

JOURNAL OF NURSING RESEARCH SOCIETY OF INDIA

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Think of the amount of time we spend in learning about new applications in our smartphones, watching news on the TV, exploring mountains, reading books and magazines, talking to strangers, browsing through internet, and doing innumerable other activities which are not directly connected to our basic needs. Without consciously realizing it, we all are driven by 'curiosity' in doing all these activities. 'Curiosity' is one of the noblest and basic component of human nature. The famous American philosopher William James called curiosity as 'impulse towards better cognition'. Most of the times we are not even aware of curiosity. However it is 'curiosity' that drives human to new inventions and discoveries. If early men would not have been curious about the nature around them we would never had learnt about climate, weather, trees, sky or animals. It is the 'curiosity' in human nature that has driven the civilization to reach far off planets, dive deep into the sea and communicate across the globe with ease. The indomitable 'curious' nature of human has led to innumerable researches for better life and living.

Like all other disciplines, nurses too have engaged themselves in research activities. The 'curious' mind of nurse researchers have generated evidence from research that has constantly changed and improved nursing practice, education and nursing policies.

The present issue of this journal includes an array of scientific evidence generated by nurse researchers on various topics relevant to the practice and is sure to satisfy the 'curious' minds of our readers. Let us have a look at the various study populations that have been covered in this issue.

Nursing educators play a significant role in preparing nursing professionals in disaster management. However, the competency of nurse educators to disaster preparedness remains unexplored in our country. One of the article in the present issue is an attempt to understand the disaster preparedness of nurse educators. Another article is about the elderly population of the country. India is considered a young country. But the United Nations projects that Indians over the age of 60 years will double by 2050, constituting almost 19.6 per cent of the total population. Therefore the study on the functional status of this section of the population is bound to generate evidence for future actions. This issue also covers a study done among persons with locomotor disability who are considered as one of the most vulnerable group in the society.

Generally the health care services for pregnant women in our country are not structured around their partners who mostly remain under the shadow. However, inclusion of these men in the antenatal care can have a positive effect on the care of the new born. A research study on the perception of partners of pregnant women regarding breastfeeding published in this issue has germinated the seed for change in the way we will think and implement antenatal care in future. The issue also includes two concept articles which are thought provoking, and informative.

Wishing every reader a happy academic adventure while reading the issue.

Lata Mandal
Ph.D. (RN)
Jt. Secretary, NRSI &
In charge Editor of JNRSI

PERCEIVED COMPETENCY OF NURSE EDUCATORS REGARDING HOSPITAL DISASTER MANAGEMENT



* Dr Athirarani MR, Dr. Prof. Bincy R **

Abstract

Competently engaging in hospital disaster management is a moral responsibility of any healthcare provider. Every healthcare provider needs to be equipped to take an active part in hospital disaster management. The nursing faculty is not an exception. As an integral part of the hospital, nursing educators are expected to respond to disaster situations as skilled manpower. The aim of the present study was to identify the perceived competencies of nursing faculty and the factors associated with their competencies. The approach was quantitative and the design was a cross-sectional survey. The data were collected from 60 nursing faculty and they were selected randomly from the complete list of all faculties from the nursing colleges in the study setting. The data were collected using a self-administered five-point Likert Scale. The study showed that 16 (26.67%) of the participants expressed poor competency and 44 (73.33%) showed good competency in Hospital disaster management. The factors associated with perceived competency were participants' speciality of practice ($p = .008$) and attitude towards disaster management ($p = .001$).

Keywords: Competency, Nurse educator, Hospital Disaster Management

BACKGROUND

Globally, disaster management has become a priority as countries all over the world have made great progress in the management and mitigation of disasters. India has experienced a series of natural disasters over the last several years, which have resulted in significant loss of life and security.

Involvement of the health care sector in disaster is an inevitable part of disaster management as every disaster has a health component.

In India, the enactment of the Disaster Management Act of 2005, led to a paradigm shift from relief centric approach to proactive preparedness and mitigation. Similar to disaster management policies at the national

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ADEQUACY, PROBLEMS AND SATISFACTION AMONG AXILLARY CRUTCH USERS



* Dipika Raj, ** Subhra Srimani, ***Lata Mandal

Abstract

Background: A vast number of people in India live with disabilities. Among all form of disabilities locomotor disability emerges with the highest prevalence. Assistive devices like axillary crutch help a locomotor disabled person to maintain functioning, improve independence and enhance overall wellbeing. The purpose of this study was to identify the adequacy, problems and satisfaction among axillary crutch users.

Method: A cross sectional survey was conducted among 100 axillary crutch users attending the out patient department of a government run hospital specialized for patients with locomotor disabilities. Data was collected using tools which were validated and tested for reliability.

Result: The study revealed that majority of the axillary crutches were inadequate in terms of measurement and appropriateness of use. Majority of participants were experiencing various physical problems and were not satisfied with their axillary crutches. Statistically significant association was found between adequacy of the crutch with pain and satisfaction of the crutch users.

Conclusion: The study concludes that adequacy of axillary crutches in persons with locomotor disabilities should be a part of nursing assessment as it is associated with complications and satisfaction.

Keywords: Axillary Crutch, adequacy of crutches, pain, satisfaction

BACKGROUND

A large number of people in India live with disabilities. The National sample survey data

of 2018 showed that the prevalence of disability is 2.2 % of the Indian population which roughly estimates to 30 millions of

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FUNCTIONAL STATUS IN HOSPITALIZED ELDERLY PATIENTS: A CROSS SECTIONAL SURVEY



* Dr Sukhpal Kaur, **Dr Suresh K Sharma

Abstract

Background: Growing older is linked with functional decline. Hospitalization further increases the risk of alteration of functional status amongst the elderly patients. The study was carried out to assess the functional dependency of the elderly patients admitted in the medical units of a tertiary care centre.

Materials and Methods: The study was carried out in male and female medical wards of a tertiary care center. A total of 165 patients were enrolled in the study. Impairment in activities of daily living was assessed by using 'Katz Index Independence in Activity of Daily Living scale'. Data was analyzed using descriptive and inferential statistics.

Results: Most (68.3%) of the patients were in the age group of 60-70 years with the mean age of 66.9 ± 6.9 years. The age ranged between 60-88 years. Male patients (52%) outnumbered the females (48%). Majority of the patients were suffering from more than one disorder. Around half of the patients were independent in activities of daily living as per Katz ADL score at the time of assessment within 24 hrs. of admission and it remained same at the time of discharge also.

Conclusion: It is proposed to introduce a practice of using the assessment scales for the elderly patients to assess their functional status.

Keywords: Functional status, Elderly patients

BACKGROUND

With the aging population there is an increase in the prevalence of chronic diseases leading to functional impairment, morbidity, mortality, loss of productivity, more dependency on

others, more use of health care services and significant impact on the quality of life of the patients.^{1,2} Functional dependency is the dependency of a person on others to perform Activities of Daily Living (ADL) like walking, dressing, bathing, etc. It is also characterized

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ASSESS THE KNOWLEDGE, ATTITUDE AND PERCEPTION REGARDING BREASTFEEDING AMONG PARTNERS OF PREGNANT WOMEN.



* Chinchu.K, ** Alphilin Jose

Abstract

Background: Breastfeeding is a basic human activity, vital to infant and maternal health and is of immense economic value to household and society. The WHO recommends that for the first six months of life, infants should be exclusively breastfed to achieve optimal growth, development, and health. Literature suggests that a father's knowledge and support can produce positive outcome to breastfeeding. The present study was carried out with the objective to assess knowledge, attitude and perception regarding breastfeeding among partners of pregnant women.

Material and Methods: Quantitative research approach with descriptive research design was used to accomplish the objectives of the study. Data were collected from 200 partners of pregnant women who were selected by purposive sampling technique. Data analysis was done by descriptive and inferential statistical methods with statistical software SPSS version 20 and presented in the form of table and chart.

Results: More than three fourth (77%) of the sample had good knowledge, 50.5% of the sample had positive attitude and 98% had good perception regarding breastfeeding. Moderate positive correlation ($r=0.43$, $p\leq 0.05$) was found between partner's level of knowledge and perception regarding breastfeeding. Knowledge was significantly associated with age ($p\leq 0.05$) education ($p=0.001$) and occupation ($p=0.003$), and perception was found to be significantly associated with age ($p\leq 0.05$) and occupation ($p=0.041$).

Conclusion: The findings of the study concludes that most of the partners of pregnant women had good knowledge, positive attitude and good perception regarding breast feeding and none of them had positive attitude to formula feeding. This finding indicates that education and reinforcement training towards good breast feeding practices should not only target the antenatal mothers but should actively involve the partners.

Keywords: Assess, Knowledge, Attitude, Perception, Breastfeeding

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STRENGTHS AND WEAKNESSES OF NURSING RESEARCH- A REVIEW OF SOME OF THE PUBLISHED ARTICLES

Dr.Assuma Beevi.T.M.

INTRODUCTION

Research is an integral part of human activity and is affected by all the factors that have a bearing on human beings in any way. Research had brought out many advancements in all scientific discipline so also in nursing. However, amid all such advancements and applications, it is also critically important to recognize the hurdles in the path of modern-day research, and to find solutions to improve future researches. Every year nurses all over the world conduct thousands of researches. These research results regularly provide an abundance of information to improve health care. Researches are inevitable and crucial for developing evidence for any scientific discipline. When considering nursing research and research in nursing in India, we usually face lots of hurdles. In this article, I try to figure out the common issues as strengths and weaknesses of researches conducted by nurse researchers in our country in my perspective.

This article is written specifically for young researchers and I ardently request the novice researchers to give your comments aggressively so that it will throw more light on our research endeavors.

This article will be published in three consecutive issues as three parts. In the first part I will just give you an overall idea of each process of research. In the second part, I will discuss how we can overcome the issues and challenges.

I will go step by step according to the research process. Firstly, we will look at the problem statement as the most cardinal item of a research. Usually what happens is the failure to develop a good problem statement. Every researcher should understand that research topics are not set in stone and choosing a research topic isn't always a straightforward process. Nurses and nursing students often are uncertain about choosing a research topic for research, or how to come up with a topic for their research proposal.

Secondly, early stage researchers usually

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find difficulty in narrowing the topic to a research problem. If they have identified a problem area, they should be able to narrow down the broad area into a topic and then to a problem that is researchable. Most often this is a herculean task and researchers find it difficult to narrow down the topic into a researchable one. Nice tips on narrowing a huge topic by considering the angles of WHO, WHAT, WHERE, WHY, WHEN, or HOW

Thirdly, they fail to develop a good problem statement. Even if they made it into a researchable problem, they are not in a position to state it properly. The ingredients of a problem statement always remain an issue for nurse researchers. Most often, there are guidelines given by academic authorities as how to state a problem without losing significance of the problem for the reader or to the reviewer. Still the novice researcher finds lots of issues in stating a good researchable problem.

Fourthly, lack of acknowledgement of problem. Nurses often find their topic of study from different sources. But they fail to acknowledge the same in the proper manner. They fail to investigate such problems. The area of study might have been recommended by previous researchers, or may be obtained from previous literature or from their mentors or from their clinical experience. The researcher's first job in the research design process is to exhaustively pursue, find and then categorize what has been published in

the area of interest. The best source for specific research topics is recent research studies, because a good research article identifies at the end the implications or recommendations for future research on the topic. Almost all studies referred had stated the source as researchers experience. But it was not true.

Next barricade or the fifth issue is the tittle of the study. The tittle of the study should be such that it should always be short but should not lose its core. All flowery words should be removed and should contain only meaningful terms that clarify the gist and mirror the problem. A tittle of the study should be precise and most often the academic authority will give guidelines on how long it should be. The researcher should religiously follow the criteria set by the agency specially the publishing company.

The sixth issue that nurse researchers confront is "me too do" research. I would like to explain it. Most often nurses end up with replicating researches that have some amount of significance. It is not helping to add to the knowledge base of the profession or expanding the professional scientific horizon. This mostly happens with novice researchers. Sometimes, the novice researcher may have a new variation of the question, or they may be using a new methodology or examining a new population of patients, but it should always be assumed that the core question in such research in some form is likely to have been

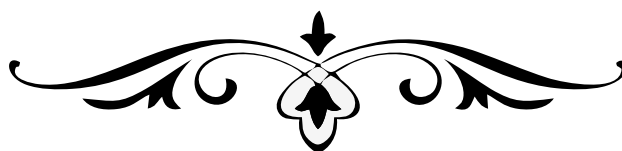
addressed previously. The investigator's job to find that information, and consider the positive and negative outcomes of the prior studies in the new research design development. There are many disadvantages of doing me too research. It does not add or broaden the scientific basis of the profession and no new learning takes place for the researcher too. Publishing agencies will not accept such articles for publication as the core remains same as it might have already been published. One must remember that when selecting and refining a topic into a problem the exact focus of a question is critically important. The researcher should read in detail the discussion section of similar articles, and speculate on what needs to be accomplished next in that topical area to advance the science of nursing. Reproducibility crisis is very much in me too researches. Funding will not be provided if it is not innovative.

Sixth issue is failure to emphasize precise significance of problem under study. Most often, in majority of nursing research studies, it is evidently seen that the researcher fails to project the exact significance of the study to the audience or to the readers or to the target population. Most often, the reader has to dive into pages and pages to identify the

fragmented pieces of significance. The researcher should write precisely the significance, not making people research for the significance and need for investigating the issue. This can be possible by critically assessing previous literature done on the particular issue to justify why the study was needed and what you as a researcher did better than previous researchers.

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ARE WE FORGETTING THE UNIQUE ESSENCE OF NURSING?



Lt Col Lata Mandal
Joint Secretary, NRSI

Nursing as a professional practice had begun in the mid-19th century. The pioneering effort of Ms Florence Nightingale moulded it into a distinct professional practice. Like any other profession, the discipline of nursing is based on a vast body of scientific knowledge with established code for technical and ethical practice. In order to keep abreast with the rapid technological advancement in the health care settings, the profession has undergone many changes in the way it practices. However, what has remained consistent is the philosophical orientation of the discipline and that is of 'caring'. Nursing is still essentially a 'caring' profession. According to the well-known nurse theorist Madeleine Leninger, 'care is the essence, the central, the dominant unifying focus of nursing'.

However, the general consensus in the society is that majority of nurses working in various health care settings in India are practising in a mechanical and fragmented way and nursing looks like a 'mere job' devoid of the essence of 'caring'.

To understand the reasons as to why nurses are deviating from their carative paradigm,

one needs to look into the process of nursing care. Researches focused on what nurses do at the patient's bedside show that nurses give differential priority to various nursing activities as they face time constraints to complete their tasks. Nurses are found to be giving more importance to activities prescribed by the doctors and nursing activities remain secondary to the medical needs of the patients. Administration of medications, assisting in diagnostic tests, and maintaining records are some of the activities that are given high priority by nurses in the hospitals. In contrast the activities traditionally considered as important nursing tasks like listening to patients, explaining every procedure to patients before doing them, care of their hygiene and nutritional needs, giving discharge instructions or giving emotional support to a patient and family during a stressful diagnosis are some of the tasks nurses frequently miss in their daily patient care and typically view these tasks as 'not so important' in their daily functioning. This pattern of nursing care indicates that nurses are committing errors of omission. To have a better understanding of the harmful effect of

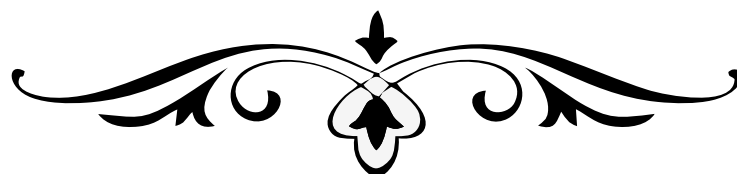
error of omission let us understand it in the context of error of commission.

A situation where a nurse gives a wrong medication to a patient and commits error of commission, she can be an immediate threat to the patient's safety, but a nurse delaying a prescribed antibiotic may not be detected immediately. But it can have a detrimental long term effect as it may lead to antibiotic resistance among the patients. Similarly nurses failing to wash hands before giving an injection may lead to dangerous bloodstream infections or a nurse who missed giving emotional support to the patients in time of distress have the potential to lose patient's confidence, and faith in the health care sector. These error of omission may not be evident to everyone, but has tremendous cumulative effect on patient's satisfaction with the health care and also has damaging effect on patient's outcome and recovery. Moreover the gap between what nurses want to do and what they actually do create ethical dilemmas and moral distress in their mind which can be a serious threat to the overall professional satisfaction of nurses and jeopardize their mental health. In addition the errors of omissions seem to steal the essence of the profession, i.e. care.

The health care sectors of today are marked by an efficiency driven, task-focused way of working with the main focus on 'cure'. Our society too perceives nurses' work in a stereotypical way while giving disproportionate importance to cure over caring. Thus the discipline of nursing which is centred on a caring approach tend to be juxtaposed between this environment of resource scarcity on one hand and target efficiency on the other.

The nursing leaders of the country should not turn blind eyes towards the phenomena of error of omission happening around them. They have the responsibility to consider the practice within a broader socio-political context with focus not only on individual nurses and their errors but also on health care policies which should aim at giving a satisfactory working condition for nurses in terms of salary, working hours and facilities.

And then and then only nurses will have the time and opportunity to practice 'nursing care'. It is important that nurses of all level remember the unique identity of their practice and do not allow the society and the health care settings to turn the caring profession into a 'mere job'. This will be the right way to pay homage to the pioneering lady with the lamp.



Journal of Nursing Research Society of India

The 'Journal of Nursing Research Society of India' is an official biannual publication of Nursing Research Society of India (NRSI). All Communications with reference to research studies should be addressed to the Editor of "Journal of Nursing Research Society of India" on the email address: editorjnrsi@gmail.com

Prerequisites: The preliminary requirements of an article before it is processed for reviews are the following:

1. The study should be relevant to any area of nursing science.
2. Preference is given to research report based on patient care studies concentrating on nursing aspects rather than medical aspects of treatment.
3. Articles should be based on research studies. The work done during past 5 years will be considered for publication.
4. The content of the manuscript should not have any text indicating the identity of the author.

Peer Review: All articles received for publication will be peer reviewed. The Editor and Editorial Board will decide on the suitability of the material for publication, which will be final. Author(s) will be informed about the acceptance or rejection of submitted article within 3 months of receipt. The main author will get a complimentary copy of the journal in which his/her article is published.

Typescript: The research report should be typed in 1.5 line spacing, on A4 size paper, with margins 1.5 inches on the left and right sides and 2 inches on top and bottom. The font size should be 12 in Times New Roman.

Type of studies and the requirements:

A. Research study: The researcher is requested to prepare the manuscript within the word limit of 5000 words excluding the references and under the following headings.

1. **Title** - Title of the article should comprise of 8 - 10 words.
2. **Abstract** - should be structured and not more than 200 words. It should be structured with Background, aim, methods, result, conclusion. Below the abstract 3 to 5 key words should be mentioned.
3. **Background** - It should include the need of the study along with up to date and relevant review of literature.
4. **Aims/Objectives** of the study in clear words. Hypotheses of the study should be mentioned if applicable to the type of study
5. **Methodology**- Should be written clearly under the headings of design, settings and participants, measures/tool, data collection, data analysis and ethical considerations.

6. **Results** - It shall be depicted as per the objectives and hypotheses of the study. Significant tables and figures should be depicted on a separate page. Total number of tables, figures and graphs should not be more than five. The level of significance and statistical test used must be mentioned under the tables.
7. **Discussion** - It shall be presented and compared as per objectives and hypothesis with supporting studies (more than one). Author should also mention how the present study is different from others, and its limitations and strengths.
8. **Conclusion** -Should include the final remarks of study and not the summary.
9. **Acknowledgment** - Mention the name/agency/organization for successful completion of study for specific scientific/technical assistance and financial support
10. **Source of Funding** -Mention the sources of extra mural funds (agency and amount) for conduction of research study
11. **Conflict of Interest** - Declare (open disclosure) any potential financial or other conflicts of interest when an article is submitted
12. **References** - In text citations and reference list has to be in Vancouver style

B. Case Study: Case Study should be based on clinical care settings. It should be organized into three sections; the introduction/ background, body and conclusion. It should describe the process and outcome with management methodology. It should be narrative in nature and can be supported by pictures and charts. The case study should not exceed 2000 words.

Abbreviations and Symbols: Use only standard abbreviations in the manuscript and should not be used in the title.

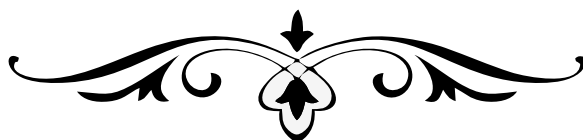
Submission of manuscripts

Researcher should send the manuscript in a soft copy (MS word document) through electronic mail at the address editorjnrsi@gmail.com with three attachments.

Attachment 1: Title Page which will mention name of authors, designations, NRSI numbers, Phone number, email address, Title of the manuscript, corresponding authors details, source of funding, conflict of interest

Attachment 2: Declaration by the author mentioning that (a) they are the authors of the article, (b) the research report is original and (c) the manuscript has not been published and submitted for publication elsewhere.

Attachment 3: Manuscript of the article (Identity of the authors should not be mentioned in the manuscript).



26th Annual National Conference of NRSI

Theme: “Cancer Care: Nursing Perspectives & Research”

According to Albert Einstein.....

“Life is like riding a bicycle.

To keep your balance, you must keep moving”.

Nursing Research Society of India in collaboration with St. Francis College of Nursing conducted the 26th Annual National Conference of NRSI on the theme “Cancer Care: Nursing Perspectives & Research” from 10th-12th Nov.2022. This Three-Day conference was held at St. Paul Higher Secondary School Auditorium, Indore, M.P.

Cancer is the second leading global cause of death. Statistics show that the number of Indians suffering from cancer is on the rise and will reach a predictable mark of 29.8million in 2025 from 26.7million in 2021. The aim of the conference was to conduct brainstorming sessions to improve the knowledge and skill of nurses in preventing the disease, disability and reduce pain & symptoms caused by the disease. It also helped enhance knowledge regarding palliative & end of life care in cancer patients.

There were a total of 176 delegates. 129 attended the conference in person and 47 delegates attended it via online mode. The delegates were from different states including Maharashtra, Tamil Nadu, Gujarat, Rajasthan, Kerala, Chhattisgarh, Jammu & Kashmir, Karnataka, West Bengal and Madhya Pradesh. Most of delegates were principals, practitioners, post graduate nursing students and post doctorate nurses.

Objective of the Conference:

The objective of the conference was to conduct expert plenary sessions and presentations of research evidence addressing various topics related to treatment, nursing care and global innovations in cancer treatment.

Hold skill based workshop addressing cancer care.

Nurture researches among nurse scientists in the area of cancer nursing.

26th Annual National Conference, NRSICON'22, included panel discussions, workshops, plenary sessions and free paper presentation sessions across the three day event. 18 speakers delivered expert lectures, there were 23 scientific paper presentations and 5 studies were presented as posters. Elections of Executive Board Members were conducted. An Executive Board Meeting and Annual General Body Meeting of NRSI life members was also held during the conference.

DAY - 1, 10th Nov.2022

Registration of delegates began at 8.00am followed by breakfast at the conference venue .

The first day of the conference started with a session on pre- test and continued with the subtheme “Cancer

Scenario the world over: Challenges and future Perspectives” under which Dr. Josephine Cyrill, Chief Nursing Officer Sir Gangaram Hospital New

Delhi briefed delegates about the challenges in cancer. This session was followed up with a presentation by Dr. Nancy Fernandes Preira, Principal; LT College of Nursing Mumbai on the subtheme “Addressing the Gaps: Cancer stigma and silence around the world”. The session was chaired by Dr. Usha Ukande, Editor in Chief, IJNS, Consultant Midwife MOM President, NHS.

The day was also marked by the inaugural function, for which the chief guest was Dr. Upinder Dhar, Honourable Vice Chancellor, Shri Vaishnav Vidyapeet Vishwavidhyalaya, Indore. He addressed the gathering with his words of wisdom.

Dr. Maria De Carvalho, Faculty Palliative care medicine Tata Memorial Hospital, Mumbai Nursing Director, Ostomy Association of India delivered the keynote address on the evolution of Oncology Nursing: Leading the Path to change, followed by the presidential address by Dr. Assuma Bevi T.M, Vice President, NRSI, Dean Aster MIMS Academy Kozhikode, Kerala. In the midst of the inaugural function, the 26th Annual NRSI conference souvenir was released by the Chief Guest and Father Lucas Isidore, Director, St. Francis College of Nursing and was distributed to the dignitaries and delegates. The vote of thanks was delivered by Mrs. Nazmeen



Mansoor, organizing Secretary.

The next speaker was Dr. Amol Eknath Gaikwad, Programme Manager NCD, Karkinos Healthcare, Pune and Dr.S.P. Shrivastava, Senior Consultant Oncologist Shalby Hospital, Indore. The topics covered were “Early detection and prevention: Role of Nurse Researcher” and “Radiomics: An emerging trend in cancer diagnosis & treatment”. The session was chaired by Lt. Col (Dr.) Lata Mandal, Jt. Secretary, NRSI.

On the same day after lunch a panel discussion was conducted on the subtheme “Significance of Multidisciplinary treatment in Cancer care including psychological approach” with the Panelists Dr Anil Singhvi, Haematologist and Medical Oncologist, Indore, Dr. Arun Agarwal, Oncologist and Cancer Surgeon, Indore, Dr A.K. Jain, Professor, ASPEUS, Prayagraj State President, International Naturopathy Organization (INO), Dr. Sravanthi Maya, Founder and Chief Psychologist- The Raft Counselling and Psychosocial Support, Hyderabad, Dr. Smita Verma, Consultant, Obstetrics and Gynecology, St. Francis Hospital & Research Centre, Indore and Dr. Janak Palta McGillian, Director, Jimmy McGilligan Centre for Sustainable Development, Indore.

This was followed by an FNRS presentation conducted by Dr. Sukhpal Kaur and Dr. Athirarani MR. Felicitation of fellows was done by NRSI executives Dr. Assuma Bevi TM, Dr. Usha Ukande, Lt. Col (Dr.) Lata Mandal, Dr. Anil Sharma, & Dr. Blessy Antony.

The next session was Paper Presentation, which was evaluated by Dr. Nancy Fernandes Pereira, Principal L.T College of Nursing, Mumbai and Lt. Col (Dr.) Lata Mandal, Jt. Secretary, NRSI. The day concluded on a cultural evening out at Nakhrali Dhani.

DAY - 2, 11th Nov.2022

Review of the previous day was shared by Sr. Archana CMC followed by the first plenary session under the subtheme: Children with cancer: Nursing Research perspectives. Ms Piyali Bose, Nursing Superintendent cum Associate Professor, Tata Medical Centre, Kolkata and Dr. Assuma Beevi TM were the resource persons. The session was chaired by Prof. Dr. Purna Pande, Principal SAIMS College of Nursing.

The next session was on “Equipping Nurses in Cancer Care and Research” for which Dr. Sravanthi Maya Founder and Chief Psychologist- The Raft counselling and psychosocial

support, Hyderabad and Dr. Meera S. Achrekar, ACTREC Tata Memorial Centre, Mumbai were resource persons .The session was chaired by Dr. Sudha T. Nair, Faculty, Academy of Hospital Administration, Noida.

NRSI Election: Dr Nancy Fernandes the returning officer announced the new executive members of Nursing Research Society of India. There was only one contestant for each post, hence all members were unanimously elected for the upcoming tenure.



It was also put forth, that the next tenure would be headed by the following executive members-
Dr. Assuma Beevi, President

Dr. Anil Sharma, Vice President

Prof. Dr. Blessy Antony, Secretary

Lt Col Dr. Lata Mandal, Joint Secretary Dr. Shejila Joint Editor

Prof Shweta Patnaik, Treasurer

The new members were accorded a warm welcome and assured of all the support.

The outgoing executive members were thanked for their diligent work in carrying forward the NRSI work. The General Body meeting was conducted after the announcement of newly elected members.

The next session was “Palliative Care: Role of Nurses in improving quality of life” Dr. Maria De Carvalho, Faculty Palliative Care Medicine, TATA Memorial Hospital, Mumbai, Ms Maitreyee Bhattacharjee, Founder Director Care Continuum Pvt. Ltd, Kolkata. Prof Dr. Elizabeth Simon, RN, Ph.D., RN, ANP, Dean & Professor of Nursing, Alliance University Fulbright-Nehru Scholar, 2015-16., 2022-23. were resource persons for the session. The session was chaired by Prof Dr. Manju Joshi. Principal Edu Serum X College of Nursing, Indore

Paper presentations were evaluated, by Dr. Nancy Fernandes Pereira, Dr. Lata Mandal on the 2nd day.

After the sessions Mr. Arsh Sharma made a presentation about Vidyanta Skills Institute, followed

by a presentation by CBS Publishers.

The day concluded with a cultural evening organized by B.Sc (N) students of St. Francis College of Nursing. The programme was enjoyed by all resource persons and delegates. The audience applauded the vibrant performances by all the students.

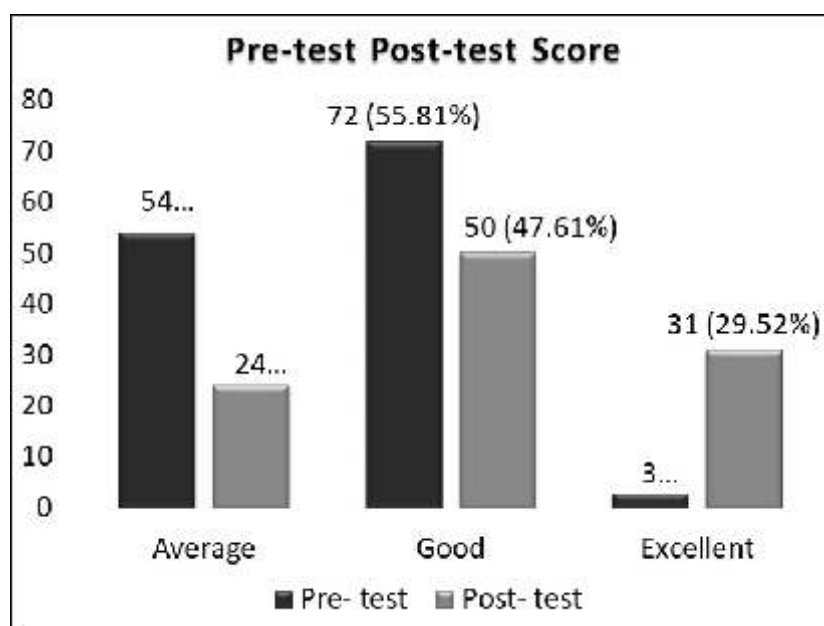


DAY - 3, 12th Nov.2022

The day began at 9am with Post Conference workshop on preparation & safe handling of chemo drugs & administration, care of lines & tubes, stoma care, oral, breast & cervical cancer screening by Simulation specialists Ms. Shilpa, Ms. Pratibha, Mr. Rahul Bisht, Ms. Ambika Jamwal, Simulation specialists from Vidyanta Skills Institute, Gurgaon and CIMS Bhopal.

Paralleled Paper and Poster presentations were evaluated by Dr. Nancy Fernandes Pereira, Lt. Col. (Dr.) Lata Mandal. Altogether 23 free paper presentations and 5 poster presentations were made.

Pre-tests & post tests were conducted on day 1 and day 3. We had a total of 129 participants in pretest, 24 participants were not available in the post test. In the pretest 54 (41.86%) participants were in average score, 72 (55.81%) were in good and 3 (2.32%) were in the



excellent category. Whereas in the post test 24 (22.85%) participants scored average, 50 (47.61%) scored good and 31 (29.52%) were in excellent category. This went on to prove that the 3 day conference was highly beneficial for everyone.

Valedictory Function: 12th Nov. 2022 1.00pm

The chief guest of the Valedictory function was Dr. Manish Patel Director Coral Hospital & Research Centre, Indore, Madhya Pradesh. Father Lucas Isidore Director, St. Francis Hospital & Research Centre and College of Nursing accorded a floral welcome to the chief guest. Sr Archana CMC, introduced and welcomed the chief guest and all the other dignitaries. Mrs. Nazmeen Mansoori presented a brief report on the three day conference.

Some of the participants shared their views and appreciated the conference. Awards for best poster and best paper presentations were declared.

Award for best paper presentation was bagged by Jensi Rathinam, M.Sc Nursing, Father Muller College of Nursing, Mangalore, Karnataka. Study on: Effectiveness of virtual reality distraction on pain perception and fear among children with cancer undergoing IV Cannulation.

Best Poster award was bagged by Mr. Vipin Vagheria, Asst. Professor Manikaka Topawala Institute of Nursing Gujrat, on the topic: "Experience of children diagnosed with epilepsy-phenomenological study."

Dr. Manish Patel chief guest shared his views on cancer care & research in his address. He emphasized on the need to create greater awareness on the dangers of pollution, obesity, harmful use of tobacco, betel nuts and alcohol, leading sedentary lifestyle, eating junk and other foods linked to cancer. He also emphasized the need for proper screening for people falling under the risk group of developing cancer. He said that there was a need to establish cancer units for early detection, diagnosis, treatment and to provide palliative care in rural areas where about 70% of our population resided. There was a need to have more medical and para-medical professionals in this field for providing quality care. He also stated that if nurses, doctors and other health care workers could establish a regular communication with the patients and family, especially in a dreaded disease like cancer that could infuse hope in the hearts of patients and calm the troubled minds of the families. He appreciated the teamwork of the organizers and congratulated the team for the successful completion of the conference. Following this, all the executive members of NRSI were felicitated with mementos.

Finally, Prof. Dr. Blessy Antony thanked each and every one for their help and support in making NRSICON'22 a grand success.

HIGH LIGHTS OF THE CONFERENCE:

The 26th Annual National Conference, NRSICON'22 gave a strong boost to all nurses in promoting cancer care and research related to the field. Annual National Conference, NRSICON'22 gave a strong boost to all nurses in promoting cancer care and research related to the field.

The theme of the conference was appropriate. The doubts and fears related to cancer care, palliative care were addressed by formal and informal discussions with the experts.

With the wide use of technology, internet as media, organizers were able to reach out to a pan global audience.

Elections conducted and new executive members inducted.

The event was covered by Atma Darshan TV and leading newspapers like Nayi Dunia, Patrika and Sadhya Dainik.

It served a good platform for many of the post graduate and doctoral students to fulfill their course completion criteria as they got a chance to present their research studies during the conference.

It was an excellent opportunity to get to know people with similar interests and to grow a network of friends, acquaintances, and peers beyond one's own college and university.

Experts from the field of psychology and alternative medicine participated actively in the conference which goes on to show that they are positive about collaborations.

Prof (Dr.) Blessy Antony

Organizing Chairperson, NRSICON'22

Principal, St. Francis College of Nursing

Mrs. Nazmeen Mansoori

Organizing Secretary, NRSICON'22

Fellowship of Nursing Research Society (FNRS)

Nursing Research society invites applications for FNRS. The duration for the fellowship will be for one year and the amount for funding will be Rs 50,000. The fees for application is a non-refundable amount of Rs.2000/-. The "Application for FNRS" form will be available in the NRSI website in the month of March 2023. Interested researchers are requested to download, and fill the 'Application for FNRS' and send electronic mail to nrsiindia@gmail.com

Last date for application: 30 April 2023

Eligibility criteria:

- 1 The fellowship should be conducted under the supervision of a mentor. The list of names of research experts with their correspondence details will be provided in the NRSI website along with the application form. The applicant is responsible to select, and approach the mentor for their supervisory requirement.
- 2 The applicant should be a life member of NRSI.
- 3 He/she should hold a Ph.D. degree in nursing.
- 4 Should have at least 2 published original research works in peer-reviewed journals.
- 5 Should be 50 years or below at the time of application
- 6 The proposed research study should have clearance of the Institutional review board of the respective research settings. If the IRB certificate is not available at the time of application, the applicant should provide IRB certificate within the first 3 months of starting the fellowship. Failure to provide IRB certificate within the stipulated time will result in termination of the fellowship.

Procedure for application and fellowship

1. All applications will be scrutinized by a committee appointed by NRSI.
2. The decision for award of FNRS will be announced in the website and emails will be sent to all individual applicants regarding the decision.
3. The period of one year will be counted from date of acceptance of the proposal as intimated to the selected fellows.
4. In case a fellow leaves the program midway he/she will have to pay back the drawn amount to NRSI

5. The fellow has to submit progress reports to NRSI on the 3rd 6th and 9th months of starting FNRS.
6. The grant of money will be released in installments after the committee is satisfied with the progress report.
7. The final report of the research work should be submitted on the 11th month of start of fellowship.
8. Upon satisfactory evaluation of the final report, the fellow has to present the results in NRSI national conference where he/she will be presented with the certificate of award.
9. Upon satisfactory evaluation of the final report, the fellow also has to submit a manuscript related to the research study to JNRSI (Journal of Nursing Research society) for publication.
10. The FNRS recipient need to acknowledge NRSI support in any presentation and publications that emanate from the proposed research project.
11. NRSI shall be the owner of all the intellectual property (patentable/non-patentable) generated by the research study. However, there shall be a royalty sharing agreement between NRSI and the fellow inventors, as and when required.

If you need assistance with filling up the form or face any problem, please contact the FNRS coordinator at nrsiindia@gmail.com or latakrishnendu@yahoo.com

THRUST AREAS FOR RESEARCH

NRSI would prefer to support studies aligning with the thrust areas identified by the society.

1. Researches on stages of life (develop personalized approaches that maximize health and well-being for individuals at all stages of life, across diverse populations and settings.)
2. Communicable diseases and non-communicable diseases
3. Adolescents living with diabetes
4. Elderly cancer survivors coping with pain
5. Researches that impact on policies
6. Developing clinical practice guidelines
7. Symptom science
8. Promotion of wellness
9. Self-management of chronic conditions
10. End-of-life care and palliative care.



N.R.S.I.

Nursing Research Society of India



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Address of the Motivator _____

FEES DETAILS

Life Membership -
 Indian and SARRC nations Rs. 3000.00
 Non Resident Indian U.S. \$ 200.00

- PS:**
- ♦ Associate Membership (All Registered Nurses, Medical and Social Scientist and other professionals related to nursing profession).
 - ♦ Please add Rs. 50.00/- or \$ 5.00 for cheques of outside Indore.
 - ♦ All cheques/Drafts should be made in favor of "Nursing Research Society of India" payable at **Indore** only and post to **NRSI office**
 - ♦ **Please attach two passport size photographs along with form and send it to give address.**

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Five Years	5000/-	Five Years	8000/-

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Bank Name: State Bank of India
Account Number: 10874590078
IFSC Code: SBIN0030401

Contact:

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