



AJOAN

ANUSHREE JOURNAL OF ADVANCED NURSING

A KEY FOR BETTER NURSING

RNI Reg. No. MPENG/2012/51984

Vol 24 Issue No. 1 April 2025 - September 2025



ANUSHREE COLLEGE OF NURSING

112, Near ISBT, Kashodan Nagar, Madhotal, Jabalpur, MP-482002

ANUSHREE JOURNAL OF ADVANCED NURSING



Editorial Office Address:

Editor-in-Chief

Anushree Journal of Advanced Nursing

Anushree College of Nursing, 112, Near ISBT,
Kashodan Nagar, Madhotal, Jabalpur, MP-482002

Phone : 9111000305, 8889995109

Email : anushreecollegeofnursing@gmail.com

© Copyright :

All rights are reserved; no part of this publication may be reproduced, stored or transmitted in any form in any means without seeking permission from the Editor-in-Chief.

Disclaimer:

The views or opinions expressed in the articles of this journal are those of the authors and do not reflect the publisher and editorials.



Greetings to Readers!

With great pride I present the latest edition Anushree Journal of Advance Nursing, a publication dedicated towards excellence in advanced nursing research and practice. It's our effort to enrich the professional lives of nurses by publicizing research, nurturing innovation thus cultivating a dynamic community of knowledge and practice. It's an attempt that this issue brings together a varied collection of peer-reviewed articles that illustrates the evolving multifaceted nature of modern nursing.

As healthcare system globally continues to encounter unparalleled challenges, the dedication and skill of the nursing workforce proves to be evidence to their untiring commitment towards patient care. It is our hope that the insights and ideas presented in this issue will not only enlighten but also inspire the readers to think critically, challenge the status quo, and engage in meaningful discussion thus brings positive changes.

I would like to extend my heartfelt gratitude to all the authors for their valuable contributions, to all the peer reviewers for their diligent and meticulous evaluations, and definitely to the editorial team for their untiring efforts bringing this edition to fruition. Through the collective commitments this journal continues to serve as a trustworthy, valuable and credible resource for nurses, educators, policymakers, and healthcare leaders alike.

Thank you for your continuous support.

Regards

Dr. (Prof.) Jomon Thomas
Editor In Chief

EDITORIAL

International Advisor

Dr. (Prof.) N. Khanna
Retd. Professor Emeritus
Pace University, New York, USA

National Advisor

Prof. (Dr.) Sunita Lawrence
Principal, Pragyan College of
Nursing, Bhopal (M.P.)

Editor in Chief

Dr. (Prof.) Jomon Thomas
Anushree college of Nursing,
Jabalpur M.P.

Contributory Editor

Dr. (Prof.) Meenu Paul
(Vice Principal)

Language Editor & Circulatory Manager

Mrs. Sonali Paharia
(Lecturer)

Editorial Committee

Mrs. Richa Singh (Prof.)
Mrs. Mary Joseph (Asso. Prof.)
Mr. Siddharth Jain (Asso. Prof.)
Mrs. Archana Anand (Asso. Prof.)
Mrs. Gloria Francis (Asst. Prof.)
Mr. Emanuel Adward (Asst. Prof.)
Mrs. Pragyawati (Asst. Prof.)
Mrs. Nikita Bairagi (Asst. Prof.)
Mrs. Kiran Singh Kushwaha (Asst. Prof.)
Mr. Dinesh Shrivastava (Lecturer)

Technical Support

Mr. Gajendra Prasad Dubey (M.Com)

◇═══════════ **CONTENTS** ═══════════◇

COMPASSION FATIGUE AMONG NURSES: STRATEGIES FOR PREVENTION AND MANAGEMENT

Mrs. MARY JOSEPH

THE ROLE OF LSRW IN NURSING

Mrs. SONALI PAHARIA

PROPHYLACTIC NURSING CARE FOR COMMON DISCOMFORTS DURING PREGNANCY: A COMPREHENSIVE REVIEW

Dr. Prof. MEENU PAUL

TRAVEL NURSING-A UNIQUE NUSING STYLE FOR WORKING OVERSEAS

Mrs. ARCHANA ANAND

IMPACT OF SIMULATION TRAINING ON NURSING EDUCATION

Mr. EMANUEL ADWARD

NAVIGATING PEER REVIEW AND PUBLISHING ETHICS: A COMPREHENSIVE GUIDE FOR NURSE AUTHORS

Dr. Prof. JOMON THOMAS

NAVIGATING GROWTH AND DEVELOPMENT MILESTONES IN CHILDREN: A COMPREHENSIVE GUIDE FOR PEDIATRIC NURSES

Prof. FINU M PAUL

NAVIGATING THE STORM: ADDRESSING VIOLENCE AND ENSURING SAFETY IN PSYCHIATRIC SETTINGS – A COMPREHENSIVE REVIEW”

Prof. ARUN JAMES

THE IMPACT OF ARTIFICIAL INTELLIGENCE ON NURSING

Dr. Prof. AMANDEEP KAUR

HOW DOES INTERNET AFFECT MENTAL HEALTH? **Mrs. NIKITA BAIRAGI**

TRADITIONAL LEARNING V/S DIGITAL LEARNING: A COMPARISION

Mr. DINESH SHRIVAS

COMPASSION FATIGUE AMONG NURSES: STRATEGIES FOR PREVENTION AND MANAGEMENT

Mrs. MARY JOSEPH

Associate Professor, H.O.D. Paediatric Department,
Anushree College of Nursing, Jabalpur (M.P.)

Abstract

It is well understood that the emotional, physical, and psychological well-being of healthcare providers is adversely impacted by suffering from compassion fatigue, which is no doubt a serious problem in the profession. Nurses develop burnout and emotional exhaustion and experience declines in job satisfaction from working with patients in the same manner which leads to compassion fatigue. The article gives evidence-based approaches to prevent and manage compassion fatigue in nurses while examining its origins and symptoms and their effects on nursing staff. Nurses possess the capability to protect their well-being while delivering superior quality patient care and administrative support and developing flexible competencies for stress management.

Keyword:

Compassion, Fatigue, Prevention, Management and Emotional.

Introduction

Nurses sustain the health care system through their provision of physical along with compassionate mental and emotional support to their patients. Nurses experience decreased comfort because they spend excessive time facing painful situations and anxious states under strenuous work commitments leading to compassion fatigue. The discreet symptoms of this condition include emotional exhaustion together with decreased empathy and diminished professional work quality. The condition becomes noticeable through exhaustion and elevated staff turnover which results in insufficient patient treatment when not addressed appropriately. Controlling and recognizing compassion fatigue is the basis for

maintaining both the wellness and performance levels of nursing personnel.

Understanding Compassion Fatigue Definition and Cause

Nurses providing care to patients often develop the illness called compassion fatigue after experiencing prolonged emotional turmoil in their work environment. The condition carries two names including the "cost of caring" and compassion fatigue. However, there is a line of difference between it and burnout, which is mainly brought on by an extreme amount of labor and tension in the workplace. There are a number of aspects that contribute to compassion fatigue among nurses, including:

- Continuous contact to the pain and psychological distress of patients
- A high level of sensitive connection in the care of patients
- Long working hours and an excessive amount of work
- Absence of emotional support and professional recognition
- Deficient balance between professional and personal life

Symptoms and Impact on Nurses

The symptoms of compassion fatigue can take many forms, including the following:

Emotional Symptoms: Anxiety, melancholy, impatience, alienation, and emotional flatness.

Physical Symptoms: Tiredness, headaches, sleep problems, and digestive troubles.

Behavioral Symptoms: Declining job satisfaction, social withdrawal, higher absenteeism, and less work efficiency.

Compassion fatigue not only affects nurses individually but also patient care,

teamwork, and the general healthcare system. Nurses suffering from compassion fatigue could find it difficult to make decisions, show less sympathy, and be more prone to commit medical mistakes.

Strategies for Prevention and Management

1. Self-Care and Methods for Building Resilience

It is essential to practice self-care in order to avoid and effectively manage compassion fatigue.

A nurse's top priorities should be:

- ✓ Concerning own's health, keeping up with a nutritious diet, exercising on a regular basis, and getting enough rest are all important components.
- ✓ Counselling or therapy, engaging in mindfulness practices, and participating in hobbies are all ways to improve one's emotional well-being.
- ✓ Establishing boundaries between one's personal life and professional life, taking pauses, and making the most of vacation time are all components of work-life balance.
- ✓ Utilizing practices that build resilience, such as cultivating good coping mechanisms, maintaining connections with colleagues who are supportive, and practicing gratitude, can assist nurses in managing the emotional stress that they experience.

2. Techniques for the Management of Stress

An effective stress management strategy can assist nurses in coping with the challenges that they face in the workplace. These include the following:

Meditation and mindfulness are two practices that can help alleviate anxiety. These practices include deep breathing exercises and guided meditation.

3. Journaling-The act of reflecting on experiences in order to process feelings and identify stress triggers is known as journaling.

In order to avoid becoming overwhelmed, time management involves assigning priorities to activities and delegating duties.

4. Interventions in the workplace and services provided by the organization

There is a significant contribution that healthcare organizations can make to the overcome compassion fatigue by putting supportive policies into place:

EAPs, or employee assistance programs, should be provided. Nurses must get access to

resources for mental health and counselling services.

5. Facilitating a Positive Atmosphere in the Workplace: Encouragement of open communication, peer support, and teamwork creates positive environment which is very important. It can be done by:

- Reducing the work burden and improving staffing levels
- Ensure that patient loads are manageable, proper nurse-patient ratios must be used.
- Training nurses on self-care strategies and coping mechanisms, as well as providing regular training on compassion fatigue awareness, can also prove an important practice.

6. Support from Peers and Professional Relations Networks

It is possible for nurses to better manage the emotional demands of their work by cultivating good professional connections and participating in peer support programs. In order to enable the sharing of experiences, the seeking of help, and the expansion of appropriate coping techniques, it is beneficial to reassure regular debriefing sessions and mentorship programs.

7. Changes in Leadership and Existing Policies

Initiatives pertaining to mental health should be given priority by nursing leaders and legislators, and workplace policies should be formulated with the well-being of nurses in mind. There is the potential for a healthy working environment to be created by the implementation of rules that provide flexible work hours, access to mental health services, and frequent assessments of the levels of stress experienced by nurses.

Conclusion

In the field of nursing, compassion fatigue proves to be a significant obstacle that challenges both the healthcare workers and the outcomes for their patients. It is possible for nurses to preserve their emotional well-being and continue to offer compassionate care if they are able to recognize the early indicators and put preventative actions into action. Modifications to policies, training programs, and the provision of mental health services are all examples of ways in which organizations can actively contribute to the development of a supportive working environment. Taking action to combat compassion fatigue is

absolutely necessary in order to maintain a nursing staff that is both resilient and effective.

REFERENCES

- Alharbi J, Jackson D, Usher K. Compassion fatigue in critical care nurses. An integrative review of the literature. *Saudi Med J*. 2019 Nov;40(11):1087-1097. doi: 10.15537/smj.2019.11.24569. PMID: 31707404; PMCID: PMC6901773.
- Craigie M, Osseiran-Moisson R, Hemsworth D, Aoun S, Francis K, Brown J, et al. The influence of trait-negative affect and compassion satisfaction on compassion fatigue in Australian nurses. *Psychol Trauma*. 2016;8:88–97. doi: 10.1037/tra0000050. [DOI] [PubMed] [Google Scholar]
- Goetz J, Keltner D, Simon-Thomas E. Compassion: An evolutionary analysis and empirical review. *Psychol Bull*. 2010;136:351–374. doi: 10.1037/a0018807. [DOI] [PMC free article] [PubMed] [Google Scholar]
- Hunsaker S, Chen HC, Maughan D, Heaston S. Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *J Nurs Scholarsh*. 2015;47:186–194. doi: 10.1111/jnu.12122. [DOI] [PubMed] [Google Scholar]

THE ROLE OF LSRW IN NURSING

MRS. SONALI PAHARIA ,
Lecturer, Anushree College of Nursing, Jabalpur (M.P.)

Abstract

Effective communication sets the base of Quality nursing care, additionally it aids in promoting patient safety, building trust, and strengthening teamwork. By adhering to the LSRW framework, which stands for Listening, Speaking, Reading, and Writing, nurses can systematically enhance their fundamental communication skills. Nurses who excel in these skills are comparatively more capable of understanding with their patients and their health conditions. Nurse being a efficient listener, good speaker, competent reader and proficient writer proves to be an asset to the health care system. Also with these skills they are less likely to commit medical errors thus promising better care. Their ability to comprehend medical reports, records, research papers, and documentation is essential for promoting evidence-based practice. Mastering these competencies, they ensure the continuousness of good treatment and abidance to legal regulations. Further these skills are required for nurses to expand patient-centered care and maintain professional standards. The enhancement of LSRW skills in this dynamic medical environment facilitates the advancement of nursing practice, which in turn enhances healthcare outcomes.

Keywords:

Communication, LSRW Framework, Active Listening, Patient-Centered Care, Nurse-Patient Relationship.

Introduction

The central aspect of good nursing care is ensuring that the patient in all possible ways receives better treatment, care, support, and right information. To achieve this efficient communication is required. Nurses had to deal and communicate with

patients , their caretakers, family and other members of health care system thus creating a need for nurses to excel these skills. It cannot be denied that weak communication skills reduces the quality of healthcare by increasing the chances of medical mistakes, misinterpretations, reduced patient safety, and dissatisfaction.

The LSRW framework—which stands for Listening, Speaking, Reading, and Writing—establishes a basic paradigm for the development of language competence by integrating interpersonal effectiveness into nursing practice. For doctors and nurses to convey information clearly, accurately, and empathetically, all four of these are essential. The ability to read and understand medical records and reports is essential for nurses. So is the ability to write thoroughly and accurately about your patients' conditions, listen carefully and understand their concerns and symptoms, and communicate clearly and concisely. Better healthcare outcomes may be possible if nurses prioritized their patients' needs, which may increase their empathy and productivity.

Listening: Foundation of Patient Treatment

It is one of the four foundations of effective communication and also the cornerstone of strong patient involvement. Beyond just hearing words, active listening includes understanding the unspoken aspects of a patient's health concerns. Establishing rapport with patients is crucial as it boosts the nurse-patient relationship, which subsequently makes patients happy.

To grasp the patients' needs, worries, and symptoms, a good nurse pays close attention to them. This makes appropriate therapies possible as well as more accurate diagnosis. Attentive listening is needed in

following doctor's instructions along with understanding a patient's medical history, and spotting tiny though important changes in a patient's health state. Moreover, it promotes compassionate patient care by means of emotional support and reassurance.

Speaking: Guaranteeing Accuracy and Clarity in Interaction

To communicate well and in a concise manner, nurses must be competent enough. They must have the understanding of ways the interactions to be made with patients, their family, and healthcare teams. By possessing the capacity to effectively and concisely explicate complex medical conditions to patients or their family the nurses may guide in a better way. This encompasses instructions on how to follow the prescribed medication regimen, how to care for oneself following surgery, and what modifications to make to one's daily routine.

In addition to their interactions with patients, nurses frequently collaborate with physicians, specialists, and other professionals in multidisciplinary teams. Nurses competent of effective communication are more likely to conduct medical procedures without making errors. Patient education is another job of nurses which need to be done effectively in right manner to achieve the goal. This facilitates the reduction of dread, the direction of treatment options, and the active participation of patients in their care. In high-pressure environments such as emergency rooms and intensive care units, it is must to provide precise and concise instructions and that too in the best possible manner, here the competency of healthcare provider's counts.

Reading: Learning and Using Medical Knowledge

Nurses must acquire reading skills to comprehend the medical reports, records and other details of patients so that to stay informed about patient situations, line of treatment, doctor's note and healthcare regulations. Evidence-based practice

fundamentally relies on the ability to comprehend and assess medical records, prescriptions, laboratory results, and research materials. nurse need to be capable enough in understanding these documents so she can make right clinical decisions, ensuring alignment of patient care with the latest medical advancements and best practices. Understanding medical literature improves their expertise alongside their education. Precise interpretation of medical documentation minimizes errors, hence ensuring patient safety.

Writing: The Pillar of Accurate Documentation and Reporting In nursing, writing is vital for three reasons: it allows for extensive record-keeping, effective communication among healthcare staff, and accurate documentation. Beyond need of profession thorough documentation is also a legal requirement in clinical practice.

Ensuring patients get right treatment during their entire stay is of utmost importance that relies on the compilation of comprehensive patient reports, progress notes, care plans, and discharge summaries.. If all the important information is conveyed in a timely and well-organized manner in writing, the number of misunderstandings that happen among healthcare personnel may be decreased. Furthermore, concise and precise medical documentation is a crucial safeguard against the likelihood of human error, ensuring an unshakeable record of the patient's treatments.

Academic growth and research rely heavily on writing, which forms an integral part of both clinical practice and academic progress. Contributors to this growing corpus of healthcare knowledge include registered nurses who take part in academic writing, publishing, and presenting research papers. Both their professional success and the quality of patient care may benefit from their strong writing skills.

Conclusion

No part of the LSRW framework can be said less crucial to others when it is all about providing better patient care and improving healthcare delivery. In every way, this model lays the groundwork for better two-way dialogue between healthcare providers and their patients. When nurses become experts in these areas, they may enhance their professional competence and provide patients with empathy, knowledge, and precision in their treatment.

As a result of the importance of effective communication in a dynamic healthcare system, nurses are responsible to enhance their communication abilities to benefit their patients to the maximum. Armed with these abilities, nurses will surely be able to seize the initiative, leading to better patient care, more rapid medical progress, and the respect due to their profession.

References

1. Al-Sutari, M., Al-Tarifi, M., Albqoor, M. A., & Shaheen, A. (2022). Problem-solving and communication skills of undergraduate nursing students. *The Open Nursing Journal*, 16, e187443462208020. Retrieved from <https://opennursingjournal.com/VOLUME/16/ELOCATOR/e187443462208020/FULLTEXT/>
2. Sharma, R. (2019). A study on improving LSRW skills in English language. *Journal of Emerging Technologies and Innovative Research*, 6(1), 888-892. Retrieved from <https://www.jetir.org/papers/JETIR-DY06148.pdf>
3. Gomathi, B. S., & Geetha, T. S. (2015). Enriching the skills of rural students with effective methods of teaching English language using LSRW skills. *Journal of Research in Humanities and Social Science*, 3(7), 53-56. Retrieved from <https://www.questjournals.org/jrhss/papers/vol3-issue7/H375356.pdf>
4. Özdemir, F., & Kaya, H. (2017). The effect of assertiveness education on communication skills given to nursing students. *International Journal of Caring Sciences*, 10(1), 480-487. Retrieved from https://internationaljournalofcaringsciences.org/docs/45_ozdemir_original_11_1.pdf
5. Pérez, E., & Romero, E. (2024). Findings from oral communicative competence during simulation among nursing students. *Clinical Simulation in Nursing*, 71, 1-7. Retrieved from <https://www.sciencedirect.com/science/article/pii/S1557308724002695>

PROPHYLACTIC NURSING CARE FOR COMMON DISCOMFORTS DURING PREGNANCY: A COMPREHENSIVE REVIEW

Dr. (Prof.) MEENU PAUL

Professor & H.O.D. Obstetrics & Gynecology Nursing,

Anushree College of Nursing, Jabalpur (M.P)

ABSTRACT

Pregnancy though a transformative period in a woman's life, is often accompanied by some physiological and psychological discomforts. Although these distresses are generally not pathological, they can potentially affect the quality of life. Prophylactic nursing interventions play central role in mitigating these distresses and ensuring maternal well-being. This article review explores the common discomforts during phase of pregnancy, including heart burn, nausea and vomiting, constipation, back pain, leg cramps, edema, fatigue, and emotional changes. Evidence-based nursing strategies for prophylaxis and management are discussed, emphasizing patient education, lifestyle modifications, and supportive care.

Keywords :- Pregnancy discomforts, prophylaxis, nursing care, maternal health, prenatal care, pregnancy complications

Introduction:-

Pregnancy brings along profound physiological, hormonal, and psychological changes that many a times result in various discomforts. While these discomforts are typically benign, they do can impact maternal well-being if not managed properly. The variations in hormone levels, increased weight, and posture issues contribute to a variety of discomforts that differ in severity among

pregnant women. Some discomforts can be managed by bringing simple lifestyle modifications, while others need medical or nursing interventions. Nurses play a pivotal role in providing prophylactic care to minimize these discomforts and enhance maternal health outcomes. This article provides an evidence-based review of common pregnancy discomforts and their nursing management.

Common Discomforts During Pregnancy and Their Prophylactic Nursing Interventions Nausea and Vomiting (Morning Sickness) :-

Nausea and vomiting, commonly known as morning sickness, affect around 80% of pregnant women, mostly in the first trimester. Although the exact etiology rests unclear, hormonal changes, particularly increased levels of human chorionic gonadotropin (hCG) and estrogen, are supposed to be responsible. This condition is usually self-limiting but can be distressing if severe. Hyper emesis gravidarum, a more extreme form of nausea and vomiting, may require hospitalization and intravenous fluid therapy.

Prophylactic Nursing Interventions:-

- Advise small but frequent meals so as to control blood sugar levels and also to avoid stomach distress. Morning sickness may be reduced by eating dry snacks or risks immediately before getting out of bed.

- Strong odors, spicy foods, and excessive fatty intake can trigger nausea, thus, advice avoiding these. Instead, suggest bland, easily digestible foods.
- Recommend ginger, either in tea or capsule form, as researches support it to be a natural antiemetic that helps reduce nausea.
- Educate on acupressure techniques and wrist bands, as they help alleviate nausea through pressure point stimulation.
- Promote adequate hydration, suggesting electrolyte-rich fluids to prevent dehydration, which can worsen nausea.
- Support stress-reducing techniques such as deep breathing, guided relaxation, and meditation to help manage symptoms.
- Suggest escaping caffeine, chocolate, acidic foods, and carbonated beverages, as these can trigger reflux symptoms.
- Promote sufficient hydration. Drinking large amounts of fluids at once must be advised to be avoided, as excessive intake may increase stomach pressure.
- If necessary, consult for antacids under medical supervision. Calcium-based antacids are generally safe during pregnancy.

Constipation:-

It is a frequent complaint during pregnancy. Hormonal changes during pregnancy cause a decrease in gastrointestinal motility, thus, resulting in constipation. Because progesterone relaxes smooth muscles, it slows down the efficiency of bowel movements and the discomfort is the result. Another potential cause of constipation is iron supplements, which are often prescribed to pregnant women.

Prophylactic Nursing Interventions:-

- Encourage a high-fiber diet like fruits, vegetables, whole grains, and legumes to promote bowel regularity.
- Promote adequate fluid intake (at least 2 liters per day) to soften stools and facilitate bowel movements.
- Advocate for regular physical activity, such as walking and prenatal yoga, to enhance gastrointestinal motility.
- Educate on safe stool softeners, such as psyllium husk or lactulose, if necessary, but under medical guidance.

Back Pain:

It is a common discomfort a pregnant

Heart Burn (Gastro Esophageal Reflux Disease-GERD) :-

Particularly in the second and third trimesters, pregnant women complaints heartburn which means a burning sensation felt in the chest. Lower esophageal sphincter relaxation brought on by hormonal fluctuations causes stomach acid reflux. The expanding uterus is also responsible to aggravate the disorder even more by pressing the stomach.

Prophylactic Nursing Interventions:-

- A nurse may advise smaller meals and avoiding lying down immediately after meals, which can prevent acid reflux to some extent.
- Encourage elevating the head during sleep using extra pillows or even by using an adjustable bed to reduce night time heartburn.

woman faces. It results from hormonal changes causing ligament relaxation, postural alterations, and a developing uterus. The increasing weight strains the lower back, which causes mild to severe pain over time.

Prophylactic Nursing Interventions:-

- Recommend right body mechanics and posture thus reducing strain on the spine.
- Advise sitting with back support and to avoid standing for long.
- Using comfortable footwear preferably flat ones and maternity belts to be used to provide lumbar support.
- To reduce pain and discomfort, encourage easy exercises include prenatal yoga, swimming, and stretching.
- Mild massages and warm compresses can be used to release muscular strain.
- Advise against heavy lifting and sudden movements that could exacerbate pain.

Leg Cramps:-

Leg cramps, particularly at night, are quite common in pregnancy due to circulatory changes and electrolyte imbalances. Calcium and magnesium deficiencies can contribute to such muscle spasms.

Prophylactic Nursing Interventions:-

- Encourage adequate calcium and magnesium intake through diet or supplements.
- Suggest regular simple leg stretching before bed time to reduce cramping episodes.
- Recommend adequate hydration to maintain electrolyte balance.

- Educate on foot and calf massages to relieve tension.
- Promote alternate hot and cold applications to ease muscle discomfort.

Edema(Swelling of Feet and Hands):-

Fluid retention due to hormonal changes and the growing uterus compressing veins can result in swelling in the lower extremities. This condition, though common, causes discomfort.

Prophylactic Nursing Interventions:-

- Advise elevating the legs whenever possible to improve circulation.
- Encourage sufficient hydration to prevent fluid retention and maintain kidney function.
- Suggest compression stockings to support venous return and minimize swelling.
- Recommend regular foot movement and simple exercises.
- Educate on controlling sodium intake, which can contribute to excessive fluid retention.

Emotional and Psychological Changes:-

Pregnancy can lead to heightened mood swings, emotions, anxiety due to hormonal fluctuations and lifestyle adjustments. Many women experience increased stress, anxiety, fear of labor, and concerns about baby and motherhood.

Prophylactic Nursing Interventions :-

- Provide emotional support and right counseling as needed to help women cope with such issues.
- Educate on relaxation techniques including meditation, deep breathing, and mindfulness practices.
- Encourage participation in prenatal support groups for

peer support and share experiences.

- Promote open communication with family and health care provider's to address concerns.
- Identify and refer cases of ever anxiety or depression for professional intervention.

Role of Nurses Preventive Care:-

Nurses play a crucial role in promoting maternal well-being by providing preventive education and early intervention strategies. Their responsibilities include:

Patient Education:-

- Educating pregnant women on lifestyle modifications to minimize discomforts.
- Providing nutritional counseling to ensure balanced diet that supports maternal and fetal health.
- Instructing on stress management and relaxation methods to control emotional swings.

Educating Pregnant Women on Lifestyle Modifications to Minimize Discomforts:-

A primary responsibility of nurses is to educate pregnant women about necessary lifestyle modifications to overcome common pregnancy complications. It also includes recommendations for maintaining proper posture to alleviate back pain, engaging in simple exercises under expert guidance, such as walking and prenatal yoga, to enhance circulation and relieve muscle tension, and ensuring enough hydration to avoid constipation and edema. To prevent fatigue, nurses could stress the need of having sufficient rest and maintaining a consistent sleep schedule. Women's everyday comfort may be significantly improved by instructing them to evade nausea triggers, such as strong

odors and spicy cuisine, and by transitioning to smaller, more frequent meals.

Providing Nutritional Counseling to Ensure a Balanced Diet that Supports Maternal and Fetal Health :-

Another important factor for promoting mother health and fetal growth is intake of proper diet. Nurses must guide pregnant women regarding importance of a well-balanced diet rich in all the important nutrients, including iron, calcium, folic acid, and omega-3 fatty acids in right amount. Further they must be advised to increase fiber intake which may help them in getting rid of constipation, at the same time for sufficient protein consumption which is essential for fetal development. Nurses should support women managing food aversions and cravings in effective way, thus ensuring they fulfill the required nutritional needs. It is essential to guide them on dietary safety too, including the avoidance of raw seafood, unpasteurized dairy and excessive caffeine. Nutritional therapy may also aid address concerns related to suitable weight growth during pregnancy.

Instructing on Relaxation and Stress Management Strategies to Regulate Emotional Variability:-

Pregnancy might be an emotional phase because of hormonal fluctuations, physical pain, and worries toward birthing outcomes and parenting. It thus becomes important for nurses to guide pregnant women for adopting efficacious relaxation strategies that may include deep breathing exercises, gradual muscle relaxation, guided meditation and mindfulness techniques and prenatal yoga, to assist with stress management and bringing emotional stability. Nurses should advise those regarding benefits of maintaining a healthy support system, which can be through family, friends, or pregnancy support groups. Offering reassurance and emotional support helps alleviate anxiety and thus enhance overall mental well-being throughout pregnancy.

Early Identification and Intervention:-

- Observing and assessing all the symptoms so that complications can be detected in an early stage.
- Encouraging pregnant women for regular prenatal check-ups.
- Guiding women on alternative therapies to overcome discomforts.
- Instructing for safe medication use.

Psychosocial Support:-

- Addressing concerns and fears related to pregnancy and childbirth.
- Providing referrals to specialists or support groups if required.
- Offering counseling to women experiencing fear, stress, anxiety, depression, or other psychological concerns.

Conclusion:-

Pregnancy discomforts regardless of being common can be effortlessly brought under control with right nursing interventions. By employing evidence-based prophylactic care, nurses may improve overall pregnancy outcomes by reducing these discomforts and thus increasing mother's comfort. A nurse need to use a thorough strategy including necessary lifestyle changes, providing education, and supportive care.

Bibliography

1. American College of Obstetricians and Gynecologists. (2021). Your pregnancy and childbirth: Month to month (7th ed.). ACOG.
2. Black, A.Y., & Devine, P. (2020). The role of life style modifications

in managing pregnancy-related discomforts. *Journal of Maternal Health and Nursing*, 45(3), 289–

302. <https://doi.org/10.xxxx>

3. Brown, C., & Smith, R. (2019). Nutritional interventions in pregnancy: Preventing common gastrointestinal issues. *Maternal & Child Nutrition*, 15(4), e12873. <https://doi.org/10.xxxx>

4. Callahan, T.L., & Caughey, A.B. (2022). *Blue prints obstetrics and gynecology* (8th ed.). Walters Kluwer.

5. Carter, M., & Fraser, D.M. (2019). *Myles' textbook for midwives* (17th ed.). Elsevier.

TRAVEL NURSING-A UNIQUE NUSING STYLE FOR WORKING OVERSEAS

Mrs. ARCHANA ANAND

Associate Professor & H.O.D. Fundamental of Nursing

Anushree College of Nursing, Jabalpur (M.P.)

ABSTRACT

Nursing professionals who travel internationally for a short period of time and short-term assignments are known as international travel nurses. They typically work overseas in hospitals, doctor's offices, and outpatient care clinics. These nurses performs similar duties as other nurses, such as assessing patients, administering medications, collaborating with other healthcare team members, and developing care plans. Regarding travel assignments, the most sought-after nurses are often those with experience in the emergency room, triage or other critical care settings. Experience with labor and delivery or neonatal nursing can also be desirable. Educational requirements includes a nursing degree — either an associate degree in nursing (ADN) or a bachelor of science in nursing (BSN) — and licensure as a registered nurse (RN). International travel nurses may need additional certifications depending on their specialty or language proficiency based on their location. International travel nurses typically receive assignments through a nurse staffing agency. They are placed in areas with critical staffing shortages, seasonal changes in workforce needs, and other circumstances. International travel nurses can choose the assignments that work best for them. Nurses should be aware of working conditions & circumstances which may differ from the typical nursing standards and scope of practice in different countries. It's important to inquire about the scope of practice in a particular country before

accepting an assignment. It also requires a work visa and sponsorship, in addition to your license, and passport

Keywords: Associate degree, Bachelor degree, Registered Nurse , Licensure , Logistics

INTRODUCTION

An international travel nurse is a registered nurse (RN) who works in different healthcare settings around the globe for a limited time period. When speaking about travel nursing, many nurses think of domestic travel nursing, working within India moving from one state to another. On the other hand, there are opportunities to work overseas in a variety of nations and worldwide through travel nursing. Becoming an international travel nurse is a rewarding and exciting career path that offers the opportunity to combine nursing with exploration, cultural immersion and professional growth.

Working in a variety of healthcare environments across the globe, international travel nurses assist close important staffing shortages while acquiring valuable experiences.

MEANING OF INTERNATIONAL TRAVEL NURSE

International travel nurses usually sign contracts for a set period of time, and they frequently address staff shortages, fill in for local nurses during busy times, or help with special projects or events. Because they operate in various healthcare systems, cultures, and locations, international travel nurses must possess a high degree of

flexibility and adaptability. In a range of healthcare environments, such as clinics, hospitals, assisted living facilities, and community health initiatives, they collaborate with local personnel. Cultural competence & skill is essential for working with local staff and providing effective and respectful care to patients. Overall, an international travel nursing can be a rewarding and challenging career option for nurses who enjoy adventure, cultural diversity, and the opportunity to make a positive impact on healthcare worldwide. Because they operate in a range of healthcare environments, international travel nurses' daily responsibilities are contingent upon their contracted role. Regardless of their responsibilities, all travel nurses need to work with local medical specialists, adjust to other healthcare systems, and provide patient care that is culturally sensitive.

REQUIREMENTS TO BECOME AN INTERNATIONAL TRAVEL NURSE

To practice in a particular jurisdiction, international travel nurses need to secure the required licenses, certificates, sponsorship, and visas. These frequently entail examination procedures and interviews. Furthermore, while some projects may be in English-speaking areas, others may need for fluency in the local language. Although certain placement agencies may help with these issues and provide housing stipends, travel nurses are often responsible for organizing their own travel, including flights and lodging.

DEMAND OF INTERNATIONAL TRAVEL NURSE

Global healthcare staffing shortages, seasonal variations, and regionally specialized needs are the main driven of the demand for international travel nurses. International travel nurses are essential in helping healthcare facilities to overcome these obstacles by temporarily covering shortages, offering specialized knowledge and assisting in the provision of high-quality treatment in a variety of contexts. Numerous factors, including the country of

destination, the particular healthcare facility, the experience and specialty of the nurse, bonuses, and stipends, might affect international travel nursing pay.

AVERAGE INCOME OF INTERNATIONAL TRAVEL NURSE IN DIFFERENT COUNTRIES

According to Nurse.org, some of the top highest paying countries for nurses are as follows:

- Switzerland - \$99,839.48 USD
- Luxembourg - \$94,923.53 USD
- Denmark - \$83,888.94 USD
- USA - \$81,220 USD
- Virgin Islands - \$80,916 USD
- Australia - \$71,566.52 USD
- Dubai - \$71,383.88 USD
- Canada - \$70,482.40 USD
- Norway - \$69,754.12 USD

Prospective international travel nurses should thoroughly examine all facets of the remuneration package, comprehend the conditions of their contracts, and investigate income ranges in the destination nation. Those thinking about pursuing a career in foreign travel nursing should speak with reputable employment agencies, medical facilities, or professional associations that focus on overseas nursing placements for more precise and current information.

STEPS TO ACHIEVE THE DREAM OF BECOMING AN INTERNATIONAL TRAVEL NURSE

Acquire the Necessary Education, Experience and Licensing

A solid educational background is necessary to start a career as an international travel nurse. Nurses with a Bachelor of Science in Nursing (BSN) degree are preferred by the majority of nations and medical facilities. It is vital to establish that the nursing program is accredited by the appropriate nursing board of the country for further

documentation. It is necessary to gain clinical experience as a staff nurse in the home country. Most international travel nursing positions require at least one to two years of experience, although some countries may have different requirements to grab this opportunity of travel nursing.

Research Destinations

Firstly, select the worldwide destinations where a nurse likes to procure as a travel nurse. Consider all those elements that affect the profile of nurses, such as language, culture, healthcare system, scope of practice, and individual preferences of the target nation. Examine each destination's unique license and credentialing needs.

Establish reasonable expectations for your pay. According to statistics gathered from the Economic Research Institute, nations like Luxembourg, Denmark, and Australia are known to offer attractive compensation to international travel nurses. Depending on the nursing specialty and level of expertise, the precise rates may differ from nation to nation.

Select a Reputed Travel Nursing Agency

Collaborating with a travel nursing organization specialized in overseas postings is recommended if a nurse wants to pursue a career as an international travel nurse. For a prospective applicant, the process is somewhat simplified by these agencies because of their experience and proficiency in handling the challenges of overseas nursing assignments.

Search for a company that supports career ambitions and offers the advantages and assistance required by doing an extensive research. Agencies that have developed connections to medical facilities in the desired locations are ideal.

Always determine the length of travel nursing contract. Due to the additional time and effort needed for international assignments, international travel nursing contracts are typically longer, lasting for about 12 to 24 months, than domestic

travel nursing contracts, which ranges from 8 to 13 weeks.

Obtain the Necessary Credentials

Obtain all necessary certificates and license needed to continue the work in the desired nation. This could entail meeting the needs of a particular language competence standards or passing the nursing board test in the host nation.

Ensure that the nursing credentials are up to date. Particularly in case of natural English speaker, certain nations may demand to complete extra tests, such as the TOEFL or IELTS, to prove your fluency in either English or the local tongue.

Prepare the Documentation

Compile your nursing credentials, transcripts, licenses, certifications and reference letters. Ensure that all your documents are properly notarized and authenticated.

Some countries may require a criminal background check as part of the application process, so be prepared to provide those documents.

Work on Your Resume

Craft a professional resume that highlights your nursing education, experience, and any relevant certifications or specialties.

Include any international nursing experiences or language proficiency to showcase your readiness for an international assignment.

Apply for Positions

Work with your chosen travel nursing agency to identify and apply for international travel nursing positions in your desired destinations. The agency will assist you with the application process, matching you with healthcare facilities and ensuring that you meet all the necessary requirements.

Be prepared for interviews, either in person or virtually, as part of the selection process.

Passport and Visa

Ensure that your passport is valid for the duration of your planned assignment. If necessary, you may need to renew it.

Work with your travel nursing agency and the host country's embassy or consulate to secure the appropriate work visa or permit. Visa requirements vary by country, so be sure to follow the specific guidelines and timelines.

Cultural and Language Preparation

Familiarize yourself with the culture, healthcare system, and language of your destination. Understanding the local customs, medical terminology, and communication norms will help you adapt more easily.

Consider taking cultural competence courses or language classes if necessary.

Packing and Logistics

Consider the particular needs and environment of your destination when you plan and pack for your overseas assignment. Consult the airline and your travel nursing agency to find out the baggage allowance.

Make arrangements for accommodation and transportation upon arrival in the host nation. Some organizations help with these logistics.

Health and Safety Preparations

Ensure complete vaccinations and have access to medical insurance that covers international travel.

Familiarize with the available healthcare resources in the preferred destination, including any healthcare facilities recommended by the agency.

Cultural Adaptation

Upon arrival, be open to immersing yourself in the local culture. Building relationships with colleagues and patients can help you adapt more quickly.

Be respectful of cultural differences and embrace the opportunity to learn and grow from your international experience.

Professional Growth

Take advantage of the opportunity to learn new nursing practices, gain exposure to diverse patient populations, and enhance your clinical skills. International travel nursing can be a valuable experience for your professional development.

Legal Compliance

Abide by the laws and regulations of the host country. Be aware of the scope of practice, ethical standards, and professional responsibilities that apply in your destination.

Keep your travel nursing agency informed of your progress and any issues you encounter during your assignment.

Completing Assignments

Although becoming an international travel nurse requires a lot of planning and paperwork, the benefits can be life-changing. A nurse has the opportunity to learn more about different cultures, advance her nursing career, and improve healthcare systems around the globe. One can effectively pursue a rewarding career as an international travel nurse by following these procedures and collaborating with a respectable travel nursing service.

DIFFERENT HEALTHCARE SETTINGS FOR A TRAVEL NURSE

Travel nurses work in a variety of healthcare settings across different locations, depending on the needs of their assignments. Some common places where travel nurses are employed include:

- **Hospitals:** Hospitals, including teaching hospitals, major medical centers, and smaller community hospitals, employ a considerable number of travel nurses. Emergency rooms, intensive care units, medical-surgical floors, and specialty units like pediatrics or oncology are just a few of the departments they might work in.

- **Outpatient Clinics:** Some travel nurses take positions in outpatient settings, providing care in environments such as doctor's offices, walk-in clinics, or specialty clinics.
- **Long-Term Care Facilities:** Considering the aging population, there are additional opportunities in long-term care, such as assisted living facilities, nursing homes, and rehabilitation centers.
- **Schools and Universities:** Travel nurses can work in educational settings, providing healthcare services to students and staff.
- **Public Health and Community Clinics:** In these settings, travel nurses might focus on preventive care, health education, and serving underserved populations.
- **Home Health Care:** Some travel nurses work in home health care, providing nursing services to patients in their homes.
- **Telehealth Services:** As telemedicine has grown in popularity, some travel nurses may now operate from home, offering consultation and care via online channels.
- **Crisis or Disaster Areas:** In places when there is a pandemic, natural disaster, or healthcare emergency, travel nurses are frequently in high demand because they offer vital assistance for those who are in need.
- **Cruise ships and tourist areas:** An international travel nurse may work in clinics and healthcare organizations in resort areas and other destinations for tourists or on a cruise ship for several itineraries.

The variety of work environments allows travel nurses to gain diverse

experiences and skills, making the role both challenging and rewarding.

CONCLUSION:

Becoming an international travel nurse involves a significant amount of preparation and documentation, but the rewards can be truly transformative. We may have the chance to expand our nursing skills, experience new cultures, and make a positive impact on healthcare systems worldwide. By following these steps and working with a reputable travel nursing agency, we can successfully pursue a fulfilling international travel nursing career. In this exciting and varied career, we have an opportunity to work with people of many different cultures and also exposed to a variety of medical treatments and procedures. It can also offer a pathway to taking care of patients in countries where your skills are needed most.

REFERENCES:

1. Dirupo D, "The Essential Guide to Travel Nursing" Pg 41-63
2. Greenaway T, "Travel Nursing Mastery the key to Success", Pg 32-78, ISBN-13
3. Johnson B, "The Ultimate guide to becoming a travel nurse" ,Pg 12-56
4. Hodge P, "How to be a travel nurse & more", Pg 23-34, ISBN-13
5. ITO N, "The essential guide to thriving as a travel" Pg 56-74

IMPACT OF SIMULATION TRAINING ON NURSING EDUCATION

Mr. EMANUEL ADWARD,

**Assistant Professor & H.O.D. Medical Surgical Nursing,
Anushree College of Nursing, Jabalpur (M.P.)**

Abstract:-

For a nursing education program to be considered practice-based, it is necessary to include both theoretical knowledge and practical skills. When it comes to skill-based education, where learning via hands-on experience is of utmost importance, it is essential to emphasize the importance of putting academic knowledge into practice. Using simulations as a method of instruction is an innovative approach that stimulates a number of a student's senses at the same time. The many types of models, the various conceivable occurrences, and the benefits and drawbacks of each are all discussed in this article.

Key words – Nursing education, simulation, technique, practice.

INTRODUCTION

A considerable disparity exists between theoretical knowledge and practical application in nursing education, representing a major problem. Nursing students sometimes have difficulties in applying their academic knowledge in practical settings, a difficulty seen worldwide. The disparity between theory and practice complexify the learning process, and a student's difficulty in understanding nursing terminology and concepts may hinder their integration into the industry. This is achieved by a synthesis of genuine knowledge and understanding of healthcare science, wherein nursing theory and practical skills are seamlessly integrated. Simulation is an instructional approach that aids in

achieving this objective via its use. A approach that provides students with a realistic context and a safe place to apply their acquired knowledge is termed simulation. They will then use their acquired knowledge from simulations to their clinical experiences. This instructional style allows students to engage with the authentic aspects of their prospective professional responsibilities via a defined scenario. This facilitates their expedited integration into the healthcare workforce. Errors in real clinical environments jeopardize patient safety within the domain of nursing science. Consequently, it is advised that nursing students do preliminary nursing interventions in laboratories and develop essential psychomotor skills before commencing clinical practice. Simulations aim to provide nursing students with clinical experience while ensuring patient safety by replicating real-world events. Simulation is used to teach equally theoretical and clinical skills, primarily focusing on the improvement of students' critical thinking capabilities. Students may get experience in nursing and healthcare via simulation, which provides an environment closely similar that of a hospital. This enables them to get experience prior to commencing their professional careers. In a controlled environment, trainees may use their acquired knowledge, address any problems that may emerge, and make mistakes without jeopardizing patient safety. The whole scenario occurs in an environment devoid of danger for the patients. The lack of clinical frameworks for student training,

the deficiency of instructors, and the significantly enhanced quality of instruction provided by simulation have all guide to an increase in the use of simulation.

The use of this instructional method in nursing education has gained significance in recent years. Simulation provides students with a secure and immersive setting to cultivate and enhance their clinical skills. The objective of clinical simulation is to copy real-world environments to enhance experiential learning while minimizing the risks related with direct patient engagement for healthcare providers. The notion of simulation faithfulness, denoting the level of authenticity achieved inside a simulated environment, encompasses several degrees. Low-fidelity simulations reconstruct essential elements of a scenario, often using basic models or task trainers. These levels range from low to high fidelity, with low-fidelity simulations being the standard. The models with intermediate accuracy include more realistic features and interactions, hence increasing complexity. High-fidelity simulations are intended to provide a precise depiction of real-world conditions. These simulations often use advanced manikins and state-of-the-art technologies. Each degree of faithfulness offers unique advantages that influence the depth and legality of learning experiences. Clinical simulation enables the replication of real-life scenarios to practice diverse nursing treatments. These interventions may be used based on the level of capability development and the specificities of each subject addressed in the nursing curriculum. Moreover, there are instances when students' entry to real patients is limited by ethical, social, administrative, and legal factors.

TYPES OF SIMULATION TRAINING IN NURSING EDUCATION:

Unfolding Case Studies

During the course of unfolding case studies, the student is unable to anticipate

the changes that occur over the course of time. Students are given the opportunity to exercise their abilities in patient evaluation. Students have the opportunity to delve deeply into the intricate event of their patients via the use of unfolding case studies, which are also cost efficient due to the fact that some of them are accessible at no cost. Students could also be better prepared to employ clinical reasoning and critical approach abilities if they are given the opportunity to unfold case studies.

High-fidelity Mannequins

Full-body mannequins that are controlled by a computer are commonly referred to as high-fidelity mannequins. The most accurate representations of a patient's anatomy, physiology, and responses are those that are constructed using these. When it comes to simulations, high-fidelity mannequins are often the best option because of the number of different ways in which they may be used. On the other side, they are among the most expensive options available.

Low-fidelity Mannequins

Some examples of low-fidelity dummy include static models, two-dimensional displays, and partial-task simulators. In terms of realism, they constitute the lowest kind of simulation. Their flexibility in letting students work at their own speed makes them ideal for facilitating information acquisition. Additionally, they may be used to teach trainees specialized skills like intravenous insertion or cardiopulmonary resuscitation.

Partial-task Simulators

Body parts, such as an arm or a head, serve as partial-task simulators, enabling nursing students to repeatedly practice a skill without compromising or ruining more expensive equipment.

Volunteers Who Act as Standardized Patients

Standardized patients are those volunteers who realistically imitate clinical interactions, hence enhancing the efficacy

of practice in communication and evaluation abilities. These abilities include obtaining patient history, soliciting informed permission, elucidating a technique, and delivering unfavorable news.

Role-Playing

Role-playing requires students to enact a scenario. Due to the absence of props or realistic environments, role-playing as a simulation approach is comparatively inexpensive. Notwithstanding its poor fidelity, role-playing may be advantageous for students, particularly in altering attitudes or facilitating team training.

Virtual Reality

Virtual reality employs computers and standardized patients to provide a lifelike simulation. This simulation method is becoming and more common in healthcare. Virtual reality may educate patients about intricate scenarios involving several individuals, since some technologies enable students to manage several patients simultaneously.

Electronic learning

E-learning encompasses all computer-based simulations. These may include a video tutorial demonstrating device use or a complex virtual reality scenario in which students engage with patients and other healthcare professionals.

A Convergence of Simulations

A composite simulation employs two or more preceding simulation types to provide a more authentic representation. It may also assist pupils in simultaneously practicing many skills. An instructor might attach a suture pillow to a standardized patient. The student may practice suturing a wound while obtaining informed consent and elucidating the method in this simulation.

ILLUSTRATION OF SIMULATION SCENARIOS ACROSS VARIOUS LEVELS:

Maternal Health

Students may conduct newborn evaluations using a newborn simulator or a suitably sized doll. Students acquire skills to assist a laboring pregnant woman, particularly in high-risk scenarios such as hemorrhaging throughout pregnancy.

Leadership Programs

Students get benefitted by engaging in role-playing situations including ethical concerns or nurse-to-nurse bullying to acquire effective techniques for addressing these issues.

Pediatric Medicine

Students may engage in infant assessment practice within a clinical environment. Standardized patients may portray parents or guardians with cultural variances to assist trainees in practicing situations, such as interacting with a parent or guardian opposed to vaccinating their child.

Mental Health Nursing

Standardized patients alleviate students' anxiety and tension while enhancing their communication skills via attentive listening and accurate responses to patient inquiries.

Medical-Surgical I or II

Students engage in identifying the indicators of stroke in an elderly patient who has been hospitalized for another medical issue, such as surgery.

Multiple Classes

Students may refine their competencies in patient handoffs, hand hygiene, and drug safety across many courses, since these abilities need repetition.

PREPARATION FOR SIMULATION:

Teachers and students must adequately prepare for the simulation to maximize the educational experience. Teachers prepare by configuring the simulation to optimally assist students in achieving the simulation's goals. Students engage in the pre-briefing phase by collecting information, asking inquiries, and formulating a strategic strategy for the simulation.

Teachers develop simulation scenarios that enable students to effectively achieve the simulation goals and acquire the necessary skills for success. Simulation teachers need training in simulation and debriefing methodologies.

Essential criteria –

- ✓ Develop a case scenario that offers context for the simulation.
- ✓ Commence with a pre-briefing and conclude with a debriefing or feedback session.
- ✓ Supply preparatory materials and tools that assist students in achieving the goals and results of the simulation.
- ✓ Employ a methodology tailored to the participant's knowledge, abilities, and experience, alongside the simulation results.
- ✓ Design the simulation to include an introductory scenario depicting the patient's conditions, organized activities allowing participant involvement, and a conclusion, often occurring when learning objectives are met.

Students

Students prepare themselves for the simulation during the pre-briefing stage. The nature of the simulation will influence students' preparation methods. Students may prepare for the simulation using many methods:

Key standards –

- Evaluating fundamental nursing competencies such as surgical procedures or intravenous catheterization.
- Developing a treatment plan for the patient along with inquiries for the patient or their parent/guardian.
- Attending the pre-briefing session.

- Engaging in discourse over their methodology for the simulation with their peers.
- Conducting an investigation of the patient's condition.

Anticipations in Nursing Simulation

A well-structured and efficient simulation has three phases: pre-briefing, simulation, and debriefing. Teachers must prepare for and students must engage in all three stages for the simulation to succeed.

Pre-briefing

The pre-briefing part of the simulation informs students of what to anticipate. It provides the case situation together with the anticipated results and goals. The educator need to provide guidelines and reassure pupils that making errors is acceptable. They will address the errors at the debriefing.

Simulation

The simulation phase must have an obvious starting point that establishes the context for the simulation. This aims to facilitate skill acquisition and simulate clinical scenarios for students. They need to focus on the participants and their proficiency, competencies, and experience. The endpoint often occurs after the learning goals are achieved.

Debriefing/Evaluation

The debriefing occurs immediately after the simulation. During the debriefing, pupils get comments from their teacher. They analyze errors and strategies for skill enhancement in the future. Students evaluate their performance and integrate their acquired information with their prior understanding.

Pros and Cons of Simulation in Nursing Education

Students may practice skills as often as they need to in a safe atmosphere using simulations, where they won't hurt patients. But they can be expensive, they don't always work, and if they're not well-

designed, they could lead kids astray from real-world concepts.

Pros:

- Does not adversely affect patients.
- Immediate feedback.
- Secure environment.
- Reduces the need for clinical locations.
- The process may be continued until the learner achieves proficiency in the skill.

Cons:

- It may incur significant expenses.
- Cannot recreate all components of a clinical scenario.
- Requires nursing teachers proficient in simulation training.
- May lead to students acquiring inaccurate knowledge if of inferior quality.

Conclusion

Nursing education encompasses both theoretical teaching and practical training, equipping students with the necessary knowledge and practical abilities to provide high-quality patient care. The instructional methods used in the clinical feature of nursing education significantly impact the critical thinking, clinical decision-making, and psychomotor skill execution of nursing students. Nursing students increase their critical thinking, clinical decision-making, and reduce medical mistake rates in practical situations via the use of simulations in their educational curricula.



Reference

1. <https://www.sciencedirect.com/topics/nursing-education/simulation>
2. <https://www.sciencedirect.com/effects-of-simulation-technology>
3. <https://bmcmededuc.biomedcentral.com/Effectiveness-of-simulation-based-nursing-education>
4. <https://sciendo.com/Effect-of-simulation-based-teaching-on-nursing-skill>
5. <https://www.hindawi.com/The-Use-of-Simulation-in-Nursing-Education-Programs>

“Navigating Peer Review and Publishing Ethics: A Comprehensive Guide for Nurse Authors”

Dr.(Prof.) JOMON THOMAS

Principal

Anushree College of Nursing, Jabalpur (M.P.)

Abstract

In the dynamic landscape of healthcare, nursing professionals are increasingly encouraged to contribute to scientific literature through evidence-based publications. However, navigating the complexities of peer review and upholding ethical standards in publishing remains a challenge for many nurse authors. This review article aims to provide a comprehensive and practical guide for nurse authors seeking to publish in peer-reviewed journals. It explores the types of peer review, roles and responsibilities of authors, reviewers, and editors, common ethical pitfalls, and how to address them. By focusing on authorship criteria, plagiarism, data integrity, conflicts of interest, and emerging trends, this article promotes integrity and excellence in nursing scholarship. The insights presented serve as a valuable resource for academic nurses, researchers, and students engaged in scholarly writing.

Keywords: Peer review, publishing ethics, nurse authors, academic integrity, authorship, plagiarism, conflict of interest, manuscript submission, scholarly writing, nursing research

1. Introduction

The field of nursing has witnessed a significant transformation in recent years, shifting from task-oriented care to a more evidence-based, research-oriented discipline. Academic publishing in nursing plays a vital role in driving innovations,

improving clinical practices, informing health policies, and shaping nursing education. However, the journey from research to publication involves rigorous processes, including peer review and ethical scrutiny.

Peer-reviewed publishing is not merely about getting one’s name in a journal—it’s about contributing to the body of knowledge with honesty, transparency, and accountability. Yet, many nurse authors, especially novice researchers and students, often find themselves unprepared for the intricate processes of peer review and unaware of the ethical standards expected in scholarly publishing.

This article aims to offer a thorough review of the peer review process and the fundamental principles of publishing ethics, tailored specifically for nurse authors. It addresses common challenges, offers practical solutions, and highlights global standards and frameworks that guide ethical publication practices.

2. Importance of Publishing in Nursing

Publishing in peer-reviewed journals is not just a requirement for academic promotion or professional recognition; it is a responsibility that every nurse leader and researcher should embrace.

2.1 Advancing Evidence-Based Practice

Through scholarly publications, nurses can convert bedside experiences into generalized knowledge that informs clinical practice guidelines and improves patient outcomes. It bridges the gap

between theory and practice and encourages a culture of inquiry within healthcare settings.

2.2 Promoting Professional Growth

Academic publications are markers of expertise. For nurse educators and researchers, publishing is essential for career advancement, research funding, and professional visibility. It establishes credibility and opens doors to networking, collaboration, and leadership opportunities.

2.3 Contributing to Global Healthcare Discourse

Ethically written, peer-reviewed nursing literature from diverse cultural contexts enriches the global understanding of patient care. Publishing allows nurses to share innovations, policies, and health care challenges experienced in different parts of the world.

3. Understanding the Peer Review Process

Peer review is a process wherein experts in the field critically evaluate a manuscript's quality, originality, methodology, and relevance before publication.

3.1 Purpose of Peer Review

- Ensures scientific accuracy
- Enhances the clarity and readability of the manuscript
- Validates research findings
- Maintains the integrity of the scholarly record

3.2 Types of Peer Review

1. **Single-blind Review:** The reviewers know the author's identity, but the author does not know the reviewers'. This may lead to potential reviewer bias.
2. **Double-blind Review:** Both reviewers and authors are anonymous. This promotes impartiality.
3. **Open Review:** Both parties know each other's identity, encouraging

transparency but may reduce frankness.

4. **Post-publication Review:** The scholarly community evaluates the work after it is published. This is becoming more common in digital platforms.

3.3 Key Steps in the Peer Review Process

- Manuscript submission by the author
- Initial editorial screening
- Assignment to reviewers
- Reviewer feedback and recommendations
- Revisions by the author
- Final decision by the editor (acceptance, revision, or rejection)

4. Challenges Faced by Nurse Authors

Despite their clinical expertise, many nurses struggle with academic writing and publishing due to several factors:

4.1 Lack of Formal Training in Scientific Writing

Academic writing is not always emphasized in nursing curricula. Many nurse authors are unfamiliar with manuscript structures, referencing styles, or how to present research findings effectively.

4.2 Manuscript Rejections

Common reasons for rejection include:

- Poor research design
- Inadequate data analysis
- Lack of novelty or significance
- Ethical concerns
- Not following journal guidelines

4.3 Time Constraints

Clinical and academic responsibilities may leave little time for writing, revising, and responding to peer reviews.

4.4 Ethical Pitfalls

Many authors unintentionally commit ethical breaches due to a lack of awareness. Issues such as plagiarism,

inappropriate authorship, or undeclared conflicts of interest are common.

5. Principles of Publishing Ethics

Publishing ethics involves adherence to moral principles and standards that ensure the credibility, transparency, and responsibility of scholarly communication.

5.1 Authorship Criteria

The International Committee of Medical Journal Editors (ICMJE) defines four criteria for authorship:

1. Substantial contribution to the conception or design of the work
2. Drafting or critically revising the manuscript
3. Final approval of the version to be published
4. Agreement to be accountable for all aspects of the work

Honorary or gift authorship violates ethical norms. Contributors not meeting all criteria should be acknowledged, not listed as authors.

5.2 Plagiarism

Plagiarism is using someone else's work without proper citation. It includes:

- **Direct Plagiarism:** Copying text verbatim
- **Self-Plagiarism:** Reusing your own previously published work
- **Mosaic Plagiarism:** Paraphrasing without proper attribution

Prevention Strategies:

- Cite all sources
- Use plagiarism detection tools
- Understand the concept of “common knowledge”
- Get training in academic writing and paraphrasing

5.3 Conflict of Interest

A conflict of interest (COI) arises when personal, financial, or professional relationships influence the objectivity of the research. Authors must disclose all potential COIs during submission.

5.4 Data Fabrication and Falsification

These are severe violations of research integrity:

- **Fabrication:** Making up data or results
- **Falsification:** Manipulating research materials, data, or results

These practices damage the credibility of the nursing profession and can have legal consequences.

5.5 Duplicate Publication and Redundancy

Submitting the same article to multiple journals or publishing substantially similar content without cross-referencing is unethical. It misuses editorial resources and distorts academic metrics.

6. Roles and Responsibilities in Ethical Publishing

6.1 Authors

- Ensure originality and accuracy of the manuscript
- Declare all contributions and potential conflicts
- Follow journal guidelines strictly
- Respond to peer review comments responsibly

6.2 Reviewers

- Maintain confidentiality of manuscript content
- Provide objective, constructive, and timely feedback
- Declare any conflicts of interest
- Avoid using unpublished data for personal gain

6.3 Editors

- Ensure fair and timely review
- Detect ethical violations and handle them according to guidelines
- Maintain transparency in editorial decisions

7. Guidelines and Frameworks for Ethical Publishing

Several international organizations offer comprehensive guidelines on publication ethics:

7.1 COPE (Committee on Publication Ethics)

COPE provides guidance on issues like misconduct, plagiarism, data falsification, and retractions. It offers flowcharts and resources for handling ethical dilemmas.

7.2 ICMJE (International Committee of Medical Journal Editors)

ICMJE guidelines cover manuscript preparation, authorship criteria, conflict of interest, and ethical research reporting.

7.3 WAME (World Association of Medical Editors)

WAME promotes international cooperation in medical and nursing journal publishing. It advocates for high editorial standards.

7.4 Institutional Ethics Committees (IECs)

These bodies ensure that the research adheres to ethical standards involving human subjects and oversee informed consent, confidentiality, and data protection.

8. Strategies for Nurse Authors to Ensure Ethical and Successful Publishing

8.1 Early Planning

Develop a writing plan early in the research process. Identify target journals and understand their scope, format, and submission requirements.

8.2 Clear Manuscript Structure

Follow standard structures like IMRaD (Introduction, Methods, Results, and Discussion). Include a structured abstract, keywords, and references in the required style.

8.3 Use Referencing Tools

Software like Mendeley, Zotero, or EndNote can simplify citation management and prevent errors.

8.4 Engage in Peer Mentoring

Seek feedback from mentors or colleagues before submission. Participate in journal

clubs and writing groups for continuous learning.

8.5 Maintain Research Records

Keep copies of raw data, consent forms, ethical approvals, and drafts. These are vital for verifying the authenticity of your work.

9. Dealing with Manuscript Rejection

Rejection is a normal part of the publishing journey. Every successful author has faced it. Use it as a learning opportunity.

9.1 Analyze Reviewer Feedback

Read comments carefully and objectively. Even if the tone is critical, the suggestions often help improve the manuscript.

9.2 Revise and Resubmit

If invited to resubmit, address every comment with specific changes. Use a response table to show how you incorporated feedback.

9.3 Consider Other Journals

If rejected outright, identify another suitable journal and revise accordingly. Avoid submitting the same version without improvement.

10. Emerging Trends in Peer Review and Publishing Ethics

10.1 Open Access Publishing

Many nursing journals now follow open access models, increasing the visibility and accessibility of articles. Authors should verify if the journal is legitimate and not predatory.

10.2 Preprint Servers

Platforms like MedRxiv allow authors to share findings before peer review. However, these must be clearly marked as preprints and interpreted cautiously.

10.3 Artificial Intelligence (AI) Tools

AI tools assist in plagiarism checking, grammar correction, and even manuscript editing. Authors should use these responsibly without compromising originality.

10.4 Transparent Peer Review

Some journals publish reviewer reports alongside articles to enhance transparency and trust.

11. Conclusion

Publishing in peer-reviewed nursing journals is a rewarding endeavor that requires dedication, precision, and ethical commitment. Nurse authors are custodians of knowledge and must uphold the highest standards of integrity in research and writing. By understanding the peer review process, adhering to ethical principles, and engaging in lifelong learning, nurse authors can effectively contribute to the scientific community and influence global health outcomes. A culture of ethical writing not only promotes personal and professional growth but also upholds the credibility of the nursing profession.

Bibliography

1. International Committee of Medical Journal Editors. (2024). Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. <http://www.icmje.org>
2. Committee on Publication Ethics (COPE). (2024). COPE Guidelines and Flowcharts. <https://publicationethics.org>
3. World Association of Medical Editors. (2024). WAME Ethical Recommendations. <https://wame.org>
4. Roig, M. (2015). Avoiding Plagiarism, Self-Plagiarism, and Other Questionable Writing Practices: A Guide to Ethical Writing. Office of Research Integrity. <https://ori.hhs.gov>
5. Belcher, W. L. (2021). Writing Your Journal Article in Twelve Weeks: A Guide to Academic Publishing Success. University of Chicago Press.
6. Kearney, M. H. (2020). Mentoring nurse authors: Evidence-based strategies. *Nursing Outlook*, 68(3), 263–270.
7. Rennie, D., Yank, V., & Emanuel, L. (1997). When authorship fails: A proposal to make contributors accountable. *JAMA*, 278(7), 579–585.
8. Elsevier Researcher Academy. (2023). Research and Publication Ethics in Health Sciences. <https://researcheracademy.elsevier.com>
9. Eysenbach, G. (2006). Peer Review and Publication of Research Protocols and Proposals: A Role for Open Access Journals. *Journal of Medical Internet Research*, 8(3), e21.
10. Resnik, D. B. (2020). What is Ethics in Research & Why is it Important? National Institute of Environmental Health Sciences. <https://www.niehs.nih.gov>
11. Oermann, M. H., & Hays, J. C. (2015). Writing for publication in nursing. Springer Publishing Company.
12. Ali, P. A., & Watson, R. (2016). Peer review and the publication process. *Nursing open*, 3(4), 193–202.
13. George, V., & HAAG-HEITMAN, B. A. R. B. (2011). Nursing peer review: the manager's role. *Journal of Nursing Management*, 19(2), 254–259.
14. Haag-Heitman, B., & George, V. (2010). Peer review in nursing: Principles for successful practice. Jones & Bartlett Publishers.

"Navigating Growth and Development Milestones in Children: A Comprehensive Guide for Pediatric Nurses"

Prof. FINU M PAUL

Assistant Professor Child Health Nursing Department

College of Nursing, Nirmala Medical Centre,
Muvattupuzha, Kerala.

Abstract

Growth and development are integral aspects of pediatric health, with significant implications for the physical, cognitive, emotional, and social well-being of children. Understanding these milestones allows nurses to assess normal development, detect early signs of developmental delays, and guide parents in supporting optimal child health. This article provides a comprehensive review of developmental milestones across age groups, the role of pediatric nurses in monitoring and promoting development, assessment tools, and the implications of deviations from expected growth patterns. It highlights evidence-based nursing interventions and reinforces the importance of early identification and multidisciplinary collaboration in pediatric care.

Keywords: *Child development, growth milestones, pediatric nursing, developmental delay, infant care, cognitive development, nurse assessment, early childhood, school-age children, adolescence*

Introduction

Childhood is a critical phase of human life, marked by rapid growth and complex developmental changes. These changes follow a relatively predictable sequence known as developmental milestones, which are essential indicators of a child's

health and neuropsychological well-being. Nurses, particularly those working in pediatric and community health settings, play a crucial role in monitoring these milestones and providing anticipatory guidance to families. With early identification and intervention, many developmental issues can be addressed effectively, fostering optimal outcomes. This review explores the concept of growth and development, examines milestone charts for various age groups, outlines the responsibilities of nurses, and emphasizes the importance of continuous developmental surveillance and screening.

1. Understanding Growth and Development

1.1. Definitions

- **Growth** refers to quantitative changes in body size and structure, such as height, weight, and head circumference.
- **Development** denotes qualitative changes in functional abilities, including cognitive, emotional, social, and motor skills.

1.2. Principles of Growth and Development

- **Cephalocaudal Development:** Development proceeds from head to toe.
- **Proximodistal Development:** Development proceeds from the center of the body outward.

- **Continuity:** Growth and development are continuous processes.
- **Individual Differences:** Rates of development vary among children.
- **Critical Periods:** Certain developmental achievements must occur at specific times.

2. Milestones Across Developmental Stages

Developmental milestones are grouped into key domains: gross motor, fine motor, language, cognitive, and social-emotional.

2.1. Neonatal Period (0–1 Month)

- **Gross Motor:** Turns head when prone, primitive reflexes present.
- **Fine Motor:** Hands in fists, limited movement.
- **Language:** Cries to express discomfort.
- **Social:** Begins bonding with caregiver.

2.2. Infancy (1–12 Months)

Age	Gross Motor	Fine Motor	Language	Social-Emotional
2 months	Holds head up	Follows objects	Coos	Social smile
4 months	Rolls over	Grasps toys	Laughs	Enjoys play
6 months	Sits with support	Transfers objects	Babbles	Recognizes faces
9 months	Crawls	Pincer grasp	Understands "no"	Stranger anxiety
12 months	Stands, may walk	Bangs blocks	Says "mama", "dada"	Imitates actions

2.3. Toddlerhood (1–3 Years)

- **Gross Motor:** Walks independently, climbs stairs.
- **Fine Motor:** Builds tower of blocks, scribbles.
- **Language:** Vocabulary explosion by age 2.
- **Cognitive:** Begins problem-solving.
- **Social:** Parallel play, temper tantrums.

2.4. Preschool Age (3–5 Years)

- **Gross Motor:** Hops on one foot, rides tricycle.
- **Fine Motor:** Draws shapes, uses scissors.
- **Language:** Speaks in full sentences.
- **Cognitive:** Begins logical thinking.
- **Social:** Cooperative play, developing empathy.

2.5. School-Age (6–12 Years)

- **Gross Motor:** Engages in complex physical activities.
- **Fine Motor:** Writes neatly, performs detailed tasks.
- **Language:** Fluent communication, humor, abstract terms.
- **Cognitive:** Concrete operational thinking (Piaget).
- **Social:** Peer relationships dominate, develops moral reasoning.

2.6. Adolescence (13–18 Years)

- **Physical:** Puberty, growth spurts.
- **Cognitive:** Formal operational thinking, abstract reasoning.
- **Emotional:** Identity formation (Erikson).
- **Social:** Peer group central, increased independence.

3. Nursing Role in Monitoring Growth and Development

3.1. Developmental Surveillance

A continuous process that includes:

- Eliciting and documenting developmental history.
- Observing child behaviors.
- Engaging with parents about developmental concerns.

3.2. Developmental Screening Tools

Standardized tools help identify potential delays:

- **Denver Developmental Screening Test II (DDST-II)**
- **Agnes and Stages Questionnaires (ASQ)**
- **Bayley Scales of Infant and Toddler Development**
- **M-CHAT for Autism**

3.3. Physical Growth Monitoring

Nurses record:

- Weight, height/length, BMI
- Head circumference (especially in infants)
- Growth charts (WHO or CDC percentile charts)

4. Red Flags in Development

Early identification of atypical patterns is crucial.

Age	Red Flags
6 months	No social smile, poor head control
12 months	No babbling, not standing with support
18 months	No single words, does not point
2 years	No 2-word phrases, does not follow simple instructions
3 years	Unclear speech, difficulty interacting with peers

Nurses should provide appropriate referrals and follow-up for children showing these signs.

5. Factors Influencing Growth and Development

5.1. Biological Factors

- Genetics
- Nutritional status
- Prenatal exposures
- Chronic illnesses

5.2. Environmental Factors

- Socioeconomic status
- Parenting styles
- Stimulation at home
- Exposure to screens or toxins

5.3. Cultural and Psychosocial Factors

- Beliefs about childrearing
- Attachment and caregiver responsiveness
- Trauma or neglect

6. Health Promotion and Parent Education

Nurses must:

- Educate parents about expected milestones.
- Promote responsive parenting and stimulation.
- Guide nutrition, sleep, and hygiene.
- Encourage routine immunizations and checkups.
- Provide developmental toys and play-based learning ideas.

Example: Promoting Development in 1–3-Year-Olds

- Encourage naming objects during play.
- Create opportunities for walking, climbing.
- Sing rhymes and read books.
- Offer safe household items for exploration.

7. Role of the Nurse in Multidisciplinary Teams

Nurses collaborate with:

- Pediatricians for medical assessments
- Psychologists and therapists for developmental therapy
- Nutritionists for feeding or growth concerns
- Social workers for family support

Case management and consistent follow-up are essential in children with developmental delays or disabilities.

8. Cultural Sensitivity in Developmental Assessment

Nurses must recognize that milestones may vary slightly across cultures. Expectations regarding language, independence, or social behaviors differ. A culturally competent approach improves communication, compliance, and outcomes.

9. Challenges and Future Directions

9.1. Challenges

- Lack of awareness among parents
- Inadequate training in developmental screening
- Poor follow-up systems
- Stigma related to developmental delays

9.2. Future Directions

To overcome the existing challenges and to ensure timely, effective developmental surveillance, nursing practice must evolve through structured, evidence-based, and technologically supported approaches. The following strategies are vital to strengthening the role of nurses in promoting optimal child growth and development:

• Incorporate Growth and Development Training into Nursing Curricula

There is a pressing need to reinforce the teaching of pediatric growth and development in both undergraduate and postgraduate nursing programs. Curricula should include both theoretical frameworks and practical exposure to developmental screening tools.

Simulation-based training, case studies, and community-based clinical rotations can enhance the competency of nursing students and practicing professionals in identifying and managing developmental concerns.

• Strengthen Policies on Early Screening

Policy-level interventions are essential to ensure that developmental surveillance becomes a standardized component of child health programs. Governments and health departments should mandate routine developmental screening as part of national immunization and well-baby check-up schedules. Integration of developmental assessments into national health programs like ICDS (Integrated Child Development Services) in India or similar initiatives globally can promote universal screening coverage.

• Use Digital Tools for Milestone Tracking

Technology offers immense potential in improving developmental monitoring. Mobile applications and digital health platforms can be used to document growth data, track developmental progress, and generate automated alerts for delays. These tools can empower both nurses and parents by providing milestone checklists, videos, and educational materials. E-health records integrated with milestone tracking can also ensure better documentation and follow-up care.

• Enhance Community-Based Surveillance

Pediatric nurses and community health workers must be empowered to serve as frontline monitors of child development at the grassroots level. Strengthening community-based surveillance systems, including door-to-door visits, school health programs, and mother-child support groups, can help in early identification of

delays. Community nurses can act as bridges between families and higher-level health services, facilitating timely referral, counseling, and intervention.

Furthermore, collaboration with NGOs and child development centers can broaden access to specialized services. Awareness campaigns, local workshops, and culturally sensitive counseling methods should be employed to reduce stigma and promote acceptance and inclusion.

Conclusion

Monitoring growth and development milestones is a foundational responsibility of pediatric nurses. Through skilled assessment, parent education, and early intervention, nurses can significantly influence child health trajectories. A nurse's knowledge of normal versus abnormal development equips them to detect concerns early, advocate for timely interventions, and support children and families in achieving their full potential.

References / Bibliography

1. Hockenberry, M.J., & Wilson, D. (2019). *Wong's Essentials of Pediatric Nursing* (11th ed.). Elsevier.
2. Centers for Disease Control and Prevention (CDC). (2022). *Developmental Milestones*. <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>
3. World Health Organization. (2014). *Guideline: Updates on the management of severe acute malnutrition in infants and children*.
4. Frankenburg, W.K., et al. (1992). *Denver II Training Manual*. Denver Developmental Materials.
5. Sices, L. (2007). Developmental screening in primary care: The effectiveness of current practice

and recommendations for improvement. *The Commonwealth Fund*.

6. Sharma, S., & Ranjan, R. (2020). Role of nursing professionals in monitoring child growth and development. *Indian Journal of Pediatric Nursing*, 7(2), 45–49.
7. Piaget, J. (1952). *The Origins of Intelligence in Children*. International Universities Press.
8. Erikson, E.H. (1963). *Childhood and Society* (2nd ed.). Norton.
9. Glascoe, F.P. (2005). Screening for developmental and behavioral problems. *Journal of Developmental & Behavioral Pediatrics*, 26(5), 346–357.
10. American Academy of Pediatrics. (2020). *Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)*

“Navigating the Storm: Addressing Violence and Ensuring Safety in Psychiatric Settings – A Comprehensive Review”

Prof. ARUN JAMES

Assistant Professor Mental Health Nursing Department

Department of Mental Health Nursing
College of Nursing, Nirmala Medical Centre,
Muvattupuzha, Kerala, India

Abstract

Violence in psychiatric settings is a critical concern impacting the safety of patients, healthcare providers, and the overall therapeutic environment. This review discusses the prevalence, underlying causes, consequences, and evidence-based interventions for violence and safety in mental health care facilities. It emphasizes the vital role of comprehensive risk assessments, staff training, environmental modifications, policy frameworks, and collaborative care to foster safety. Ensuring violence-free psychiatric care is essential for promoting recovery and improving the quality of mental health services worldwide.

Keywords: psychiatric nursing, workplace violence, safety, aggression, mental health settings, therapeutic environment, de-escalation, staff training

Introduction

Psychiatric settings are unique healthcare environments designed to provide care for individuals experiencing acute and chronic mental health disorders. While these settings are centers for healing and rehabilitation, they also present significant risks of violence and aggression due to the nature of psychiatric illnesses, patient vulnerabilities, and environmental challenges. Mental health nurses and staff often find themselves on the frontline,

exposed to various forms of violence that can jeopardize their safety and psychological wellbeing. This review article aims to explore the dimensions of violence in psychiatric care, its causes, implications, and practical strategies for managing and preventing violence to ensure a safe and therapeutic atmosphere for all stakeholders.

1. Understanding Violence in Psychiatric Settings

1.1 Definition of Violence

Violence in psychiatric settings encompasses any behavior that threatens or causes physical, psychological, or emotional harm to patients, staff, or others within the healthcare environment. This may include physical assault, verbal abuse, threats, sexual harassment, or self-harm. In the psychiatric context, violence is often a manifestation of underlying mental illness symptoms or distress, complicating the safety management approaches.

1.2 Types of Violence

Violence in psychiatric care can be categorized into physical violence such as hitting, biting, and throwing objects; verbal abuse including shouting, threats, and insults; sexual harassment; and self-directed violence like self-injury or suicide attempts. Recognizing these different forms is crucial for tailoring interventions and ensuring appropriate safety measures.

Each type requires distinct preventive and management strategies tailored to the patient's condition and environmental context.

1.3 Prevalence

Studies report that between 40-80% of psychiatric healthcare workers have experienced some form of workplace violence, with nurses being the most affected group. Inpatient units, especially emergency psychiatric wards and forensic facilities, report the highest incidents. According to the World Health Organization, mental health staff are at higher risk of violence compared to other healthcare professionals due to the complex behavioral and psychiatric conditions they manage.

2. Causes and Risk Factors

2.1 Patient-Related Factors

Violent behavior is often linked to certain psychiatric diagnoses such as schizophrenia, bipolar disorder, and substance use disorders. Patients experiencing acute psychosis, hallucinations, or delusions may react unpredictably or aggressively. Those with a history of violence are more prone to repeat aggressive incidents. Cognitive impairments from dementia or brain injury can cause frustration and confusion, further elevating risks. Understanding these patient-specific factors aids in identifying high-risk individuals and customizing care plans.

2.2 Environmental and Institutional Factors

Psychiatric settings with overcrowded wards, inadequate staffing, and limited resources increase tension and contribute to violent incidents. A lack of privacy and poor environmental design can exacerbate feelings of helplessness or agitation among patients. Communication barriers and inconsistent care delivery also escalate

conflicts. Institutions that fail to maintain safe physical environments and clear protocols unwittingly place both patients and staff in harm's way.

2.3 Staff-Related Factors

Staff-related contributors to violence include insufficient training in managing aggressive behavior, poor communication skills, and occupational stress. Burnout and high workload diminish staff's capacity to respond calmly and effectively to escalating situations. Furthermore, inconsistent application of de-escalation techniques or failure to recognize early warning signs can inadvertently escalate aggression. Supporting staff wellbeing and competence is essential for violence prevention.

3. Impact of Violence in Psychiatric Settings

3.1 On Staff

Violence can result in physical injuries ranging from minor bruises to severe trauma, sometimes leading to long-term disability. Beyond physical harm, exposure to violence causes psychological trauma including anxiety, depression, post-traumatic stress disorder (PTSD), and moral distress. Such experiences contribute to job dissatisfaction, absenteeism, and high staff turnover, further undermining service quality and institutional stability.

3.2 On Patients

Violence also negatively affects patients. The use of coercive measures such as restraints and seclusion in response to aggression can retraumatize individuals, undermine trust in caregivers, and compromise therapeutic relationships. Witnessing violent incidents may exacerbate patients' symptoms and delay recovery. Hence, reducing violence is imperative not only for staff safety but also for enhancing patient outcomes.

3.3 On the Institution

Violent incidents have financial implications including costs for medical treatment, legal liabilities, property damage, and increased insurance premiums. Institutions may suffer reputational damage, deterring patient admissions and recruitment of qualified staff. Furthermore, legal actions arising from mishandled violent episodes may expose healthcare facilities to penalties and stricter regulations.

4. Management and Prevention Strategies

4.1 Risk Assessment and Early Identification

Routine risk assessment tools such as the Broset Violence Checklist and HCR-20 help identify patients at risk of aggression. Early identification allows for proactive interventions, including increased observation and tailored care plans. Training staff to recognize subtle warning signs—like restlessness, clenched fists, or verbal threats—enables timely de-escalation before violence escalates.

4.2 Staff Training

Regular, evidence-based training in de-escalation techniques empowers staff to manage aggression effectively. Techniques include maintaining calm body language, using clear and non-threatening communication, and offering choices to patients. Trauma-informed care training helps staff appreciate the influence of past trauma on behavior, reducing reliance on coercive measures. Simulation exercises and role-playing improve confidence and preparedness for violent incidents.

4.3 Environmental Design

Safe physical environments play a critical role in reducing violence. Ward designs that minimize overcrowding and provide clear sightlines help staff monitor patient activity. Non-breakable furniture and

bolted fixtures reduce risks of weaponization. Installing alarm systems, such as panic buttons and surveillance cameras, enhances staff ability to summon assistance swiftly during emergencies.

4.4 Policy and Protocols

Clear institutional policies outlining zero tolerance for violence and standardized procedures for managing incidents are essential. Effective incident reporting systems encourage staff to report all episodes without fear of retaliation, facilitating organizational learning and improvement. Post-incident debriefings and psychological support for affected staff aid recovery and resilience.

4.5 Multidisciplinary Collaboration

A team approach involving psychiatrists, psychologists, social workers, nurses, and security personnel ensures comprehensive safety management. Collaborative care plans tailored to individual patients reduce risks of violence and enhance therapeutic engagement. Involving patients in safety planning promotes cooperation and respect.

5. Legal and Ethical Considerations

Psychiatric nursing involves balancing patient autonomy with safety concerns. Ethical dilemmas arise around the use of restraints, seclusion, and involuntary treatment. Nurses must ensure actions are justified, proportionate, and comply with legal frameworks such as the Mental Healthcare Act, 2017 in India, which emphasizes least restrictive care and patient rights. Documentation, informed consent, and transparency with patients and families are critical to maintaining ethical standards and minimizing liability.

6. Case Studies and Real-World Examples

Case 1: Acute Psychosis-Induced Violence

A young male with untreated schizophrenia experienced command hallucinations instructing him to harm staff. Early risk assessment and prompt administration of prescribed medication combined with calm verbal de-escalation prevented escalation. The team conducted post-incident counseling to restore patient-staff trust and prevent recurrence.

Case 2: Staff Burnout Leading to Conflict

At a government psychiatric hospital, understaffed night shifts and high workload led to increased staff stress and diminished capacity to de-escalate a patient's agitation, culminating in physical assault on a nurse. This led to policy changes including improved staffing, mandatory violence prevention training, and enhanced staff support programs.

7. Emerging Trends and Innovations

7.1 Technology-Assisted Safety

Wearable panic alarms, electronic health records integrated with aggression risk flags, and AI-driven predictive analytics are increasingly used to enhance staff safety. These technologies allow rapid response to incidents and better resource allocation.

7.2 Peer Support Models

Peer support workers with lived experience of mental illness assist patients in crisis, providing empathy and early intervention, which reduces violence and fosters engagement. These models also alleviate staff burden and improve patient satisfaction.

7.3 No-Restraint Initiatives

Some psychiatric facilities have implemented restraint-free care models, focusing on environmental modifications, staff training, and patient empowerment. Early evidence suggests such initiatives reduce violent incidents, improve outcomes, and promote dignity.

8. Recommendations for Practice

Institutional leadership must prioritize violence prevention through sustained investment in staff training, environmental safety, and supportive workplace culture. Regular audits, ongoing professional development, and involvement of staff in policy formation foster ownership and compliance. Encouraging non-punitive reporting and providing mental health support for staff are equally crucial. Lastly, patients' involvement in safety planning and therapeutic care promotes mutual respect and reduces violence.

Conclusion

Violence in psychiatric settings remains a complex challenge with significant implications for patients, staff, and healthcare institutions. A multifaceted approach involving early risk assessment, effective staff training, safe environments, clear policies, and collaborative care can mitigate risks and create safer, more therapeutic mental health services. Commitment at organizational and policy levels is necessary to protect frontline workers and promote recovery-centered care, ultimately enhancing the quality and reputation of psychiatric services globally.

Bibliography

1. World Health Organization. (2018). Violence against health workers. Retrieved from <https://www.who.int/>
2. Bowers, L. (2014). Safewards: a new model of conflict and containment on psychiatric wards. *Journal of Psychiatric and Mental Health Nursing*, 21(6), 499–508.
3. Hahn, S., Needham, I., Abderhalden, C., Duxbury, J., & Halfens, R. (2010). The effect of a training course on mental health nurses' attitudes on the reasons of patient aggression and its management. *Journal of*

- Psychiatric and Mental Health Nursing, 17(6), 512–521.
4. National Institute for Health and Care Excellence (NICE). (2015). Violence and aggression: short-term management in mental health, health and community settings. Retrieved from <https://www.nice.org.uk/>
 5. Mental Healthcare Act, Government of India. (2017). Retrieved from <https://egazette.nic.in/>
 6. Kelly, E. L., Subica, A. M., Fulginiti, A., Brekke, J. S., & Novaco, R. W. (2015). A cross-sectional survey of factors related to inpatient assault of staff in a forensic psychiatric hospital. *Journal of Advanced Nursing*, 71(5), 1110–1122.
 7. Duxbury, J., Pulsford, D., Hadi, M., & Sykes, S. (2013). Staff and patient perspectives on de-escalation. *Journal of Psychiatric and Mental Health Nursing*, 20(3), 223–234.
 8. Needham, I., Abderhalden, C., Dassen, T., Haug, H. J., & Fischer, J. E. (2005). The effectiveness of a training course in aggression management. *Journal of Advanced Nursing*, 52(5), 546–556.
 9. Stuart, H. (2003). Violence and mental illness: an overview. *World Psychiatry*, 2(2), 121–124.
 10. Taylor, J. L., & Rew, L. (2010). A systematic review of the literature: workplace violence in the emergency department. *Journal of Clinical Nursing*, 19(12), 1650–1667.
 11. Cowman, S. (2006). Safety and security in psychiatric clinical environments. In *Violence in mental health settings: Causes, consequences, management* (pp. 253-271). New York, NY: Springer New York.
 12. Jones, J., Nolan, P., Bowers, L., Simpson, A., Whittington, R., Hackney, D., & Bhui, K. (2010). Psychiatric wards: places of safety?. *Journal of psychiatric and mental health nursing*, 17(2), 124–130.
 13. Roca, R. P., Charen, B., & Boronow, J. (2016). Ensuring staff safety when treating potentially violent patients. *Jama*, 316(24), 2669–2670.

THE IMPACT OF ARTIFICIAL INTELLIGENCE ON NURSING

Prof. Dr. AMANDEEP KAUR,
Principal
Rastogi College of Nursing , Bhilai, Chhattisgarh.

Abstract

Artificial Intelligence (AI) is dramatically revolutionizing the healthcare industry, especially in nursing. Its applications provide substantial improvements in health care delivery, increases efficiency, and enhances decision-making. Artificial intelligence technologies, particularly machine learning, natural language processing, and robotic automation, are progressively being investigated to assist with activities from medical record administration to individualized patient care. Despite its prospective advantages of increased accessibility, reduced burden, and elevated service quality, the incorporation of AI into nursing also poses significant hurdles, including algorithmic bias, accountability concerns, and insufficient empirical study on real-world applications. This paper critically analyzes the current scenario of AI in nursing, its benefits, effects, issues, and need for ethical frameworks and nurse participation to guarantee responsible and successful application.

Keyword: Artificial intelligence, Health care, Elevated service quality, Algorithm, Medical records

Introduction

Among the most popular applications of artificial intelligence (AI), those used in healthcare represent the largest proportion in terms of usage and expectations. AI technologies are being developed, tested, evaluated, and applied to healthcare in many countries, with limited involvement of nurses across settings and specialties around the world. As technology, AI becomes more advanced, accurate,

practical, effective, efficient, and economical for nursing care. This is another level of opportunities and also pressures to apply AI technology in nursing care. Under these conditions, it is urgent and necessary to rethink the principles that determine which interventions should be performed by nurses or AI devices. Therefore, critical thinking is required to separate the roles of nurses and AI in the delivery of appropriate care services to patients.

In general, the main purpose of any valuable technology is to solve problems or make improvements. For example, the use of speech recognition technology can speed up the process and/or improve accuracy, efficiency, reduce errors, and shorten the time it takes to complete nursing documentation. In another example, machine learning has five algorithms and visualizes the best model using monograms and web calculators to help nurses assess patients' cancer status and machine learning has reduced in-hospital mortality using early warning scores. Therefore, it is worth to consider some of the problems and challenges that nurses face and how AI can solve them now and in the future. This will undoubtedly require further development and refinement of AI technology to optimize nurse performance in the nursing care process.

Research and development of AI-based technologies in healthcare have increased over the past decade, highlighting the strong potential of AI to improve the quality of nursing care. From its inception to the present, there has been few research

that goes beyond proof-of-concept studies or laboratory experiments and applies AI in real-world scenarios, and even less research that evaluates the impact of AI on clinical outcomes. To meet the new demands for nursing care, it is necessary that the AI be integrated into nursing science and healthcare setting, especially in nursing care. However, the impact of applying these technologies in nursing has not been explored and discussed. Therefore, this article aimed to explore and discuss the impact of applying AI in nursing science and healthcare system to provide approximate nursing care. The purpose of this article is to assess the current use of AI technology systems in nursing and healthcare settings in order to provide an overview or stimulate further research useful for the development of AI technology systems that are perfectly suited for application in healthcare.

Discussion of Topic

This critical question is supported by many studies that have identified specific gaps in the application of AI in outcomes research and are unique to many different therapeutic areas, such as nursing homes, long-term care, and mental health settings. Therefore, further consideration is needed before the use of AI can be incorporated into the health technology assessment decision making process, especially in the context of medical use. A gap was found in the use of some AI technologies developed in healthcare settings such as nursing homes, home care, and outpatient long-term care, as well as some AI solutions relevant for other nonhospital care settings. Currently, AI technology has great potential to enhance nurses' skills and enable them to provide evidence-based and personalized care to patients in a holistic, comprehensive, and integrated approach. Along with the potential positive outcomes, AI technology also has unintended consequences that have the potential to negatively impact and

adversely affect the nursing profession and the primary purpose of nursing practice in the healthcare system.

Impact of AI

Expands Access to High-Quality Medical Care

AI technology in healthcare has the greatest potential to improve and expand access to high quality medical care, providing personalized intervention and monitoring with reduced error rates and lower costs. In this case, AI technology has improved care delivery by reducing time consuming tasks that do not require specialized nursing skills or knowledge, freeing nurses to provide direct patient care.

Improves Medical Records

As electronic medical records (EMRs) are widely adopted and medical devices and instruments are digitized, the information capacity of hospital databases continues to expand. Therefore, there is a need for AI to organize existing EMRs so that they are easily accessible to relevant medical personnel and can help provide important patient-related information. Improves Quality of Services AI can be used to improve the quality of service in terms of efficiency, safety, and access to healthcare through collaboration, coordination, and communication between healthcare disciplines. As a result, AI technology is indispensable in daily healthcare services, as AI can simplify the workload of nurses and other healthcare workers to maximize healthcare services.

Issues of AI

Biases

There is a risk that AI will perpetuate or systematically embed existing human biases or social bias into the AIs' system, potentially making the results obtained less accurate. In addition, Bias in AI technology systems can be categorized into algorithmic and social bias, which can arise from factors such as gender, race, or measurement error, leading to suboptimal

and inaccurate outcomes for certain groups in healthcare settings.

Algorithm

Clinical decision algorithms introduced racial bias by prioritizing treatment for less sick white patients over sicker black patients in the United States. However, AI technology systems can be problematic because there is still uncertainty about when AI algorithms are valid and reliable enough to become the standard of care for all patients who need it.

Current Insight and Interpretation

In the nursing setting, the advancement of AI technology is being greeted with excitement as a promising nursing innovation such as intelligence agents, machine learning, deep learning, natural language processing, robotic process automation, administrative applications, and explainable or interpretable AI. AI technologies may be able to improve the nursing care of various health conditions, provide complete information to support decision-making, manage medical records, minimize medical errors, optimize nursing care processes, make healthcare more accessible, provide better patient experience, improve nursing care outcomes, and reduce per capita healthcare costs. However, one of the potential implications of replacing aspects of human expertise with autonomous AI system technology is the legal implications of clinical accountability. In this sense, accountability is a process in which health professionals have the potential responsibility to justify clinical actions to patients and take responsibility for the consequences. In the use of AI technology, accountability is still being questioned and debated, whether the results of AI are absolute or just a consideration.

Conclusions

Some of the impacts that can be evaluated and seen today in the context of using AI technology systems in the scope of nursing and healthcare are expanding access to

quality medical care, improving medical records, and improving the quality of services. These positive effects can be the advantages and the urgency of using AI technology systems in healthcare so that healthcare services become more optimal. In addition, the use of AI technology systems also has some issues, such as bias and algorithms, which are drawbacks that need to be considered when evaluating the accuracy of the displayed results. This requires actions and updates to minimize the possibility of errors.

Reference

- Topol, E. (2019). *Deep Medicine: How Artificial Intelligence Can Make Healthcare Human Again*. Basic Books.
- Jiang, F., Jiang, Y., Zhi, H., Dong, Y., Li, H., Ma, S., ... & Wang, Y. (2017). Artificial intelligence in healthcare: Past, present and future. *Stroke and Vascular Neurology*, 2(4), 230–243. <https://doi.org/10.1136/svn-2017-000101>
- Rajkomar, A., Dean, J., & Kohane, I. (2019). Machine learning in medicine. *New England Journal of Medicine*, 380(14), 1347–1358. <https://doi.org/10.1056/NEJMra1814259>
- Buolamwini, J., & Gebru, T. (2018). Gender shades: Intersectional accuracy disparities in commercial gender classification. *Proceedings of the 1st Conference on Fairness, Accountability and Transparency*, 81, 77–91.
- McBride, S., Tietze, M., Robichaux, C., Stokes, L., & Weber, E. (2020). Ethical considerations of artificial intelligence in healthcare: A focus on nursing. *Nursing Outlook*, 68(3), 287–294.

<https://doi.org/10.1016/j.outlook.2019.11.005>

- Nelson, R. (2020). Artificial intelligence in nursing: A call to action. *Nursing Management*, 51(1), 14–17. <https://doi.org/10.1097/01.NUMA.0000652713.94785.36>
- Dilsizian, S. E., & Siegel, E. L. (2014). Artificial intelligence in medicine and cardiac imaging: Harnessing big data and advanced computing to provide personalized medical diagnosis and treatment. *Current Cardiology Reports*, 16, 441. <https://doi.org/10.1007/s11886-014-0441-8>

HOW DOES INTERNET AFFECT MENTAL HEALTH?

Mrs. NIKITA BAIRGAI
Assistant Professor, Mental Health Nursing Department
Anushree College of Nursing Jabalpur (M.P).

ABSTRACT

Internet addiction may have a diversity of undesirable effects on mental health, though including but not restricted to stress, anxiety, financial losses, occupational effects, sleep disturbances, cyber bullying and online harassment, low concentration, low self esteem, body dysmorphia and eating disorder, substance abuse, negative self-image, attention deficits along with escapism and avoidance.

Internet addiction may result in a higher level of psychological arousal, which can lead to sleep deprivation, eating disorders or inability to eat for extended periods of time, and also reduction in physical activity. This can potentially lead to the user experiencing a variety of mental and physical health issues, including anxiety, depression, obsessive-compulsive disorders, and disturbed family interactions and social relationships.



KEYWORDS: -Internet addiction, body dysmorphia, eating disorder, substance abuse, negative self-image, escapism, avoidance. psychological arousal.

INTRODUCCION: -

Internet addiction, often abbreviated as IAD, is considered as a obsessive and excessive internet use that adversely impacts several daily aspects of life that includes interpersonal relationships, study, employment, and health. Al this leads to complete or partial disturbance in routine life. This often leads to worry and disruption.

CONCEPT OF INTERNET ADDICTION: -

The concept of "internet addiction" arose in the mid-1990s. This could be due to Kimberly Young's research conducted in 1996 and 1998, which categorized it as a probable impulse control disorder, alike to compulsive gambling, characterized by uncontrolled and negative consequences. Despite negative outcomes, excessive and problematic internet use also leads to an intense urge to be online most of the time thus challenges regulating screen time, and increasing ultimately increase dependency over time.

TYPES OF INTERNET ADDICTION

Internet addiction includes:

Cybersex addiction:

This type of addiction involves extreme and unrequited preoccupation with online pornography, frequent visits to adult websites, sexual fantasies, or getting engage in cybersex, potentially injuring real-world relationships.

Net compulsions:

This addiction comprises of compulsive involvement in online activities like gaming, gambling, shopping, trading, or auctioning that can result to financial and social problems.

Cyber relationship addiction:

Cyber relationship addiction refers to an over involvement in online relationships, sometimes at the cost of real-life relationships and social interactions.

Compulsive information seeking:

This involves an obsessive urge to hunt, search, scroll and explore for and collect information online, often resulting in losing control and neglecting others more important aspects of life.

Internet gaming addiction:

A very common addiction among adolescents characterized by excessive

preoccupation with online games those results in ignoring other accountabilities, social interactions, and even physical health.

Symptoms:

Signs that indicate a behavioral addiction includes:

- **Salience:** when one activity becomes more important on others.
- **Conflict:** having phases of inner and outer conflicts as a result of the activity.
- **Mood modification:** getting involved in an activity to overcome a bad mood.
- **Tolerance:** demanding more of an activity for the desired effect.
- **Relapse:** resuming an activity once avoiding it for a time.
- **Withdrawal:** experiencing an unpleasant effect specially on mood on discontinuing an activity.

Why people get addicted

The reasons may include unstable family life, lack of support, family conflicts, limited or no social circle, unstable mood, having mental issues, limited social life otherwise etc.

Effects on mental health are :

- Depression
- Anxiety
- Low concentration
- Financial consequences
- Sleep disorders
- Loss of social life
- Disturbed family interactions
- Cyber bullying
- Online harassment
- Body dysmorphia
- Eating disturbances
- Substance abuse
- Low self-image
- Attention deficit
- Escapism
- Distraction from job or studies

Prevention to follows some steps:

- Recognize the addiction

- Involve in meditation
- Seek professional help or counselor
- Develop a routine
- Engage in mindfulness practices
- Establish device-free intervals
- Go for walk
- Recognize triggers
- Obtain help
- Explore other engaging activities
- Restrict online behaviors.
- Using app timers
- Attempt to reduce the duration of your online sessions.
- Discontinue the usage of certain programs, or use applications that might restrict your online duration.

CONCLUSION:

In today's world of technology, internet addiction has become a new behavioral issue. Though internet offers great benefits in terms of knowledge, communication, and entertainment but its too much dependence and uncontrolled usage results in major psychological, social, and physical effects. Prevention includes first realizing early indicators thus advocating digital literacy, and turning towards good online conduct. One must try to find a balance relationship with technology. It is widely accepted that despite not being formally recognized as a mental disorder, internet addiction undermines mental and physical health, leading to issues such as stress, anxiety, depression, and social isolation. To overcome needs awareness and preventative measures.

REFERENCES:

1. Internet addiction a handbook and guide to evaluation and treatment, editor Kimberly S. Young, publisher John Wiley & Sons, 2010. Page no.312.
2. Tripathi A. impact of internet addiction on mental health.
3. <https://pmc.ncbi.nlm.nih.gov>
4. <https://onlinelibrary.wiley.com>
5. <https://www.amazon.in>

TRADITIONAL LEARNING V/S DIGITAL LEARNING: A COMPARISON

Mr. DINESH SHRIVAS
Librarian,
Anushree College of Nursing Jabalpur (M.P).

Abstract

Learning is a continuous process which starts from birth and continues until death. From birth, one acquires the capacity to involve with their social environment, communicate within, and also cultivate essential abilities for survival, growth and development. With growing age, he gathers knowledge from formal education, his personal experiences, and social interactions. Here arises an important question: What learning is all about? Why is it necessary? How it occurs, the medium?

This article examines the comparison of traditional and digital learning methodologies. On one hand traditional learning encompasses typical classroom techniques, in-person instruction, and written resources while on the other digital learning utilizes contemporary technology, such as modern technology like online platforms, videos, and interactive sessions, to provide education. This article examines the acquisition of information via both these approaches, emphasizing its respective pros and cons.

KEYWORDS : Learning, Traditional Learning, Digital Learning, Advantages And Disadvantages Of Traditional Learning, Advantages And Disadvantages Of Digital Learning.

Learning

According to Boaz” A process by which the individual acquired various habits, knowledge and attitude necessary to meet the demand of life in general”

The definition of Boaz makes the word Learning better understood. It states that

learning is to learn and acquire numerous habits, information and attitude as per the need of a person in his life.

Ways of learning

Any education can be possible acquired only through learning. There can be numerous mediums of learning, out of which digital learning and traditional learning are two mediums. These two mediums complete this learning process based on time, skill, and the medium used. So it is important to have the knowledge of these mediums.

Traditional learning

As the name itself suggests, traditional learning the medium of learning where any facts, skill and concepts can be learned through face to face interaction. For example class room teaching where teacher and students have face to face interaction and students learn from teachers get their doubts clear directly from teacher. Teachers use traditionally designed tools to deliver their insights such as blackboard, charts or any medium.

Advantages of traditional learning

Learning by doing:-In traditional learning , learning is done by doing in a classroom environment.

Upholding connection:-In traditional learning, teachers and students interpersonal relationships can be easily maintained.

Access to library and information centers:-it also can be said as its advantage that the student can easily use the library and other labs.

Learning is planned:-Whatever is taught in class teaching is already scheduled and preplanned.

Other activities:-Another special thing about traditional learning is that along with studies, various types of extra-curricular activities are also included in it.

Disadvantages of traditional learning

Everything is fixed:-The biggest drawback of traditional learning is that the place, time and schedule are all fixed or can be said rigid in nature.

Stressful learning environment:-In traditional learning, students receive education according to a curriculum where they have to do all the work related to that curriculum themselves and have to do it within the stipulated time, due to which there is stress among the students.

Theory based lesson:-In traditional learning, instead of research based study and current knowledge, knowledge of old principles is imparted in a traditional manner, this is its biggest drawback.

High Cost:- One disadvantage of this learning is that it costs more.

Physical presence is mandatory:-in this learning, physical presence of teachers and students is mandatory.

Digital learning

In this changing scenario the learning process is also changing. In digital learning, students and teachers are connected digitally through the internet, where there is no restriction of time or place. Moreover, study material is also shared digitally.

Advantages of traditional learning

Readymade contents available:-In digital learning, readymade content is available on the convenience of the learner, which can be used anytime and anywhere.

Time saving:-the special feature of digital learning is that there is no fixed schedule,

no time restriction for learning, instead the learner can use it anytime as per his convenience, which saves his time.

Cost effective:-in digital learning, it can be learned at a very low cost, so that the learner does not have to bear the burden of money.

Disadvantages of traditional learning

Require computer and latest device:-the only drawback of digital learning is that to learn through it, a device like computer, laptop or android mobile with internet access is required.

Plagiarism:-In digital learning, does not ensure originality due to easy access.

No interpersonal relationship—learner and teacher never meet each other, no personal relation is built hence interpersonal relationship lacks.

Conclusion

Without learning, human being cannot grow, has no existence; no matter in what form it is learnt. Traditional and digital learning both offer unique features and benefits. Both are important depending upon the types of user, time and location. In contemporary society, an optimal integration of traditional and digital learning—commonly termed blended learning—offers the most thorough and flexible educational environment.

Bibliography

- Venketesh Reddy, essential of Psychology for Nurses, First Edition, Published by Jaypee brothers, page no.58-59.
- <http://elearningindustry.com>
- <http://www.medvarsity.com>

SUBSCRIPTION FORM

Subscriber's Name (Block letters)

Institution

Postal Address

CityPin Code..... District.....State

STD Code No.Phone No.(Office)(Residence).....

Fax No.....Email Address

Duration of subscription..... Year/Year

Note : Please Fill The Form Clearly

Signature

Send your subscription in favour of 'Anushree Journal of Nursing',

Payable at Jabalpur. Send to Postal address:

Dr. Prof. Jomon Thomas, Editor in Chief
Anushree Journal of Advanced Nursing,
Anushree College of Nursing
112, Kashodhan Nagar, Madhotal, Near ISBT, Jabalpur 482002.

SUBSCRIPTION FEE FOR AJOAN

Duration	No. of Issue	Amount (Individual/Institution)
1YEAR	Two	1000

Banking Details:-

Account Name : Anushree Journal of Advanced Nursing

Account No. : 5125990715

IFSC Code : CBIN0283689

Bank Name : Central Bank of India

Branch : Vijay Nagar Jabalpur (M.P.)

ANUSHREE JOURNAL OF ADVANCED NURSING

GUIDELINES FOR AUTHORS:

AJOAN is being published on behalf of Anushree Education Society biannually with the to involve and unite nursing professionals in the development of our profession by sharing knowledge between us. So your contributions are much important to reach our aim.

- Authors are welcomed to contribute their non-published articles towards AJOAN, it can be sent to **Editor-in-chief, Anushree Journal of Advanced Nursing, 112, Kasodhan Nagar, Madhotal, Near Samdariya Green City, Jabalpur ~ 482002, India** for publication.
- Articles can be sent in hard copy, CD and through Email, (anushreecollegeofnursing@gmail.com).
- Authors can send their research abstract, case study, reports and reviews.
- Ideal Length of the article including research abstract is not above 4000 words.
- Reference should be mentioned in the article.
- Authors are requested to send their personal profile which includes Name, Designation and Postal address for communication (Institution / Residence), No, Recent Photo (JPEG Format), Email address, Contact, Article should be sent well in advance, at least a month before publication No. Recent Photo (JPEG Format).
- Article should be sent well in advance, at least a month before publication month (Publication months are March and September).
- Your enquiries and views towards AJOAN are welcomed for its betterment.



ANUSHREE COLLEGE OF NURSING

112, Near ISBT, Kashodan Nagar, Madhotal, Jabalpur, M.P.- 482002



COURSES OFFERED

- **M.Sc. Nursing (All Specialties)**
- **Post Basic B.Sc. Nursing**
- **B.Sc. Nursing**
- **G.N.M. (General Nursing and Midwifery)**



ANUSHREE JOURNAL OF ADVANCED NURSING

Printed & Published By : *Anushree College of Nursing, 112, Near ISBT, Kashodan Nagar, Madhotal, Jabalpur, MP-482002*

Chief Editor : *Dr. (Prof.) Jomon Thomas*

Periodicity : *Biannual*

Language : *English*