees; they are catalysts for positive change in healthcare. They bring innovation to patient care, advocate for patient needs, and contribute to a healthier, more efficient healthcare system. Nursing empowerment is a journey, not a destination. It requires continuous effort from both nurses and healthcare organizations. By fostering a culture of empowerment, we pave the way for a more effective, patient-centered healthcare system.

## Actions needed for empowerment to achieve Nursing Excellence for the future Area that may be focus



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1. What are the challenges related to empowerment that nurses encounter at different cadres and levels?
2. What actions to be taken to overcome these challenges to empower the nurses to achieve excellence in their professional life at different levels?

We have seen that nurses are working at different levels and cadres. At each level and cadre, they need proper education, ethics, and acquaintance with EBP so that they can empower themselves. Empowerment leads employees to take responsibility by improving their working methods to achieve organizational goals. Empowerment can offer nurses a higher level of responsibility and autonomy to make decisions regarding particular tasks. While performing different roles, nurses face numerous challenges in their profession, i.e. as a student, as students, as clinical nurses, and also at administrative levels. These challenges can lead to burnout and lower work output. Now we will highlight the challenges faced by nurses at different levels.

### **What are the challenges faced by student nurses:**

- 1. Very strict or very lenient discipline:** Most of the institutes have very strict rules and regulations for the students. Due to this, students cannot think or act out of their way and have to follow the same pattern of behavior that is decided by the institute. This may not be good for the students to develop their abilities and strengths. On the other hand, if there are no proper rules and regulations, students will not have proper guidelines.
- 2. Lack of freedom to show their abilities due to a compact curriculum:** students may not get adequate time for exploration or may get limited opportunities for their skill development.
- 3. Less attention is given to the overall development of the student:** If more weight is given to academic performance or due to the compact curriculum, students may have to have more impact on theory and prepare themselves for examination rather than overall skill development.
- 4. Lack of proper guidance or trust in solving critical situations:** Students need proper guidance to show their capabilities and to explore their proficiency. If there is no adequate or proper guidance they will not become confident.

### **What are the challenges faced by nurse educators:**

1. Difficulties in maintaining the balance between academic responsibilities and the overall development of the students due to compact curricular activities. Teachers may have difficulties maintaining a proper balance between students' academic work and their overall development.
2. Lack of freedom in conducting innovative teaching-learning methods if the organization strictly adheres to traditional ways of teaching-learning methodologies.
3. Change in the nursing attitudes of today's students across generations. Many times, students are very passive toward nursing care and communication with clients.
4. Maintaining balance in teaching and nonteaching responsibilities is again a task that nursing faculty have to do in their duties.
5. Lack of sufficient physical infrastructure for training and immersive learning for trainee nurses is either due to organizational issues or other reasons.

**What are the challenges faced by clinical nurses:**

- 1.Workload/Burnout:** Due to a staffing shortage, employees are currently experiencing an overwhelming workload, leading to long working hours. Due to this, nurses are not able to give quality time to updating their skills and knowledge.
- 2. No proper job description and job delegation:** Due to the lack of proper policies regarding job description and lack of recognition, the expectations of non-nursing roles from the authorities are increasing at the workplace.
- 3.Difficulties in coping with technological advancements:** Lack of training to handle modern technology and the education-service gap can cause a lack of confidence and accuracy in using modern technology. Technological advances in healthcare can require nurses to learn new software and programs frequently. Learning new systems can be challenging for professionals who aren't familiar with technology, especially when added to an already demanding job.
- 4.Lack of awareness regarding legal information:** Most of the nurses are not aware of nurses' rights or how one can get legal protection for ethical issues in a hospital. Sometimes the nurses are uninformed about patients' rights. This ignorance can lower their self-confidence and stop them. The nurses should be made aware of changes and modifications to their roles as well as client rights.
- 5.Lack of professional motivation:** If there is no organizational policy in place for nurses to update their job growth, it could have a negative impact on their career development. There may be a lack of opportunities to participate in research-related activities, which can limit their knowledge about EBP. Lack of organizational support in professional activities and the increasing profit-earning mentality of organizations are big challenges for nurses' empowerment.
- 6.Workplace violence:** Workplace violence has been present for so many years, and today it also affects the nurses' confidence and leadership quality as it relates to their safety.

**What are the challenges faced by nurse managers:**

- 1.Lack of involvement in organizational policy-making activities:** In most of the organizations, there is no participation of nursing personnel in policy-making.
- 2.Lack of freedom to make independent decisions about nurses' issues:** Nurse managers do not have the autonomy or power to decide nurses' issues or ways of planning client care.
- 3.No role recognition as per position or experience:** Every human being feels motivated if he gets any recognition or position in the organization, which itself helps them to be empowered and can give more output to the organization.
- 4.Subservient to the medical fraternity even though they are separate professions:** Even though nurses play a vital role in the hospital, they are always suppressed in planning client care and are supposed to follow orders. Most of the time, there is no accountability for patient care.
- 5.Inadequate organizational support for nursing upgradation:** Sometimes there are no proper policies for nurses in-service education or upgrading them with updated knowledge or higher studies.

We have seen the challenges for nurses at different levels. Now we will see the solution for overcoming these challenges.

Empowerment leads employees to have responsibilities by improving their working ways to achieve organizational goals. Empowerment can offer nurses a higher level of responsibility and autonomy to make decisions regarding particular tasks in the organization. Empowerment of nurses is vital for both the healthcare system and society. For the health care system, empowerment in nurses will result in more job satisfaction, increased nurse retention, and ultimately enhancing their commitment towards their profession. For society, it empowered nurses to become a source of motivation for others and provide more compassionate care through community coordination and mobilization.

While thinking about solutions to overcome challenges faced by nursing personnel, Kanter's theory of employment can be referred. Kanter's theory focuses on empowerment in two dimensions: structural and psychological empowerment. Both of these factors play a role in gaining confidence and satisfaction, which will help in increasing productivity. Structural empowerment offers organizational support and access to resources and information. Whereas psychological empowerment focuses on the personal perception of control over the situation and a sense of being powerful. There are six components of Kanter's theory: Access to opportunity, resources, support and information, formal power, and informal power.

- Access to opportunity refers to the possibility for growth and movement within the organization as well as the opportunity to increase knowledge and skills.
- Access to resources refers to one's ability to acquire the financial means, materials, time, and supplies required to do the work.
- Access to information refers to having the formal and informal knowledge that is necessary to be effective in the workplace (technical knowledge and expertise required to accomplish the job and an understanding of organizational policies and decisions).
- Access to support involves receiving feedback and guidance from subordinates, peers, and superiors.
- Formal power is derived from specific job characteristics such as flexibility, adaptability, creativity associated with discretionary decision-making, visibility, and centrality to organizational purpose and goals.



- Informal power is derived from social connections, and the development of communication and information channels with sponsors, peers, subordinates, and cross-functional groups. (Kanter, 1993; Laschinger et al., 2001, 2004)

**These components if implemented properly help nurses to empower themselves.**

### Psychological Empowerment

Psychological empowerment allows employees to confront their stress in the working situation to improve their loyalty to their organization, even in difficult situations. This intrinsic task motivation is embedded into four dimensions of consciousness or cognitions that reflect employees' adjustments to their work. The first dimension is Meaningfulness, which is valued as the employees' standard of working on goals. Meaning indicates the degree to which individuals perceive their work as significant or meaningful.

The second dimension is Competence or self-efficacy. Competence refers to employees' ability, skills, and abilities to accomplish their work. The third dimension is Self-determination, which means employees may feel having an opportunity to decide, to start, and to regulate particular actions by themselves. Self-determination is an employee's perception of having a choice at work and freedom about how they do their job.

The last dimension is Impact which refers to the degree to which employees can influence them to determine the strategies and the results of operations in the workplace. Impact concerns the perceived influence of one's work on the organization or department.

Organizational commitment is generally assumed as an individual's psychological bond to the organization, including working involvement, loyalty, and trust towards the organization. Commitment is a positive evaluation between the organization and its organizational goals. Most experts set commitment as a bond between an individual (an employee) and an organization (a company) and state that employees will have higher commitment if they have three aspects, such as: having a strong desire to be a member of an organization, willing to exert themselves for organizational goal achievement, and believing and accepting the organizational values.



### Relationship between personal and professional empowerment

#### Solutions for students and faculty:

- 1.Flexible curriculum planning:** The institute should make the curriculum in this way so that there will be an opportunity for the students to utilize their skills and abilities in their academic activities as well as co-curricular and extracurricular activities.
- 2.Allow more decision-making activities:** Encourage more discussions, set problem-solving tasks, and promote decision-making abilities in simple as well as critical situations, so that students can improve their critical thinking abilities and also leadership qualities among them.
- 3.Provide freedom to show their abilities:** Start with choice-based assignments to develop their interest and confidence. Provide more opportunities for skill development. Prepare interest groups or clubs. Keep different presentations to improve their confidence.
- 4.Give attention to overall development:** Plan project-based assignments and give attention to their passions so that students will have overall development in knowledge, attitude as well as skill instead of a particular domain.

#### Solutions for clinical nurses:

While dealing with challenges in nurses' professional and personal lives and overcoming them, three principles can be followed: Autonomy, Competence, and Relatedness.

1. Attending training sessions to update technical skills and knowledge about advanced technology
2. Demand for the opportunity for higher education and continuing education programs
3. Sessions on personality development to boost their confidence
4. Opportunity to improve decision-making abilities by involving them in critical situations. If there is freedom while working to decide how to do a job then the employee will be more satisfied while performing the same job.
5. Motivation and freedom to implement evidence-based practice
6. Adequate and safe physical facilities
7. Workload balance to maintain quality work output
8. Motivation to maintain positive teamwork
9. Active involvement in organizational policy-making activities



Solutions for nurse managers:

At the organizational level, clear policies should be made regarding their employees' self-respect and job security.

1. Improve participation/ active involvement in policymaking decisions
2. Prepare proper recruitment and retention policies
3. Encourage staff for in-service education and higher studies
4. Prepare promotional policies
5. Include staff in solving critical situations
6. Give freedom to improve decision-making abilities
7. Encourage staff to plan activities in their area to improve leadership.

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## **A Study to Assess the Academic Stressors Related to Professional Education among 1st Year Basic B.Sc. Nursing and 1st year GNM Students of Selected Nursing Colleges at Ratnagiri District Maharashtra**

Shashikala Rupesh Rathod, 2nd Year M.Sc. Nursing, MES College of Nursing-Lote.

**Abstract:** Introduction: Psycho-social adjustment is the ability of the human being to perceive reality and to respond to it in a way that supports his or her own emotional and physical well-being and that of others in the social environment. Methods: The research approach was a descriptive survey approach. The 100 nursing students of 1st Year Basic B. Sc. Nursing and 1st GNM were selected by using a stratified simple random sampling technique. The structured questionnaires tool was used to gather information on demographic variables, checklist to assess the academic stress. The data was analyzed by using descriptive and inferential statistics. Result and Discussion: The major academic stressors related to intrapersonal factor is fear of examination was seen in 34 respondents, 5 were feeling of inferior interpersonal factors, 30 samples shown distractions caused by punishments, in environmental factors 18 samples responded that a crowded classroom. In academic factors, 41 lacks revisions were cause the academic stress. There was a significant association between the level of stress and with demographic variables such as type of residence, family income, occupation of father, father education, mother education, time consume to travel from home to college, medium of earlier education, past medical history.

**Keywords:** academic stress, Nursing students, intrapersonal, interpersonal

# Assessment of Qualities/Behaviors Valued by Nursing Faculty and Baccalaureate Nursing Students for Effective Teaching-Learning Process

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## Abstract:

**Introduction:** All over India, the nursing admissions are steadily increasing. However, but there is a significant difference are existed in between admission intake and qualified graduates output. The reason behind this problem is still unknown, there may be problem either with students or teachers, hence with an intention to give insight into this matter researcher intended to do research on expected behaviour from both teacher and students for effective teaching learning process. **Objectives:** 1) To assess the qualities/behaviors valued by nursing faculty for effective teaching-learning process. 2) To assess the qualities/behaviors valued by baccalaureate nursing students for effective teaching-learning process.

**Methods:** A cross-sectional survey was conducted among 23 nursing faculty and 86 baccalaureate nursing students. Participants were asked to rank the top 10 qualities/behaviors from the Teacher Behavior Checklist (TBCs) list. Descriptive statistics were used to analyze the data.

**Results:** The top qualities valued by faculty included: Encourages and Cares for Students (72.09%), Creative and Interesting (70.93%), and Knowledgeable About Subject Matter (65.11%). Students valued qualities such as Confident (82.60%), Effective Communicator (73.91%), and Professionalism (69.56%).

**Discussion:** Both faculty and students agreed on several key qualities for effective teaching-learning, including being Confident, Professional, Knowledgeable About Subject Matter, and Caring for Students. Further research across institutions with baccalaureate nursing programs is recommended.

**Keywords:** Teacher Behavior Checklist (TBCs), nursing faculty, baccalaureate nursing students.

# “Effectiveness of pamphlet on knowledge regarding prevention and management of Diaper

## Aim:

“Effectiveness of pamphlet on knowledge regarding prevention and management of Diaper Dermatitis among mothers of infants in selected urban area”.

## Objectives:

1. To assess pre-test knowledge regarding diaper dermatitis among mothers of infant in selected urban area.
2. To evaluate effectiveness of pamphlet on knowledge regarding diaper dermatitis among mothers of the infant in selected urban area.

## Hypothesis:

H0 There will be no significant difference between pretest- post-test knowledge regarding prevention and management of Diaper Dermatitis among mothers of infant. H1 There is significant difference between pre and post-test knowledge regarding prevention and management of Diaper Dermatitis among mothers of infant.

## Material & Methods:

The study was conducted in urban area. Research design selected for present study was pre- experimental one group pre-test post-test research design. Study period from 18th April to 23rd

April 2022. Total 30 Mothers selected by using Purposive sampling technique.

## Data collection instrument:

Section I: Demographic data of mother. (This section consist of 05 items include Age (of mother), Education, Occupation, Income, Any information regarding prevention of the diaper dermatitis, if YES then source of information).

Section II: Structured knowledge questionnaire to assess the knowledge of mother regarding regrading prevention and management of diaper dermatitis.

## Data collection procedure:

The researcher has obtained ethical committee approval. Researcher obtained permission from Corporator of the selected selected urban area. Researcher firstly given self-introduction to mothers. Explanation about study giving to mothers and written consent taken from the mothers. Knowledge of mothers was assess with the help of structured knowledge questionnaire.

## Statistical analysis:

The analysis of data done with the help of descriptive and inferential statistics. Demographic variables were analyzed in terms of frequency and percentage. Frequency, percentage, mean, standard deviation, paired't' test were used to fulfill the objectives of the study.

## Result:

60% of mother between the age group 20-25 years, 57% of Mother were having Secondary and higher secondary education, 70% of Mother are Housewife, 77% income was in between ₹10,000 ₹20,000, 54% of mother are get information from Family and relatives, in per-test 50% of mother had good knowledge regarding prevention and management of diaper dermatitis, 44% of them had average knowledge regrading prevention and management of diaper dermatitis, 3% of them had excellent and poor knowledge regrading prevention and management of diaper dermatitis, the mean score for the per-test was 10.7, in post-test 87% of mother had excellent knowledge regarding prevention and management of diaper dermatitis and 13% of them had good knowledge regrading prevention and management of diaper dermatitis, the mean score for the post-test was 17.1.

## Conclusion:

There were lack of knowledge among mothers of selected urban area regarding diaper dermatitis. The pamphlet on knowledge regarding diaper dermatitis was found to be effective in terms of increasing knowledge of mother in selected urban area. This indicates that pamphlet was effective method of imparting information and effectively increasing knowledge of mother about diaper dermatitis.

From the statistical analysis it was clear that there was significant increase in the level of knowledge of mother regarding diaper dermatitis in selected urban area. From this it would be concluded that pamphlet was effective in bring out this change.

# Effect of Token Economy on Aggressive Behaviours among Orphanage Children

Mrs. Jaya John Varghese Phd Scholar , Dr. DY Patil College of Nursing Pune

## Abstract

**Background:** Children living in the Orphanages are more prone to behavioural and emotional problems than other children living with their parents as they are deprived of family's love and care. Childhood experiences determine the future social, emotional and psychological dynamics and functioning of individuals in their adulthood life. Psychosocial wellbeing affects children's ability, intellectuality, productivity and social functionality. Token economy can prove to be an effective remedy for children experiencing a multitude of social, emotional, and behavioural stresses. It is also an excellent method of helping children recover and heal from stressful or traumatic experiences

**Objectives:** To estimate the effect of token economy on aggressive behaviours children in selected orphanages

**Methodology:** A quasi experimental study was conducted to assess the effect of token economy among orphanage children. Behaviour problems of the orphanage children were assessed by using interview technique with semi structured questionnaire and observation . Stratified random sampling technique is used to select the samples and token economy started as intervention . Each child got 20minutes of intervention by weekly for 20session . After the completion of intervention, post test done.

**Result :** The overall mean of post test of aggressive behavioural scores (16.34)was less than the pre test score (34.42) and the p value is<0.0001 which shows Token economy is highly significant in reducing the aggressive behaviours among orphanage children

**Conclusion;** From the study findings it could be concluded that orphanage children are having behavioural problems. Timely interventions can correct them and it may enhance their psychosocial adaption to the general world.

**Key words:** Effect, token economy, aggressive behaviours, orphanage children

# A short untold story: Teachers experiences and progress by self-paced learning hours in the college.

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## Introduction:

Teachers play an essential role in education. Currently our teachers are following a specific curriculum, deliver the contents and ensuring that the students understand what is being taught. We commonly expects teachers should be role model for students, is they really fit into it?. Hence the idea self-paced learning hours (SPLH) is implemented, here is that teachers has given sufficient and unobstructed hour in a day to engage and empower themselves by connecting with the ideas and contents available in online or offline.

## Methods:

To understand teacher's experiences and progress by self-paced learning hours (SPLH) in the college, we carried out a mixed study, among 24 nursing teachers for 28 days. The semi-structured questionnaire were used for collecting data.

## Results:

Participants described that, it is provided sufficient time for teachers to make decisions what to do improve herself /himself, they were comfortable to do what they have decided. It is provided ample of opportunity to boosts creativity and explore new teaching learning methods and skill themselves. They were self-driven by their previous day decisions and actions in this productive environment. During the study they surfed various nursing academic and research related websites and completed online course related to nursing profession. If we say quantitatively during this period, totally 3 research projects were prepared for grant, 13 teachers were completed online courses, 8 post graduate teachers submitted research article for publication.

## Discussion:

Our study enhances discipline and time management skills and they stick to a learning schedule that they created for themselves. Here teachers are free of stress and work autonomously because there is no deadlines. By this method they are able to complete planned assignments when they feel prepared and are in the best position to succeed. Our study paves the way for improving teacher's self-esteem, confidence and helping them become lifelong learners in the field of nursing.

## Poster presentation by Dr. Meena Ganapathy

## “The Lived Experience of Nursing Faculty Engaged in Simulation-Based Mastery Learning: A Phenomenological Study”

**INTRODUCTION:** Mastery learning is a teaching/learning strategy designed to be implemented in the traditional classroom setting. Its goal is to have all students reach the high degree of learning previously attained only by the “A” students. This is accomplished by dividing the course into small units, specifying objectives, and by providing feedback and alternative learning experiences. Mastery learning helps all students learn the way the best students learn (Bloom, 1976).

- (1) Simulation is considered an effective teaching method where simulation facilitators create an active hands-on experience in a relatively risk-free environment while promoting teamwork, communication, and the development of critical thinking skills (Maran and Galvin, 2003).
- (2) In a simulation learning environment a student gets a perfect opportunity for the deliberate practice of simple to complex skills until a level of mastery is achieved for both routine and complex procedures.
- (3) This process of deliberate practice requires time and motivation, along with goal-oriented feedback at multiple points in time; the process is outcomes-based, not time-based.
- (4) In first-year BSc nursing students need to learn about patient communication, teamwork, basic comfort procedures such as hair combing, mouthwash, and nail cutting to complex procedures such as position change, and oral and parenteral medications.

In such scenarios, simulation-based mastery learning provides an opportunity to address complex procedures. Complex procedures can create cognitive overload and psychological stress for learners, especially novices. Since this was a novel approach implemented in the institute, there was a need to explore how undergraduate nursing faculty as simulation facilitators experienced simulation-based mastery learning. Therefore, this study aimed to explore and describe the lived experience of undergraduate nursing simulation facilitators with simulation-based mastery learning: A phenomenological study.

**AIM:** The purpose of the study is to explore the lived experiences of nursing faculty engaged in simulation-based mastery learning.

**OBJECTIVES:** To describe the lived experiences of nursing faculty who are engaged in simulation-based mastery learning.

**MATERIAL & METHODS:** The research approach adopted was the qualitative research approach. Descriptive phenomenology was used as the research design. The sample size for the study was six nursing faculty from nursing institute. Participants were selected who fulfilled the Inclusion criteria. Data saturation was reached after the sixth interview, as after the sixth interview no new themes emerged. A non-probability purposive sampling technique was used for the study and nursing institutes were the setting for the study. Consent from each participant was obtained for the study. Using in-depth interview data was collected from nursing faculty on lived experiences in simulation-based mastery learning through in-depth interviews, which lasted for 15-20 minutes. Due care was taken while collecting the data on pitch, tone, voice, and modulation of participants, and maintained the notes along with minutes observations during the interview. Open-ended questions were used and maintained the interview guide. The Nursing educators have shared the experiences genuinely and with openness. The questions asked for the interview were

1. What is your experience with simulation-based mastery learning?
2. What are the advantages you experience while using mastery learning?
3. What are the efforts you put into mastery learning that is different from traditional learning?
4. What are the challenges you faced while using mastery learning?
5. What are your suggestions to overcome challenges?

**RESEARCH QUESTION:** What are the lived experiences of nursing faculty who are engaged in simulation-based mastery learning?

### RESULT AND DISCUSSION:

The interview was audio recorded and transcribed verbatim using Colazzi's technique of extraction in this study. The data was analyzed and were categorized into the following themes:

**Theme 1 - High effectiveness:** The simulation-based mastery learning was a very effective method of teaching and learning. 2. Each student was given attention to their attainment of knowledge and skills. 3. Many repetitions of teaching theory and skills were done using different methods of teaching-learning activities.

**Theme 2 - Sense of satisfaction:** Students took interest. 2. They became far more active participants. It increased communication between faculty and Students. 4. It was a deep learning for both faculty and students. 5. It gave a sense of partnership between faculty and students.

**Theme 3 - Demand of strong motivation and commitment from faculty:** Faculty had to do lots of preparation. They had to use various teaching methods like role play, videos, assessment checklists, and MCQs to make theory and skills easy for each student. They had to read a lot and prepare lessons & skills stations many times this required strong self motivation and commitment.

**Theme 4 - Time consuming preparation:** Faculty had to prepare repeat sessions using different teaching methodologies to make concepts easy for students. Topics that would be completed in 2 hours in conventional/traditional teaching took about 6 hours of preparation.

**Theme 5 - More efforts:** The topic had to be broken into subtopics; it required more effort to make it simple for students. They had read a lot to get an depth understanding of the concept.

**Theme 6 - More confident Students:** Faculty felt students were becoming more confident and participative. Students were taking part in active discussions. Even less talkative and invisible ones became participative and confident.

**CONCLUSION:** In this study it is emphasized that mastery learning is highly effective as each student is given attention to their attainment of attitude, skills, and knowledge. It also gives a sense of satisfaction as students became more participative and confident. The faculty used various techniques like assessment checklists, MCQs, role-plays, and videos. This method demands strong self-motivation and commitment from the faculty. The faculty faced the challenges of time-consuming preparation, and its implementation required more effort from the faculty and students. They had set many tests for subtopics which were time-consuming.

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## Poster Ms.Asiya Bamne



## Poster by Ms.Parvati D

## Nursing Excellence: Education, Ethics, Evidence &amp; Empowerment

Ms. Parvati Lodate Dhawale, Principal, Government College of nursing, General Hospital Jalna

**Abstract:**

Modern era of nursing deals with advancement in nursing care as world so close as development in technology, nurses should prepare to render quality nursing care. Quality of care is inevitable regardless of the health care setting. Nursing leaders and professionals taught about ethics, EBP and empowerment for the safeguard and render demand driven care to the stakeholders.

**Introduction:**

If we through light back on development from early 20th century there is lot of development in nursing, previously nursing services was a part of vocation, but after World War II this field saw numerous progressive changes. Worldwide changes leads to the evidenced based practice, scientific research in field of nursing to increase its body of knowledge at the same time she should empower her for loud voice and give excellent nursing care by exercise of ethical principle.

Following chart illustrate the pictorial presentation of Nursing Excellence:

Education, Ethics, Evidence & Empowerment

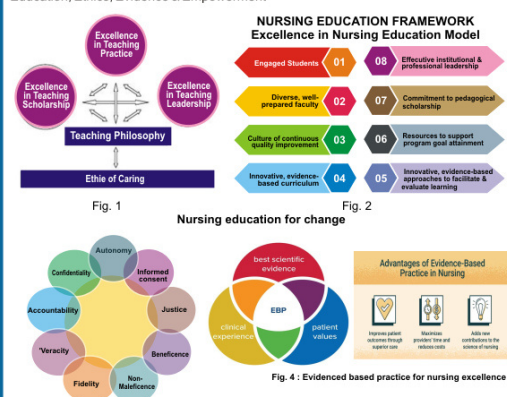


Fig 3: Nursing ethics for excellence in nursing practice

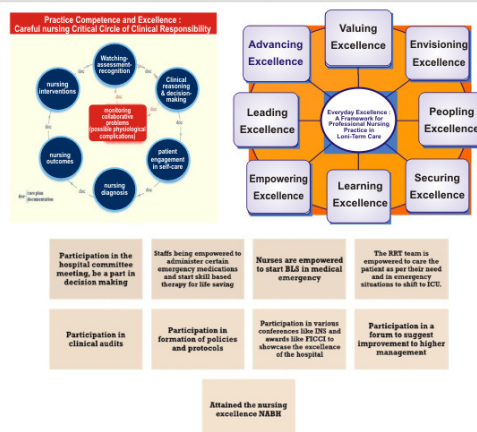


Fig. 5 Nursing excellence and empowerment

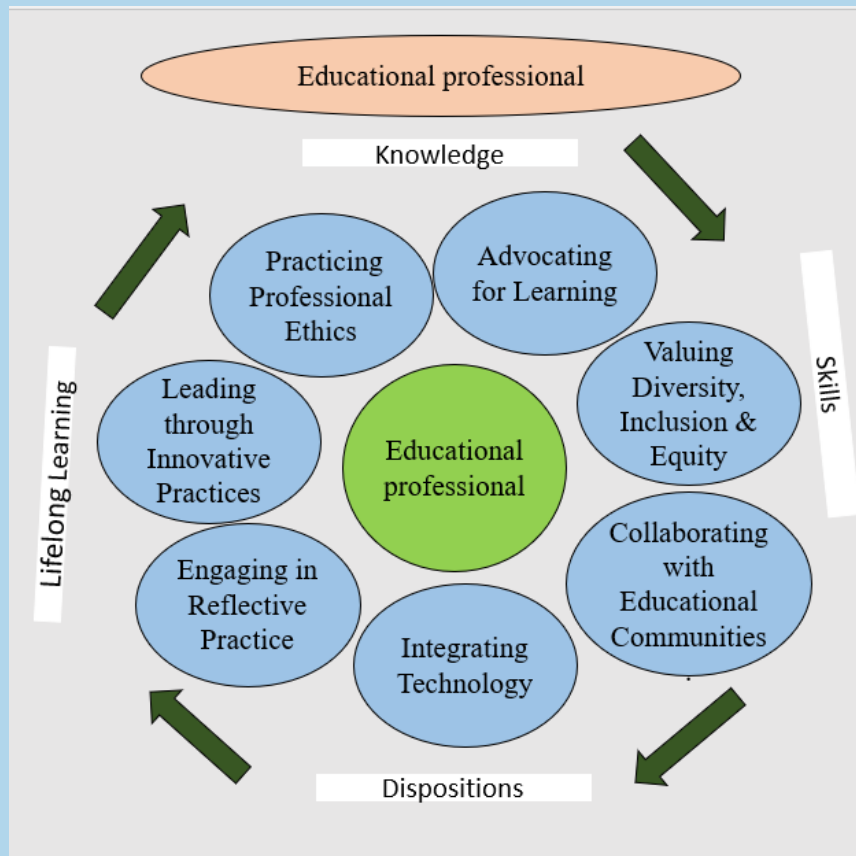
**Discussion and conclusion:**

As Nurses manages people, material, task and funds in the day to day activities, she/ he must be empowered completely in order to take wise decisions and smooth functioning of the health care delivery system. She should have update in education and follow the ethical principle for the giving excellence in nursing practice.

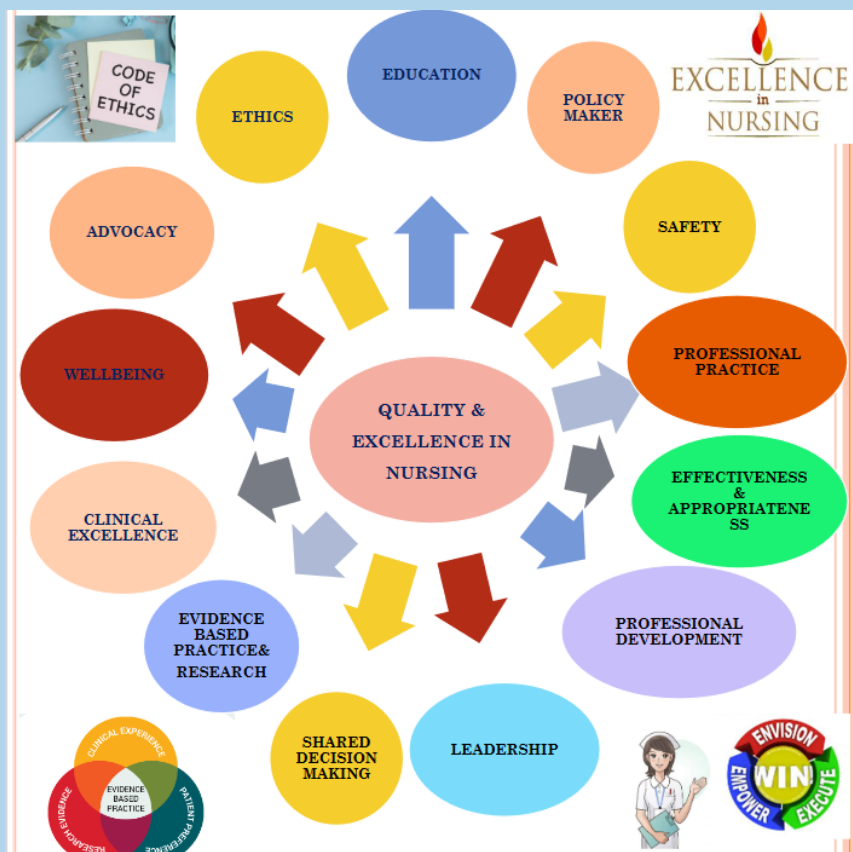
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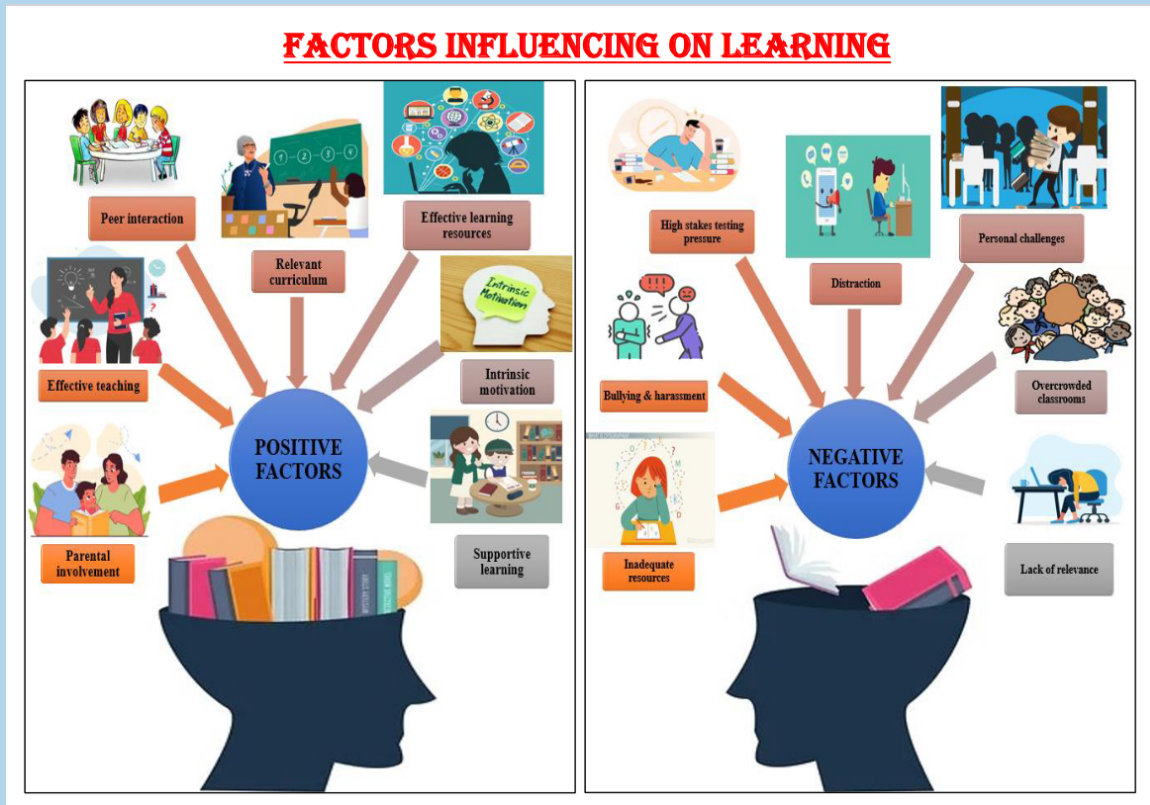
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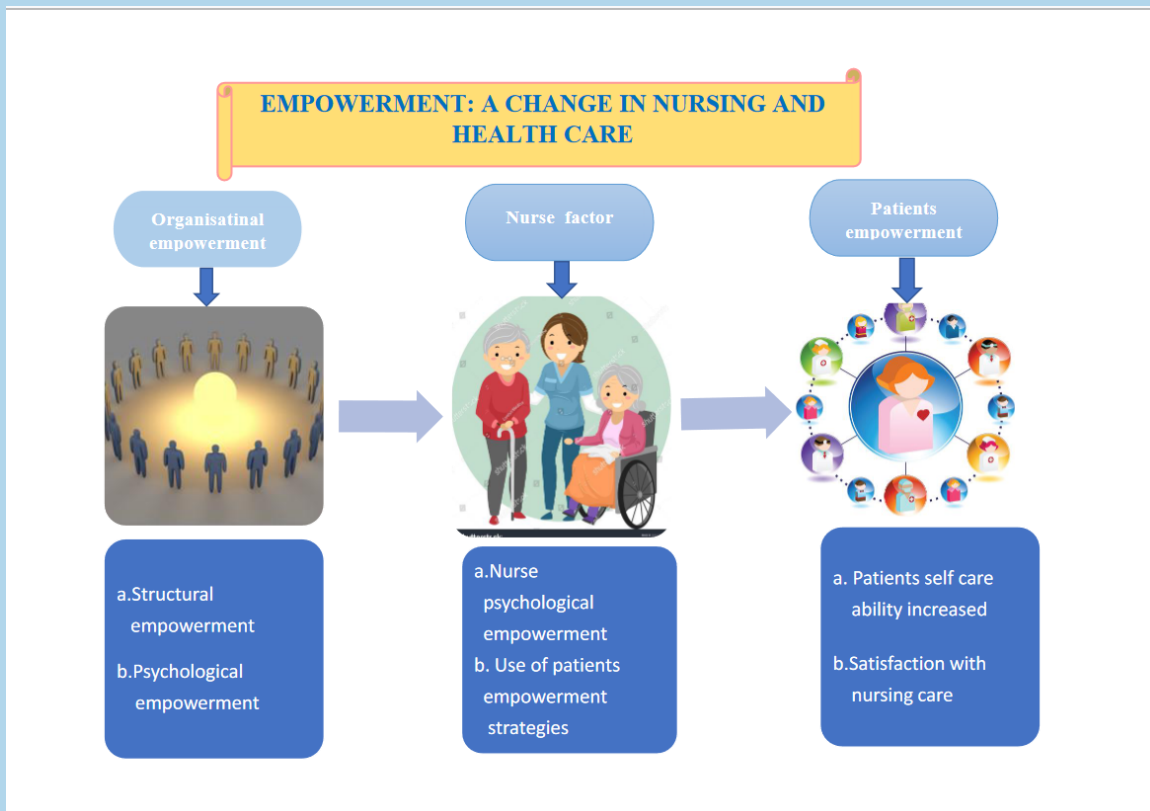
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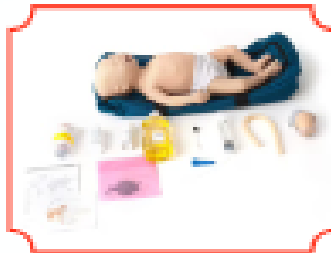
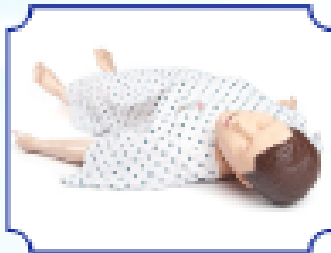
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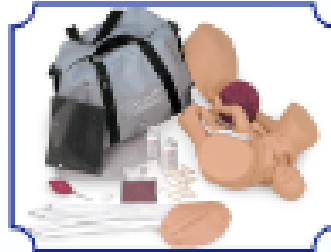
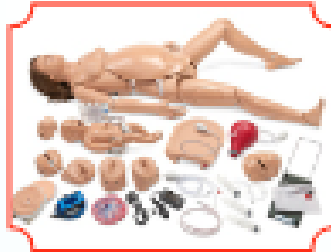
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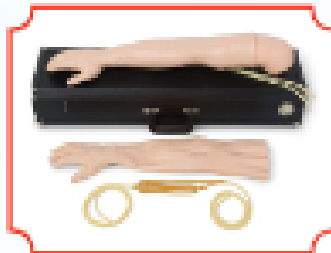
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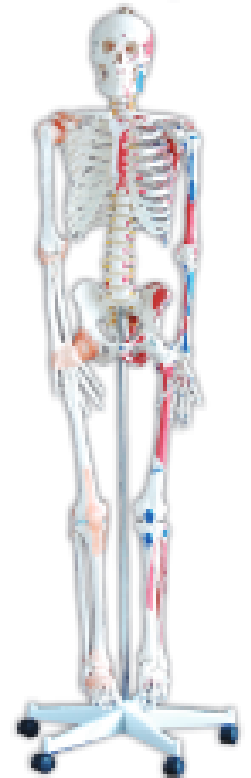
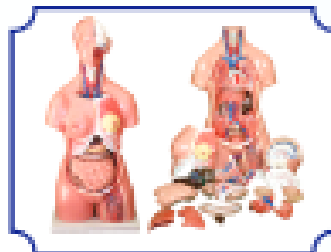
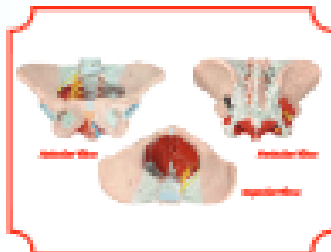
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