

Issue-1

Reflections

A Souvenir by the Nurses of Safdarjung Hospital, New Delhi



200th Birth Anniversary of Florence Nightingale

Nursing now



2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE

The Florence Nightingale Pledge

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully.

I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug.

I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.



MESSAGE FROM MEDICAL SUPERINTENDENT



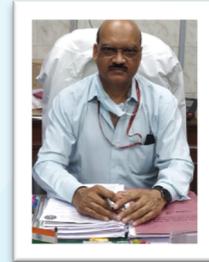
I am indeed very delighted to know about a new venture of launching a Souvenir of Nursing by the Nursing fraternity of our esteemed organization. During the pandemic of COVID-19, the dedicated services and sincere efforts of our Nursing team stands highly appreciable.

Health care is the fast-evolving field. Many technical and professional advancements are being made globally. Nursing is not exception in this dynamic field to move with positive changes. The enthusiastic nursing researchers across the globe and the technological advancements these days make Nursing one of the most innovative profession than ever before. Therefore, it becomes imperative that the Nurses should update their knowledge and clinical competencies. Dissemination of this knowledge is equally important to sustain the professional standards of Nursing. I appreciate the efforts taken for such an important step in this direction.

I extend my best wishes on this International Year of Nurses and Midwives for the success of this new initiative. I hope this great starting of an enthusiastic voyage will reach its destination with fruitful results.

Dr BALVINDER SINGH, MD
Medical Superintendent,
VMMC & Safdarjung Hospital,
New Delhi-110029.

MESSAGE FROM ADDITIONAL MEDICAL SUPERINTENDENT



I am glad to note that the nursing fraternity of Safdarjung Hospital is bringing out a souvenir as part of "International Year of the Nurse and the Midwife". The nursing staff at Safdarjung Hospital have always been excellent in-patient care and hospital management. They have been working very efficiently during the present unprecedented Pandemic of Covid19. I wish them all the best for their future.

Dr R K SRIVASTAVA,
Additional Medical Superintendent,
VMMC & Safdarjung Hospital,
New Delhi.

MESSAGE FROM ASSISTANT DIRECTOR GENERAL (NURSING)



Nurses are health professionals who use a comprehensive approach including health promotion, disease prevention, treatment, rehabilitation and palliative care. Their lead roles as care givers, skilled clinicians, innovators, patient advocates and managers are inevitable in achieving Universal Health Coverage.

Nurses are indispensable in safeguarding public health and in managing a health crisis because they are a vital link between patient and the rest of the health care team. Brilliant efforts of Nurses significantly contributed in flattening the curve of COVID-19 infection in Delhi.

I feel privileged to be a part of this initiative and congratulate all Nurses of Safdarjung Hospital for their selfless service, dedication, compassion and contribution to health and well-being of the individuals, families and communities of the country. They play a key role in achieving our country's goal of ensuring health for all, especially the marginalised and vulnerable groups.

I am humbled to acknowledge the sacrifice and commitment of Nurses during this COVID-19 pandemic. I offer my felicitations to each one of them.

Dr RATHI BALACHANDRAN,
Assistant Director General (Nursing),
Ministry of Health and Family Welfare,
Government of India.

MESSAGE FROM CHIEF NURSING OFFICER



I am happy to know that the nursing fraternity of Safdarjung Hospital is bringing out a Souvenir on this "International Year of the Nurse and the Midwife". During the Pandemic of Covid19, the dedicated services of the nursing team is highly appreciable. I convey my best wishes to all.

Mrs. URMIL JAYANT,
Chief Nursing Officer,
Safdarjung Hospital,
New Delhi.

MESSAGE FROM OFFICIATING NURSING SUPERINTENDENT



It is of great accomplishment of our nursing fraternity to launch a souvenir during this "International Year of the Nurse and the Midwife" - as declared by the World Health Organization in celebration of the 200th birth anniversary of Florence Nightingale, who is the Founder and Pioneer of our modern Nursing.

The Covid -19 casts its shadow over all levels of society and our profession is central to tackling the pandemic and to save the life of people. I appreciate all Nurses who have "stepped up and stepped beyond" their calling by working in the management as well the care of Patients in the COVID zones.

We are proud to be associated with the largest Central Government hospital in the country; and we know that we must lead by example. Updating knowledge and skill are essential to cope with the changing trends and technological advancement of health care sector. Dissemination of this knowledge is also essential to ensure the professional development. Nursing being the largest workforce and backbone of any hospital, can make significant changes in quality health care, and thus we can fulfill our commitments towards our nation.

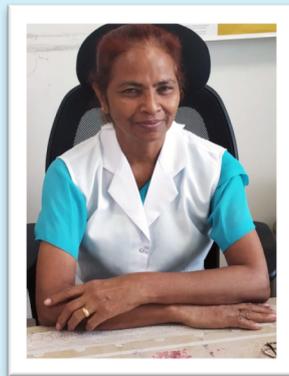
I convey my hearty wishes and success to this new venture and appreciate the efforts put by the technical team and editorial team for making it real.

Mrs. REKHA RANI
Officiating Nursing Superintendent,
Safdarjung Hospital,
New Delhi.

BEST COMPLIMENTS FROM



Mrs. ASHA PATIYAL
Deputy Nursing Superintendent
Safdarjung Hospital



Mrs. DAYAWATI
Deputy Nursing Superintendent
Safdarjung Hospital

DEDICATED TO OUR UNSUNG HEROES



Mrs. BEENA PANOLI
Captain MNS (Rtd)

Nursing officer, Safdarjung Hospital
D.O.B-09/04/1973 D.O.D- 19/5/2020



Ms. PRIYANKA PHALSWAL

Nursing Officer, Safdarjung Hospital
D.O.B- 22/07/1996 D.O.D- 24/6/2020

FROM THE EDITORS DESK

It's a proud moment for the Nursing fraternity during this "2020-International Year of the Nurse and the Midwife" to launch the souvenir-REFLECTIONS, contributed by Nurses of Safdarjung Hospital. I would like to thank our respected MS, Addl.MS, ADG(Nursing)- MoHFW, CNO, ONS and all Nursing fraternity of SJH for their contribution and support to bring the idea of souvenir into reality.

I would also thank "Nursing Now", a global campaign run in collaboration with the WHO and the International Council of Nurses (ICN) which aims to improve health by raising the profile and status of nursing professionals worldwide, for their contribution and investment in Nursing workforce.

Thanks and regards,



Mr SURESH T P,
Senior Nursing Officer,
Safdarjung Hospital.

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में ओर कोरोना



आज मैं कोरोना के बारे में आप से अपना अनुभव शेयर करना चाहती हूँ। जब से मैंने ONS की कुर्सी संभाली तभी इस कोविड19 ने हमारे देश पर हमला कर दिया। मेरे सामने एक challenge था जिस को मैंने स्वीकार किया और जी जान से इस से लड़ने में जुट गए, इस लड़ाई में मेरे सभी साथी हाथ से हाथ बांध कर साथ खड़े थे जिसके कारण हमनीस पर विजय प्राप्त की, परन्तु कब इस वायरस ने मुझे अपने कब्जे में ले लिया पता ही नहीं चला क्योंकि मुझ में इस बीमारी के कोई भी लक्षण नहीं थे। टेस्ट करवाने पर पता चला कि मैं कोरोना पॉजिटिव हूँ, मुझे तत्काल अस्पताल में भर्ती करवाया गया।

टेस्ट पॉजिटिव आने पर न तो मैं घबराई और न ही मैंने हिम्मत हारी, बस मन में एक ही बात थी कि मुझे इस से जीतना है और मैंने वो सब किया जिससे इस से जीता जा सकता है जैसे दिन में तीन बार गरारे करना, तीन बार भाप लेना, विटामिन सी व बी काम्प्लेक्स की गोलियाँ लेना, नियमित रूप से व्यायाम करना, संतुलित आहार लेना। मैंने ये सब नियमित रूप से किया और सात दिनों में ठीक हो कर अपनों के बीच वापस आ गई।

ये सब मैं सब से इस लिए शेयर कर रही हूँ कि कृप्या आप घबराएं नहीं, ये बीमारी ऐसी नहीं है कि ठीक न हों सके, बस हमें थोड़ी सावधानियां बरतनी हैं, जैसे जब भी घर से बाहर जाए मास्क लगाये, हाथों को समय समय पर धोएं, कम से कम पांच फीट की दूरी बनायें रखें, भीड़ भाड़ से दूर रहे। सावधानी ही बचाव है, सावधानी हटी दुर्घटना घटी, वाली कहावत इस बीमारी में सही फ़ीट होती है।

बस आखिर में आप से यही कहूंगी कि घबराएं नहीं डट कर सामना करे और अपना बचाव करें क्योंकि हम हेल्थ वर्कर्स हैं अगर हम ही अपना ख्याल नहीं रखेंगे तो देश की सेवा कैसे कर पाएंगे।

धन्यवाद

आपकी अपनी,
रेखा रानी
ओ एन एस

CHALLENGES FACED BY NURSES AND MIDWIVES DURING COVID 19 AND THE WAY FORWARD



The COVID-19 pandemic is testing all of us, but nurses are on the front line's warriors and the backbone of health care set up, and often its heart and soul. As the number of confirmed COVID-19 cases accelerates, nurses on the front lines of the health care response find themselves making high-stakes decisions for patients and their own personal lives.

It's a time of great stress and uncertainty, and nurses are rising to the challenge with their knowledge, experience, and challenges about working on the front lines of a pandemic. They are overworked, understaffed, possibly heartbroken and anxious, but always courageous. Feeling part of a community, even a virtual one, can help to combat this challenge.

Nurses encounter daily while they wrestle with the massive health care challenges posed by COVID-19:

Nurses in every role are impacted. They're being asked to work in areas of the hospital that aren't their normal specialty.

Across the world, nurses are putting themselves at risk to save lives in the struggle against COVID-19 and some of them even are changing their specialty or learning a new one so they can provide respiratory care to these patients.

During Covid 19 pandemic, Nurses' roles are now more important than ever. Nurses are often the last thread of compassion for patients. They're the ones doing the screenings, taking care of the critically ill, implementing triage protocols, communicating to the families and attending to the dying.

- We are in the clutches of a global disaster, the coronavirus disease 2019 (COVID-19) pandemic, which has posed a major challenge to the health-care systems across the world. We are at war with an invisible enemy that has endangered the health and life of people beyond imagination and has brought a lot of fear, stress, and uncertainty. These unforeseen circumstances have made us think, introspect, and make prompt decisions as health-care professionals. As nurses, we are committed to serve the society, and the biggest challenge we face today is to cure and care for the people affected with COVID-19.

In recognition of our contributions, the year 2020 was designated by the World Health Organization as the “International Year of the Nurse and the Midwife.” Nurses, being one of the strongest pillars of the health-care delivery system, are always ready to face any challenges as frontline warriors. However, amidst the COVID-19 pandemic, health-care delivery has been severely impacted. Some of the common challenges faced by nurses across the country and globally in the current situation are:

- Challenges of working in a new context
- Nurses have heavy workloads that include comprehensive assessment and monitoring, rapid recognition and response to clinical deterioration, close communication and collaboration with physicians, symptomatic care, psychological support, and prevention of multiple potential complications.
- Shortage of experienced nurses in the hospitals
- Overwhelmed and exhausted by the workload and shortage of protective gears, personal protective equipment (PPE) essential to prevent the spread of infection
- In addition to providing care to patients, wearing PPE for long hours also led to physical distress, especially for nurses who had to stay in the isolation wards for entire shifts. Intensive work for long hours made health-care providers at risk of decreased immunity.

It is important for authorities to emphasise the importance of self-care, set maximal working hours and arrange shifts reasonably to protect health-care providers from overwork

- The uncertainty and fear of being infected and infecting others.
- Concerns regarding personal safety and security at workplace and in the community as well as concerns regarding the safety of family members
- Witnessing patients’ experiences.
- Relationship between patients and health-care providers—trying to engage amid chaos.
- Physical exhaustion and mental stress because of working in an unpredictable situation.
- Lack of counselling in distress. There should be some platform where nurses can share their experiences and find productive solution.
- Another big challenge for nurses during this pandemic is ethical challenges. Our ethical framework has focused on the well-being of individual patients. Historically, decisions were made based on the autonomy of patient’s preferences and values. As the pandemic worsens, these decisions will be made using triage protocols.

- We must enlarge our ethical perspective to more fully integrate a public health framework that maximizes the good for more people and minimizes the harm, so that people most likely to benefit from scarce resources receive them. Ethical obligations are very complex. Nurses always have obligations to the patient in front of them, but the pandemic imposes so many limitations. Moment-to-moment decisions are required on how to use equipment, medications, and resources when there aren't enough for everyone.

It is essential to empower nurses with the right education and skills in handling crisis so that they can confidently deal with challenges. Thanks to digitalization, we could impart and continuously reinforce the knowledge about COVID-19 care and prevention to nurses, both through direct training and webinars, digital learning, telehealth consultation, online workshops, improved communication.

The promotion of interprofessional and interorganisational collaboration should be a priority to ensure efficient and high-quality care.

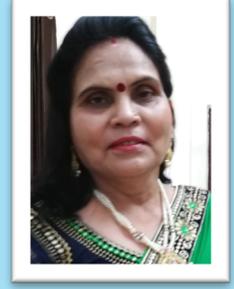
According to the data released by the Union Health Ministry (as on 16 June 2020), the recovery rate of COVID-19 in India is 51%. The hard work and selfless service provided by the health workers, including nurses and midwives has no doubt contributed to this impressive recovery rate.

Nurses are important in managing a health crisis because they are a vital link between the patient and the rest of the health care team. Their contribution to dealing with this pandemic is unparalleled.

The challenges are not over yet. Our battle with COVID-19 has presented us with learning opportunities. We are determined to win this war and make significant contributions to the health of the society that will be remembered forever. The way this crisis has unfolded has meant that we have all sorts of new challenges in seeking to meet the health needs of our populations.

Ms SHANU,
Senior Nursing Officer,
PhD Scholar.

नर्स पे कविता



जब corona से सब दूर भागते हैं
तब नर्स ही आगे आती है

1. लोगो की नज़रो में nursing easy task है
कोई hum से to पूछो ye sab bakwas है

2. सेवा का निस्वार्थ हमारा
निस्वार्थ है भाव हमारा
बिना भेदभाव ख्याल है रखती
जन मानस से लगाव है रखती
कर्म और धर्म पे काम है करती
तभी हर काम नर्स का कमाल है

3. अपनी सेवाभाव से सबको खुश कर जाती
कभी powerful leader और कभी advisor बन जाती है
नर्स परिचारिका सिस्टर माँ बहन बेटी न जाने कितने ही नाम हैं
मरीज़ के साथ एक नर्स ही 24 घण्टे रहती है
तभी frontier yodha कहलाती है

4. घर घर जाकर हाल पूछती
हर रोगों से टकराती है
समय समय पर दवा खिला कर रोगी का हाल बताती है
नर्स बड़ी सुभचिंतक
sab के मन को भाती है
लगातार ड्यूटी पर रहकर सब की जान बचाती है
महामारी के बुरे दौर में नर्स ही आगे आती है
दुःख में होती खुद ही ये
फिर भी अच्छा हाल बताती है
5. सुविधा कम है फिर भी वह भरपूर बताती है
एक नर्स ही है जो सबके मन को भाती है
6. नमन मेरा उन नर्सों को जो फ़िक्र अपनों से ज्यादा करती है
corona से डरे बिना प्यार रोगी से करती है ।

Mrs. SUDERSHAN VATS,
Assistant Nursing Superintendent.

*“So never lose an opportunity of urging a practical beginning,
however small, for it is wonderful how often in such matters
the mustard-seed germinates and roots itself.”*

– Florence Nightingale

MIDWIFERY PRACTICES FOR UNIVERSAL HEALTH COVERAGE



Motherhood is the most eminent gift of almighty to women. Her experience of giving birth is vitally important and her birth giving memories are endured. Unfortunately, most of the women in developing countries have unsafe and unsatisfied labor experiences. In 1987 the first time in the international public health community publicly recognized and agreed to address a long-neglected problem; the dramatically high rates of maternal death and disability, prevalent in the developing world. Data generated by WHO indicated that in 2005, more than half a million women were dying each year from the complications of pregnancy and child birth.

Maternal Mortality ratio

Maternal Mortality ratio- “Number of women who die in a year due to causes related to pregnancy and child birth for every 100,000 live births”

Wide Variations in MMR can be seen in different countries as well as in different states of India.

India	-	130/100,000 live births
Sweden	-	5 /100,000 live births
Sri Lanka	-	34/100,000 live births
Finland	-	4/100,000 live births
UK	-	9/100,000 live births

India’s Maternal Mortality Ratio (MMR) has seen a decline from 130 per 1 lakh live births in 2014-2016 to 122 per 1 lakh live births in 2015-2017. The WHO last year lauded India’s progress in reducing the MMR saying the progress puts the country on track towards achieving the Sustainable Development Goal (SDG) target of an MMR below 70 by 2030 based on SRS bulletin.

WHO emphasized;

- 83% of all maternal deaths, stillbirths and newborn deaths could be averted with the full package of midwifery care.

- 87% of service needed can be delivered by midwives, when educated to international standards. 82% reduction in maternal mortality possible with universal midwifery coverage.
- There were no adverse outcomes associated with midwife-led care but significant benefits, thus it is recommended that all women should be offered midwife-led continuity models of care.

Midwifery

Midwifery is "skilled, knowledgeable and compassionate care for childbearing women, newborn infants and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum and the early weeks of life." The government of India announced Guidelines on Midwifery Services, at Partners' Forum, a World Health Organization (WHO)-led global forum for maternal, newborn and child health, in Delhi in December 2018. Thus, India Readies A New Cadre Of Certified Midwives To Improve Maternal, Infant Care.

Midwifery practices for universal health coverage

Universal health coverage (UHC) is about ensuring that people have access to the health care they need without suffering financial hardship. Midwifery, where care includes proven interventions for maternal and newborn health as well as for family planning, "could avert over 80% of all maternal deaths, stillbirths, and neonatal deaths". The evidence is clear. Strengthening midwifery education to international standards is a key step to improving quality of care and reducing maternal and newborn mortality and morbidity. Midwives, when educated to international standards of midwifery, are able to provide the full scope of interventions needed when they are licensed, regulated, fully integrated into a well-functioning health system and an interprofessional team with referral services when required for emergencies.

The nursing and midwifery workforce can contribute towards universal health coverage by the following strategies; strengthening nurses' and midwives' involvement in policy-making; institutionalizing a regulatory system for both nursing and midwifery education and practice; developing national strategic plans for nursing and midwifery; improving pre-service nursing/midwifery education; establishing systems for continuous professional development; building up management and leadership capabilities of nurse/midwife leaders to strengthen the delivery of services; and developing evidence-based education and practice.

The nurse midwife should always be with the pregnant mother throughout this journey not as a shadowy figure, but as the most significant guide, care giver and supportive person with all professional skill for the safe delivery and leading the young woman towards the role of mother hood.

Ms PREETHY DINESAN,
Senior Nursing Officer,
PhD Scholar



“The world is put back by the death of every one who has to sacrifice the development of his or her peculiar gifts to conventionality”.

– Florence Nightingale

NURSING PERSPECTIVES DURING COVID 19 PANDEMIC



The world is facing unprecedented challenges in the face of COVID-19 pandemic. It touches every one of the countries and has the potential to create devastating social, economic and political effects that will leave deep and longstanding scars.

The COVID-19 pandemic has re-established the role of health workers, especially nurses in our society. Nurses have been the stars for this pandemic across the globe for their exemplary courage, dedication, and perseverance. This pandemic has brought nurses to the forefront of people's minds, media attention, public gratitude and has highlighted the importance of the contribution of nurses to health care prevention & promotion.

Despite having a professional obligation to care for the community during a pandemic, many nurses have concerns about their work and its impact on them personally. In particular, the risk of being infected, transmission to family members, stigma about the vulnerabilities of their job and restrictions on personal freedom are key concern.

The notion of perceived risk to health professionals during pandemics has been explored in many literatures. This has significant implications for the workforce and ability of health systems to deliver care at a time of heightened need. However, understanding the impacts of pandemics on nurses is vital to ensure that these essential workers are well supported to remain in the workforce and facilitated to provide high quality health care during this time of elevated health needs in the community.

Some nurses associated the experience with working on a battlefield, whereby they worked together as a team protecting one another and surrounded by enemies. But still you need to put all your efforts to save your patients and bring them back out of this danger. At the end of the shift when you doff your PPE, used to feel like coming out of the warzone. How hard the life might be with wearing all the PPEs and working in a scary environment. But as a nurse patient comes first, when patient is in danger and is suffering, we cannot keep our hands tied and maintain distance thinking that, patient is COVID 19 positive. Thousands of nurses across the globe are rendering selfless nursing care to patients affected with this virus.

By seeing positive outcomes on COVID patients after all the interventions by health care professionals involved in the patient care, makes me feel honoured and With Pride I say, I am a Nurse. It must be a proud moment for the nursing fraternity despite of all hurdles we are deployed to fight against COVID 19 pandemic. However time proved nurses are the back bone of the healthcare sector.

Food, transport, long working hours and accommodation are also some other challenges that many nurses are dealing with. Yet their biggest fear is not to bring this deadly virus home and infect their loved ones. Safety of their near and dear ones is the biggest cause of stress affecting their mental health. Apart from heightened risk of infection, anxiety and being separated from their families, they are also increasingly dealing with social ostracism, harassment and even assault.

Ms JISHA SREEKUMARAN
Senior Nursing Officer,
PhD Scholar.



*“I am of certain convinced that the greatest heroes are those
who do their duty in the daily grind of domestic affairs whilst
the world whirls as a maddening dreidel”*

– Florence Nightingale

नर्सिंग एक जीवन-रेखा



सारी दुनियाँ तमाम तरह के रोगों, पीड़ा , दुखों और तकलीफों से पटी पड़ी है। मानव इन सब से कैसे निजात पाए यह आज का महत्वपूर्ण प्रश्न है। यूं तो चिकित्सा विज्ञान मानव के दुख तकलीफों को कम करने के लिए नई-नई दवाइयों की खोज के कीर्तिमान हासिल करने में संलग्न हैं। इस क्षेत्र में वैज्ञानिकों द्वारा बहुत कारगर ढंग से कार्य किए जा रहे हैं। रोगों को डायगनोज कर मेडिसिन निश्चित करना डॉक्टर का कार्य क्षेत्र है यद्यपि यह सब करने में भी नर्सिस का बड़ा योगदान है.....लेकिन बीमार के साथ रात दिन रहना, समय पर दवाई, भोजन और नित्यक्रम की दूसरी बातों के वक्त मौजूद रहना, यह कार्य क्षेत्र है नर्सिंग का।.....खाना नहीं खा पा रहा, सर दर्द है, उल्टी आने को हो रही है, नींद नहीं आ रही है इन सब बातों को बिना दवाई के अपने मधुर कोमल व्यवहार से ठीक करना निसंदेह बड़ा कार्य है।.....और रोगी के सुख-दुख में जो भागीदारी निभा रही है वह है सिस्टर ! नर्स सभी को अपना समझती है। यह मरीज के सिसकते होठों पर मधुर प्यार की छुअन से मिटा देती है दुख और पीड़ा के नशतरों को। उसकी प्यार और आत्मीयता सोख लेती है उमड़ती नमी..... पोंछ लेती है दर्द के आंसुओं को। वह घावों के छलकते लहू में मरहम के साथ स्नेह स्पर्श से उन्हें भर देती है.....वहाँ एक ठंडक फैल जाती है।

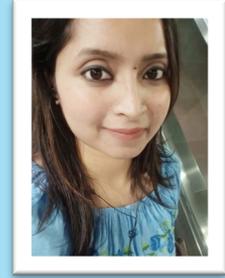
विश्वास और उम्मीद की प्रतीक हैं ये नर्सिस ! इनकी उपस्थिती मात्र से रोग आधा रह जाता है। जिंदगी के प्रति आशा जाग उठती है। अपनेपन और सादगी से सराबोर नर्स का व्यक्तित्व सभी मन को भिगो देता है.....एक शांति और माधुर्य भर देता है।

मैंने एहसास किया है कि जितना मानवीय बोध, मनुष्यता के प्रति प्रेम, और मानव जाति के प्रति सेवा भाव इस पेशे में है शायद ही किसी प्रोफेशन में हो।मुझे इस उम्र में आकर लगता है कि मेरा चुनाव श्रेष्ठ है नर्सिंग। मेरा पेशा सबसे अधिक सामाजिक सरोकार लिए हुए है, यहाँ आकर जनसाधारण के शारीरिक और मानसिक रोगों का निवारण होता है। निसंदेह मुझे प्यार है अपने काम से, अपने प्रोफेशन से। उससे भी बड़ी बात जिस पर मुझे नाज है कि मैं समाज के काम आती हूँ.....मेरा जीवन कई जिंदगियों से जुड़ा है, एक जीवन- रेखा की तरह। मैं इसी महान पेशे से ताउम्र जुड़ी रहूँगी और मानव सेवा करती रहूँगी।

शशि रावत

असिस्टेंट नर्सिंग सुपरिंटेंडेंट

THE MIND GAMES OF COVID ON NURSES



Covid 19 has turned into a nightmare for the entire world by this time. A tiny virus originated in a wet market at Wuhan city of China; has now entered into all of our lives as well and became an inseparable part. Frequent use of sanitizer...the discomfort of wearing a mask...and the fear of contracting the disease is the new normal

While most of the people are worried about the future of their career, the current financial crunch experienced and the cancelled plans...there is this another set of people...who stand still; wondering how long will they have to continually fight against this deadly disease...i.e. Are the health care workers. When it comes to healthcare; the backbone is the mainstem.

Our nurses have 12 hours of work...unimaginable amount of mental stress, physical worn out and health issues is the current status of most of the COVID care nurses. Even After all these months of struggles and hard work there is still no hope of a nearby end to this sufferings..

Though the government is trying to provide their best support amidst the pandemic by providing amenities like availability of PPE kits...N95 masks, hotel stay.. Special bus services etc. For the nurses...all this won't suffice the actual need! A single day of work for a nurse would mean...hours of discomfort of donning a PPE and mask leaving behind the marks all over the face and the nose bridge....The marks over the souls still remains unseen.

Even in this scorching heat they work with all the sincerity just to save a life not expecting anything in return but just hoping that this might end soon. But the daily raising graph just leaves behind despair. Each death that occur in front of a nurse would leave an emotional scar that cannot even be shared.

Most of the nurses ,especially a female has to perform the COVID duties leaving behind their families...kids. Bearing all the work issues...family issues and physical tiredness has put the mental health of the nurses in jeopardy. Staying calm though is a necessity ..it has now become an impossible achievement.

Fear of contracting the disease. Isolation from family...social distancing from friendsremembering all the safety precautions even in the middle of his or her sleep...This crazy dilemma has to end. Increasing workload and decreasing manpower is putting immense pressure upon our angels..

These situation is not just for Indian nurses...nurses across the world are suffering the same downer. Though the availability of vaccine still remains a question mark there is an urgent need for a solution for sustaining good mental health of our nurses.

Frequent sessions of clinical counselling, meditation and relaxation in working hours...and improvement of working conditions might help to a great extent. Apart from this; individual measures like developing habit of spiritual enhancement. ..Listening to soulful music and good use of technology to interact with family and friends might help up to a great extent...Regaining all the strength is possible only through self-introspection and optimistic approach.

Let's hope and pray that the sleepless nights and tiresome days spent by the front-liners would definitely mark an end to this cruel corona and the beautiful smiles of all of our nurses will be back soon...

Ms. JINI P VARGHESE,
Nursing Officer.

“Live life when you have it. Life is a splendid gift-there is nothing small about it.” – Florence Nightingale

TELEMEDICINE



INTRODUCTION:

Telemedicine, a term coined in the 1970s, which literally means “healing at a distance”, signifies the use of Information and communication technologies (ICT) to improve patient outcomes by increasing access to care and medical information. ICT have great potential to address some of the challenges faced by both developed and developing countries in providing accessible, cost-effective, high-quality health care services. Telemedicine uses ICTs to overcome geographical barriers, and increase access to health care services. This is particularly beneficial for rural and underserved communities in developing countries – groups that traditionally suffer from lack of access to health care.

DEFINITION:

“The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.”

ELEMENTS:

1. To provide clinical support.
2. To overcome geographical barriers, connecting users who are not in the same physical location.
3. It involves the use of various types of ICT.
4. Its goal is to improve health outcomes.

ADVANTAGES:

1. Increases access to care.
2. Improves quality of care delivery.
3. Reduces healthcare costs.
4. Enhances traditional face-to-face medicine.
5. Improves patient engagement and satisfaction.
6. Improves provider satisfaction.

DISADVANTAGES:

1. Relies on internet
2. Requires technology devices
3. Incorrect diagnosis
4. Lack of privacy
5. Poor doctor patient relationship.

CONCLUSION:

Telemedicine is the valuable tool that patients can use to be evaluated and treated by health care providers from wherever they may be. Telemedicine services are often offered at lower cost and make availability for some to obtain health care easier to achieve. The greatest value associated with telemedicine is not only the lower wait time and the reduced cost that are achieved but the improvement in patient satisfaction is very poor.

Mr. JAWAHAR BABU,
Nursing Officer.

“No man, not even a doctor, ever gives any other definition of what a nurse should be than this – ‘devoted and obedient’. This definition would do just as well for a porter. It might even do for a horse. It would not do for a policeman.”
– Florence Nightingale



SOCIAL MEDIA AND NURSING



Social media has greatly influenced many aspects of our society, particularly healthcare. Through social networking sites, blogs, forums, and similar platforms, it has become easier for people to navigate myriad of health information. Social media has saturated every industry, and nursing is no exception. For nurses, social media allows them to connect their personal and professional lives, facilitating conversations with colleagues about health care advances, current best practices, and more. It provides entirely new concept and outlook to the nursing profession.

However, along with this boon comes great responsibility. The use of social media in nursing is not without challenges with concerns over breaches of patient privacy, volatile reference of unreliable health resources, violation of personal–professional boundaries, and with any shared professional information at risk of being scrutinized and reported. Nurses can positively use social media to share challenging or emotional experiences, but it is critical that they do not mention any identifying patient or location information to avoid negative consequences.

And according to the American Nurses Association Code of Ethics, “Nurses should evaluate all their postings with the understanding that a patient, colleague, educational institution, or employer could potentially view those postings. Online content and behavior have the potential to either enhance or undermine not only the individual nurse’s career but also the nursing profession.”

USE OF SOCIAL MEDIA IN NURSING

1. Individual:

Nurses may share feelings and ideas daily on social media. Many nurses of all specialties blog as a form of sharing industry insights and daily life as a nurse. There are also numerous social media applications (apps) available that nurses and/or patients can use to improve personal health status.

But there should be no patient information and it remains on a professional level. Sharing health information of patients — regardless of whether it’s in a good or bad light — is a breach of confidentiality and privacy, as it publishes private information that patients may not want shared or publicly acknowledged.

2. Workplace:

Social media is closely knitted to a nurse's professional development across four domains of nursing: clinical practice, academics, administration, and research. In clinical practice, nurses can access unprecedented cutting-edge information in real time. Social media benefit nurses to access continuing education resources and tools to support skill.

In academics, there are a host of benefits for social media use in nursing. Nursing faculty can demonstrate the efficacy of using social media through its implications for mentoring. Social media can be used to support nurses through transition periods and improve nurse competencies and patient outcomes. Nurses working in administration may also experience benefits of social media use. It is possible to use social media to hear nursing contributions nationally. Social media allows for nurses to connect with others across organizations and borders, to exchange information and ideas.

In research settings, social media creates possibilities to disseminate research findings. Social media allows monitoring health and facilitating data collection. Using social media, interventions can be studied at lower costs and with larger populations.

Across all domains of practice, nurses are able to connect with each other, and advocate for their profession and their patients.

CHALLENGES ON USE OF SOCIAL MEDIA: HOW NURSES CAN CONTRIBUTE

1. Individual: Potential Harm:

Nurses are increasingly wasting their time and energy on social media. Increasing participation of social media may have detrimental effects on the nurse's health. Many nurses are unaware of the impact of social media upon their sense of self. Social media can perpetuate negative societal attitudes through information that is shared. For instance, targeted advertising through social media such as dieting ads could negatively impact self-perception or self-worth. Other areas of emerging concern are addictive and bullying behaviors, which may impact sleep, productivity, and overall mental health.

Nurses must take time to proactively develop a strategic and intentional approach to social media use. It is especially important for nurses that they take steps to become wise consumers of Internet-based healthcare information, including that found in avenues of social media. Two important areas nurses must consider on the use of social media are the judicious use of social media and the importance of obtaining trustworthy information.

2. Workplace: Ensuring Professionalism:

One of the most commonly challenges on the use of social media for nurses is violations of patient privacy. Sharing health information of is a breach of confidentiality and privacy, as it publishes private information that patients may not want shared or publicly acknowledged. Many nurses may believe that information and photograph shared privately or on their personal page is not subject to professional scrutiny. However, evidence of unprofessional behaviour, such as actions reflecting unethical conduct, could negatively impact their professional career. The best course of action is not to post them at all.

Another use of social media that could result in unprofessional behavior charges is taking to an online platform to complain about patients, places of employment, colleagues, job responsibilities, and the like. Such shared information can be at risk of being scrutinized and reported. These represent a violation of professional standards. Nurses need to know and adhere to published professional guidelines and organizational policy on the use of social media. Consequences for misuse of social media in the workplace should be clearly delineated in an appropriate organizational policy.

3. Workplace: Setting Boundaries:

Clear policies are crucial for any organization using social media. Organizations should have a policy in place on the use of social media. Policies must dictate clear expectations and guidelines that nurses can follow. Policies also must establish appropriate processes to handle violations of organization policies or misconduct. This is important for shaping acceptable social media use by the organization and its employees.

Nurses can and should contribute to shaping organizational policy and strategic use related to social media. Nurses can also help to identify the needs and challenges in terms of information, education, and communication to support health goals. Nurses who are involved in developing social media usage at their organizations can also help to engage and encourage peers to use technology. This can significantly contribute to developing successful social media initiatives, and also creating leadership opportunities for nurses.

CONCLUSION

The nursing profession uses social media across all domains of practice which allows nurses to connect, share information and collect ideas. Nurses use social media to communicate at the individual level, and sometimes to track health-related

milestones. Social media can also be used on an organizational level for engagement, and to communicate with nurses. There are risks to using social media, which can be mitigated through reflective practice. Social media use will continue to evolve, through innovative use and research. Social media has changed the world, and nurses can use this change to create the maximum benefit for themselves, their patients, and their profession.

H. VUNGNGAIHMAWI,
Senior Nursing Officer.



“The craving for ‘the return of the day’, which the sick so constantly evince, is generally nothing but the desire for light.”
— Florence Nightingale

EATING RIGHT

Preparedness against COVID-19



In the year 1918-19, the Spanish influenza pandemic took a heavy death toll of about 17-18 million souls in the Indian sub-continent. Nothing much has changed since, yet another pandemic COVID 19 was reported in China on December 2019. Since then a total of 67 million infected cases were reported with 39 million deaths. So why is this COVID 19 pandemic spreading so viciously. The answer is crowded population, unhealthy lifestyle practices, poor hygiene and poor nutrition leading to compromised immune system.

Presently there is no known cure for COVID 19, though research is underway to develop vaccine. So, let food be the medicine for proper health. Healthy nutrition is essential for health especially when the immune system needs to fight back.

A well-balanced diet is an integral part of building up a strong immune system. It is better to eat variety of fresh and unprocessed food that satisfies the daily nutritional requirement providing essential vitamins, minerals that our body needs.

What to eat: You can include fruits, vegetables, legumes, nuts, wheat, brown rice, starchy tuberous or roots such as potato. Daily, eat: 2 cups of fruit (4 servings), 2.5 cups of vegetables (5 servings), 180 g of grains, and 160 g of meat and beans (red meat can be eaten 1-2 times per week, and poultry 2-3 times per week). For snacks, choose raw vegetables and fresh fruit rather than foods that are high in sugar, fat or salt.

Stay hydrated: Although water does not provide any energy, it is one of the most essential substance to sustain life. It transports nutrients and compounds in blood, regulates your body temperature, gets rid of waste, and lubricates and cushions joints. Drink 8-10 cups of water every day.

Eat moderate: Replace butter, ghee and lard with healthier fats like olive, soy, sunflower or corn oil when cooking. Choose white meats like poultry and fish which are generally lower in fats than red meat; trim meat of visible fat and limit the consumption of processed meats. Select low-fat or reduced-fat versions of milk and dairy products. Avoid processed, baked and fried foods that contain industrially produced trans-fat. Try steaming or boiling instead of frying food when cooking.

Eat less: It is better to limit the use of salt and high-sodium condiments while preparing food. Scientists from Germany, the United Kingdom, Switzerland, Italy, and Singapore recently concluded in Nature Reviews Endocrinology that controlling high blood sugar, lipid levels, and blood pressure may potentially prevent or lessen the severity of the side effects of the coronavirus. So limit your daily salt intake to less than 5 g (approximately 1 teaspoon), and use iodized salt. Avoid foods (e.g. snacks) that are high in salt and sugar. Limit your intake of soft drinks or sodas and other drinks that are high in sugar (e.g. fruit juices, fruit juice concentrates and syrups, flavored milks and yogurt drinks). Choose fresh fruits instead of sweet snacks such as cookies, cakes and chocolate.

Include multivitamin with zinc, which is important for the maintenance and development of immune cells of both the innate and adaptive immune system, Vitamin C supports immune function. Other nutrients that may help include: Vitamin A, Vitamin E. Selenium, Omega 3's, B vitamins ,Plant Phytonutrients (from plant-based foods) may have antioxidant, anti-inflammatory and anti-viral effect.

Avoid: Alcohol is never a part of healthy diet. There is a misconception that when an alcohol sanitizer can kill the virus so does drinking alcohol. Drinking does not protect you against coronavirus and will increase the risk of injury. Alcoholism contributes to the development of liver damage, cancer, heart disease. There is no safe level of alcohol consumption.

Summary: Good nutrition is absolutely central to any recovery or rehabilitation. A powerful immune system is the backbone to fight against any infection. In order to build a strong immune system, it is necessary that one should take proper nutritious food. If nutritional care is integrated in the patient's recovery programs it can certainly positively impact clinical outcomes as well as the quality of life of patients. So Govt should make sure that every person have an access to healthy food.

Mr. MRIDUL MOHAN,
Nursing Officer.

CONGO FEVER



Congo fever is also known as Crimean Congo Haemorrhagic fever. In the 12th century a case of a haemorrhagic disease reported in Tajikistan may have been first case known as Crimean- Congo Haemorrhagic Fever (CCHF). During the Crimean war the disease known as “Crimean Fever”. In 1944, Soviet scientist first identified the disease called Crimean Haemorrhagic Fever in Crimean.

Incidence:

In India, first confirmed cases have reported in Gujarat at 19th January 2011, three deaths have occurred in confirmed and suspected cases including an attending doctor and nurse. Recently 2 peoples have died from CCHF in Rajasthan state at Jodhpur. In 1976, according to Indian Journal of Medical Research publication a study on the 643 humans sample found positive from Kerala and Pondicherry with the CCHF virus-specific antibody.

How it is transmitted?

CCHF is a tick born virus (Nairovirus) in the family of Bunyaviridae. The virus is transmitted to people either by tick bites or through contact with infected animal blood or tissue. The mostly cases have occurred in people involve in livestock industry, farmers, agriculture workers, slaughterhouse workers. It is also transmitted by direct contact with blood, secretions, organs or other body fluids of infected person.

What are the sign and symptoms?

The onset of symptoms are sudden fever, muscle pain, headache, red eyes, red throat, and petechiae on the palate are common, sickness, vomiting, abdominal pain, arthralgia. After a few days’ patient have bleeding from mucous membranes, nose bleeding, hematoma, ecchymosis, melena, haematuria, vaginal bleeding, bradycardia, thrombocytopenia and leukopenia.

How to diagnose it?

Clinical diagnosis may be difficult of CCHF because symptoms are non-specific. Patient history should be collected about exposure to ticks, wild animals and livestock. History of village endemic for CCHF and contact with CCHF cases.

The definitive diagnosis of CCHF are Reverse Transcriptase Polymerase Chain Reaction assay {RT-PCR}, ELISA for IgG and IgM, virus isolation by cell culture.

Management of CCHF:

CCHF is a severe disease with high mortality rate and short incubation period (5-6 days). The antiviral drug such as Ribavirin has been used in treatment of CCHF. Intensive monitoring of blood volume or blood components with proper replacement is required during care of CCHF. Maintain the electrolytes balance, provide oxygen therapy and appropriate treatment of secondary infection. Provide adequate rest to the patient.

How to prevent CCHF?

The most important responsibility of nurses and all health care workers are to prevent the disease before its occurrence. Health care workers educate the people regarding CCHF in community about causes, tick bites, safely removal of ticks during tick bite and care of patients in health care settings.

Agriculture and other workers protect from tick bites by avoiding tick- infected areas, wearing light coloured clothing for easy finding of tick on clothes, wear long sleeves shirts and long pants, tuck your pant into your socks and use chemical repellent with N-Diethyl-meta-toluamide, also called DEET on skin and Acaricides (tick killer) on boots and clothing who work in agriculture area.

When tick bite to a person use a fine – tipped tweezers and grabs the tick as close as possible to the skin then gently pull straight up until all parts of the ticks are removed. After removal wash hand with soap and water. Clean the area with soap and water. Apply antiseptic on the bite area. Always remember never crush a tick with your fingers.

In health care setting the health care workers use standard precaution during care of CCHF. Patient with CCHF use extra infection control measures to prevent contact with the patient blood and body fluids. Use the personal protective equipment (PPE) during handling of patient blood and other fluid.

Mr PUSHPENDER NAMA,
Nursing Officer.

MENTAL HEALTH WELLBEING OF AN ER NURSING STAFF DURING COVID 19



Dear friends

We the nursing staff and our other health care professionals has been challenged in the wake of Covid19 pandemic. The frontline emergency nursing staff were psychologically distressed on the occurrence of this pandemic. Fear regarding high risk working condition, isolation, direct patient contact was gradually developed among us. The government made various attempts to support nursing and other health care professional by shutting down the regular OPDs and operation room and by ensuring complete city lock down. In a metropolitan city like Delhi people were panic at initial stages. The time were the non-suspected group become positive for Covid 19. In fact, it was quite difficult to work in a unit with suspected and confirmed cases. Many individuals exhibit minimal symptoms while contagious and some other were presented with severe distress. As an ER nurse it created pressure and mental stress among us. It was very difficult to cope with family routine during that time.

Gradually the situation changed, and we were also mentally prepared for treating our patients. Even though few of our staff tested positive during these times it doesn't create that mental stress on us. Their courage and positivity during the isolation time were impressive. We were also provided with classes about Covid 19 spread, prevention, donning and doffing of PPE. In fact, we were all set to face the battle with this pandemic. Adequate supply of personal protective equipment (protective gowns, goggles, N95, face shields, gloves) had safeguarded security, confidence and motivation among us. The encouragement from our colleagues, teamwork and the positive approach reduced fear and anxiety during this crisis.

When you're a nurse you know that every day you will touch a life, or a life will touch yours. As it is 2020 - nurse's year, I think it really means a lot to us....we are the frontline soldiers in white coat....salute to all the nursing fraternity for the selfless services. Salute their dedication. Salute their family.

Ms. APARNA PRASAD,
Nursing Officer.

ROLE OF NURSES DURING COVID-19 PANDEMIC



In the event of outbreaks of infectious diseases, the role of the nurse changes to adapt to the needs of the patient, their families, and the hospital. While nurses are generally respected and trusted in most of the world, this is not necessarily true in all societies. In Indian Societies, Nursing is viewed as a lowly profession but still nurses work hard in adapting to the changes in the societies, diseases and hospital. Nurses' voices are often not heard during patient care discussions. Oftentimes, nurses' opinions are not listened to, and while carrying a great deal of responsibility, are given very little authority. Under normal situations, nurses' roles are not always clear. In the case of a deadly pandemic like COVID-19, they may become even more uncertain. Despite having long hours of duty to minimize exposure to other staff, they undergo a lot of mental stress throughout staying away from families and friends and managing respective departments. Nurses are overburdened in many hospitals but continue in participating and fulfilling the needs of patient care with their magical hands and healing touch.

Nurses are on the **frontline** fighting COVID-19 pandemic amidst inadequate supply of Personnel Protective Equipment in the hospitals. Nurses play pivotal role right from initial phone triage, ER triaging, registration, admission procedures, screening, swab sampling, isolation for patients, patient care during the stay, counselling and more till the patients gets back home and home quarantined. It is imperative to know the activities been carried out by nurses in brief-

Administering medications: Most patients with symptomatic COVID-19 experience breathing difficulties. Patients require nebulized medications and sometimes intubation- both of which increase the risk for the virus to become airborne for some time in the environment. To avoid further transmission, patients should be in negative pressure environments during nebulization and intubation. Staying back for long hours on PPE is not an easy job.

Assisting with elimination of Infectious Waste: Nursing staff needs to teach and educate supporting staff in handling biomedical waste segregated in the COVID-19 wards, ICU's, OT's etc. in a way to avoid further infections and proper transport of waste and its disposal.

Assessing patients' health: Nurses in the emergency room increased screening for symptoms related to COVID-19. Patients with COVID-19 diagnoses required continual monitoring and care.

Assisting with mobility: Unconscious or severely weakened patients require frequent range of motion assistance like positioning, mouth care, sponging, back care, foot care etc. Mobile patients increase the potential for spread of the virus and require teaching, assistance with PPE, hand washing, coughing etiquettes and self-monitoring.

Caring for wounds: Dehydration, diarrhoea, the need for isolation and immobility due to general weakness all contribute to the patients' increased risk of developing wounds. Nurses increased their vigilance for wound prevention and care during the pandemic.

Managing care: New units were eventually opened to specifically care for COVID-19 patients. Prior to this, special assignments were made. Early on, cohorting of patients with probable COVID-19 and those confirmed occurred. There could have been resulting new cases of COVID-19.

Delegating work: To reduce movement in and out of rooms, and the number of people exposed to patients with COVID-19, nurses were required to fill in on some duties that were usually covered by housekeeping and technicians.

Documenting: Nurses paid special attention to the movements of tablets, papers and writing, utensils that were in rooms of COVID-19 patients as they could act as vectors for the virus. Logs of visitors were kept and nurses monitored the process.

Emotional Counselling: Some nurses were themselves stressed and concerned, making it difficult for them to console concerned patients, family members and community members. Yet, they put effort to talk with patients to ventilate their stress and put up questions and providing adequate solutions.

Patient hygiene: Patients are advised and educated to keep their isolation rooms clean and tidy as movement in and out is restricted very few times in a day. Use of hand-rub, proper handwashing, use of tissue while coughing & sneezing and being in isolation is essential to prevent and eliminate virus.

Making evidence-based decisions: Nurses were encouraged to check the MOHFW site often to keep up on current guidance, in relation to the pandemic. As the virus was only recently identified, little was known about how it spread or where it originated.

Collecting specimens and interpreting results: Patients were screened for the virus with nasal pharyngeal swabs and tracheal aspirates. Nurses assist in handling and managing the transportation of swab samples via cold storage protocols and filled in forms with accurate patient details and patient ID's. Clearly nurses were required to don appropriate PPE and observe donning and doffing while other health care workers do the same.

Nutrition and hydration: Many COVID-19 patients were dehydrated due to fever, shortness of breath and diarrhoea. Hydration of patients is a priority.

Disease prevention and health promotion: Patients who had COVID-19 diagnoses and were ambulatory were reminded to wash their hands and bodies frequently, wear a mask in the presence of visitors and stay in their rooms. Designated equipment were used, where possible. Nurses and other staff were reminded for appropriate and rationale use of PPE.

Setting priorities: While the patients' healing process remained the goal of the nurses, there is also an urgency to reduce the exposure to the virus and protect patients and themselves from infection and mental stress. Consistent procedures for screening, monitoring of visitor and staff exposures, and availability of PPE needed to be prioritized.

Teaching patients and families: Families of patients who did not have COVID-19 were concerned about the safety of their families and required information and support. Nurses dealt with anxious family members needing information and comfort.

Providing physical care: During a pandemic, all usual essential tasks must be completed for the patient, but they are frequently intensified. Having a large surge of very ill patients puts a stress on the entire health care system. Also, many of the procedures that nurses initiate (such as deep breathing and coughing, assisting with bronchoscopy, intubation/ extubation cardiopulmonary resuscitation, taking sputum samples, and suctioning) may be the method of aerosolization of coronavirus. All confirmed and probable cases had to be cared for while nurses upheld airborne precautions.

Providing emotional care: Fear is undoubtedly an unavoidable by-product of an outbreak of the deadly Novel Corona virus. Patients, their families and healthcare workers felt anxious when they encountered with any person who was coughing or looking generally unwell during the time of the pandemic. Caring for fellow nurses and other colleagues who had contracted the virus added a new layer of complication and emotional stress. Nurses communicated their frustrations and concerns with one another and later with management. Nurses who had worked in previous pandemics such as SARS-CoV, MERS and H1N1 communicated their knowledge and experience with their colleagues to ensure them that this pandemic would also peak and then dissipate, if good infection control policies were followed.

In teaching and communication: Patients look to nurses for direction and information. While most patients in the hospital are already stressed due to the illness that brought them there, patients experienced even higher stress due to the unknown factors during the pandemic. During this pandemic, there is also a trust issue, as patients believed that information; even about their own diagnoses was being withheld. Furthermore, nurses were the main educators and resource for information with regular communication to both their families and friends about the disease. To avoid mixed messages and confusion, nurses were asked to refer patients to the

MoHFW site for more information relaying consistent and up-to-date messaging.

In communication through Documentation: Nurses were also required to take detailed histories related to the current illness, comorbidities and medications- but also had to start the preliminary contact tracing. Nurses had to be gatekeepers of both the patient by not allowing them to wander outside of the room and their visitors.

In advocating for patients and family: Advocating for patients during a pandemic is essential as communication can be difficult when they are intubated, sedated, and isolated from primary family members. Performing at least hourly vital signs including pain assessments, as patients are at high risk for sepsis. As with any sedated or intubated patient mobilization is vital to prevent bedsores and infection and turning the patient must be done at least every 2 hrs. Consistency from every nurse on every shift is also vital to keep the highest level of standards during a pandemic.

We, Nurses do our jobs staying away from our families, friends and near and dear ones. We request everyone to stay home safe and help us.

Together we can fight and eliminate COVID-19...

Mr C DESANTH,
Nursing Officer.



“That Religion is not devotion, but work and suffering for the love of God; this is the true doctrine of Mystics.”

– Florence Nightingale

कोरोना काल में भारत एक परिदृश्य “भारत की व्याप्त परंतु अदृश्य संप्रभुता एवं क्षमताये”



भारत एक राष्ट्रपुरुष के रूप में संपूर्ण युगांतर विश्व का आव्हान करता रहा है,भले ही पश्चिमी राष्ट्र व रूस चीनिये अन्य सामुदायिक राष्ट्र अपनी औजता व बलशालीता का दंभ भरते रहें हों परंतु वर्तमान में भारत के स्वास्थ्य मंत्री को विश्व स्वास्थ्य संगठन का चेयरमैन बनाया जाना तथा कोरोना काल में सराहनीय योगदान की भूरी भूरी प्रशंसा किये जाना ,भारत की सुदृढ़ नींव का प्रत्यक्ष प्रमाण है !

समस्त भारतीयों के साथ मेरा भी यही मानना था कि शायद राष्ट्र इस कुदशा में कोरोना के समक्ष सीमित संसाधनों की उपलब्धता के चलते आत्मसमर्पण कर देगा ! परंतु भारत जिस आत्मविश्वास के साथ इस कठिन समय में लड़ा रहा है,वह भारत ही नहीं अपितु सम्पूर्ण विश्व के लिए प्रेरणादायी है ।

भारत अंतरराष्ट्रीय विमान आवाम निर्गम सेवा का स्थगन करने वाला तथा हवाईअड्डों पर ही स्क्रीनिंग जाँच और नियंत्रण के लिए क़दम उठाने वाला प्रथम राष्ट्र था ।
भारत में 30 जनवरी 2020 में कोरोना का जब पहला केस मिला,उस समय भारत की क्षमता का आकलन करना निरर्थक था !

परंतु वर्तमान में जब एक करोड़ से ज़्यादा मरीज़ों की देख रेख करने की तथा डेढ़ -दो लाख पी.पी.ई की उत्पादन क्षमता भारत ने विकसित कर ली हैं तो लगता है जैसे भारत का स्वास्थ्य पहलू हमेशा से ही सुसुप्त परन्तु सुदृढ़ अवस्था में था ।भारत में जब 1 से 2 हज़ार कोरोना संक्रमितों की संख्या थी ,उस समय विश्व के बेहतरीन माने जाने वाले इटली ,अमेरिका एवं अन्य स्वयंभू राष्ट्रों की स्वास्थ्य समानताएँ धराशायी हो गई थी ।

लेकिन भारत एक अपराज्य योद्धा की तरह लड़ रहा है।जब दूसरे अत्याधुनिक व विकास की दौड़ मे अति अग्रिम माने जाने वाले राष्ट्र, असमर्थ होकर तथा सम्पूर्ण विश्व को भुलाकर केवल अपने नागरिकों की जान बचाने की जद्दोजहद में है ।उसी समय भारत एक नए चरित्र का आव्हान कर रहा है।

भारत अपनी “वासुदेव कुटुम्बकम” वाली पौराणिक परंपरा का पालन कर विश्व कल्याण की संकल्पना में कर्तव्यबद्ध है ,इसका उदाहरण है सैकड़ों विदेशी पर्यटकों का कोरोना संक्रमण से स्वस्थ होकर स्वदेश लौट जाना व अमेरिका जैसे समृद्ध राष्ट्र को हाइड्रॉक्सिल क्लोरोक्वीन की बड़ी खेप निर्यात करना तथा बांग्लादेश श्रीलंका, नेपाल ,म्यांमार जैसे पड़ोसी देशों की आर्थिक एवं संसाधनिक मदद इस विकट परिस्थिति में करना ।

मुझे पूर्ण विश्वास है ,कि जिस तरह भारत मानव जाति के लिए लड़ रहा है ये हैं ,हम यह जंग एक दिन अवश्य ही जीतेंगे और ये समय काल भारत को विश्व में उचित सम्मान व स्थान दिलाएगा ।जिसका वह वास्तविक हकदार है इस संपूर्ण घटनाक्रम में अंतिम निष्कर्ष यही परिलक्षित होता है कि भारत में अपार संभावनाएं एवं क्षमता ऐ व्याप्त है अंतिम संदेश इसी आशा और विश्वास के साथ कि भारत एक बार दोबारा से वापिस राष्ट्रपुरुष की तरह खड़ा हो अपने औज व दीर्घदर्शिता का विश्व को आभास कराएँ ।

“चैरेवति: चैरेवति:” अर्थात चलते रहो ,चलते रहो ,विश्व पटल पर एक दिन चमकेगा ध्वज हमारा।

सुरेंद्र कुमार दायमा।
नर्सिंग अधिकारी.

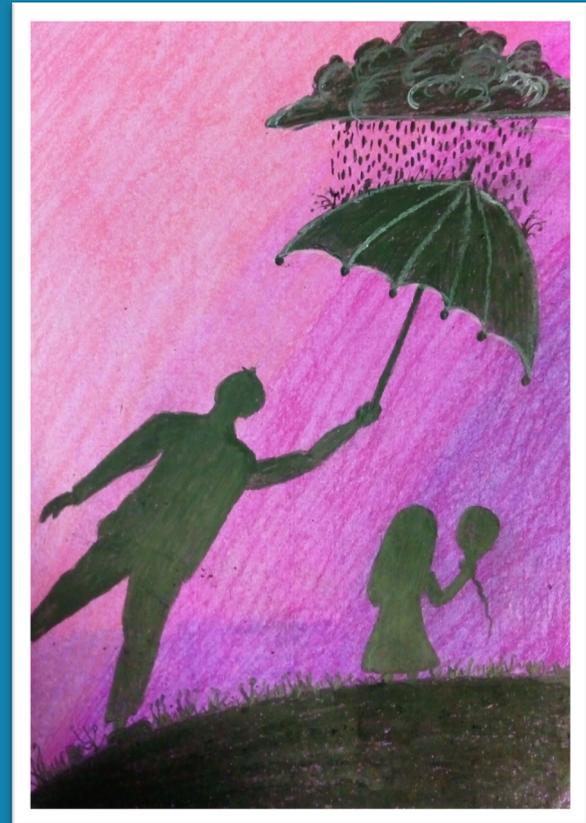
“There is a physical, not moral, impossibility of supplying the wants of the intellect in the state of civilisation at which we have arrived.”
– Florence Nightingale

GIRL WITH AMBITIONS



Being frontline health care worker in pandemic; we all have been through some vicarious trauma experiences like accompanying dying patients, when their family couldn't be there, dealing with social stigma and we have been quarantined for number of days away from our family. These all things have caused us anxiety, distress and loneliness.

But all such things can never pull us back until unless we stop trying to cheer ourselves. There are opportunities in every depriving situation, what all we need is inner enthusiasm to live life to the fullest. So just keep your eyes on stars and feet on the ground, that's the only way to shine in the darkness.



Ms. RITIKA SHARMA,
Nursing Officer.

JOURNEY OF A NURSE FROM “NOVICE TO EXPERT”



Nursing is a dedicated profession, the oldest art of human civilization and the youngest science, which requires a lot of devotion and scientific knowledge. The first impression of a nurse who is working in hospital or clinic, is helping the sick and needy people with their knowledge-based skill. The first impression for a person of a nurse is their uniform and way of dealing with the situation.

My journey was started with the same concept. I started my Nursing carrier in 1989 after completing my schooling from Delhi govt. I joined my Diploma in Nursing in Lok Nayak Jai Prakash Narayan Hospital, Delhi in 1989-1992. Though the education facilities in Delhi was appropriate, I was not that much fortunate to avail it, as I belonged to a middle-class family with forth position in my home. I had lost my parents by the time my training was completed. Then I got married, entered into a new family with new responsibilities. My desire was shifted to higher studies while working in Safdarjung Hospital, as a staff nurse. I was selected for post basic B.sc nursing in 2001, for three-year correspondence course from IGNOU.

Though it was an uphill task for a mother to study along with taking care of a small child, I had completed my graduation in 2004. I resumed working in Safdarjung Hospital as a staff nurse and got promoted as Nursing sister after two decades of my service. I was not satisfied with my education level though. Because of the strong desire for higher studies I again took a difficult decision of pursuing MSc Nursing. It was discouraged by many of my friends and colleagues and advised me to continue with my job. I have joined at Ruffaida College of Nursing, Jamia Hamdard for my MSc Nursing program with a strong wish to update my knowledge and skill in my profession. I want to test myself at what extent my studies can help the people who were dying without knowing the cause of their death.

In my M.Sc Nursing programme, I learnt many theories and “Novice to expert” is one among them. Patnica Banner Nursing theorist developed this model in her classic book.

The five stages of clinical competence help nurse to support and appreciate their self. According to Dr. Benner, the five stages are:

- Stage I - **Trainees** - A student nurse learns how to be polite and helpful in her training period.
- Stage II – **Novice** - In their first job, unable to keep calm and collected under situations which take place under real environments instead of the controlled ones that they are used to.
- Stage III – **Competent**- The Nurse took speed and flexibility of a proficient but have some mastery.
- Stage IV – **Proficient** - At this level nurses see situations as wholes rather than parts.
- Stage V - **Expert** - The nurse is able to recognize demands and resources in situations and their goals.

I think, this is a significant theory which helps me to shape my future, my energy level has been increased and my desire to develop professionally has become stronger than ever.

Ms SUNITA DIXIT,
Senior Nursing Officer.

“Women dream till they have no longer the strength to dream; those dreams against which they so struggle, so honestly, vigorously, and conscientiously, and so in vain, yet which are their”
– Florence Nightingale

COMMON PSYCHOLOGICAL ISSUES IN HEALTH CARE WORKERS DURING COVID-19



WHO declared covid-19 as a pandemic in march 2020 in 206 countries, health workers remain the main persons involved in the screening and treatment of this condition throughout. Numerous psychological stressors and mental health crisis may arise due to the impact of this pandemic. The front-line health care workers in emergency departments and Covid 19 units face multiple challenges.

STRESSOR/CAUSES OF PSYCHOLOGICAL ISSUES IN HEALTH CARE WORKERS

There are many causes/stressors that cause psychological issues in healthcare worker during covid-19 pandemic. Some of them are:

1. Directly handling of Covid -19 patients are greater risk than others.
2. More infection rate among health care workers.
3. Excessive workload/work hours
4. Inadequate personal protective equipment and lack of clarity around indication for its use
5. Over-enthusiastic media attention.
6. Feeling inadequately supported
7. Lack of training related this Pandemic.
8. Incidents of hostility and even aggression toward health care worker.
9. Rapidly increase number of suspected and confirm cases.
10. Progressively depleted workforce due to illness and isolated staff.
11. Improper communication and maladaptive coping.
12. Isolation from family and other support systems.
13. Fear of transmitting virus to family members and others.

COMMON PSYCHOLOGICAL ISSUES

1. Fears:
 - a. fear of discrimination.
 - b. fear of being source of infection.
 - c. Being isolated/quarantined.
 - d. putting family members and others staffs at risk

- e. fear of improper use of personal protective equipment kit.
 - f. fear of household problem due to lockdown and medical insurance
2. Frustration
 3. Helplessness
 4. Adjustment issues.
 5. Stigmatization
 6. Anxiety regarding future.
 7. Depression.
 8. Insomnia

MANGEMENT OF PSYCHOLOGICAL ISSUES IN HCW:

1. Setting mental health team to deal psychological issues and provide psychological support: There should be a mental health team that work for health care worker's psychological concerns, it can include a psychiatrist, psychiatric nurse, psychologist. If any HCW need counselling regarding any psychological concern it should be provided by team member immediately and provide further psychological support as needed by providing counselling session or medicines if required.

2. Regular screening of health care workers for depression, anxiety, insomnia and stress. There should be planned regular screening programme by an expert team for any psychological concerns and problem such as depression, anxiety and stress. Psychological test should be done to rule out psychological problems.

3. Timely address of psychological issues in health care workers by psychological measures and pharmacological measures. If any psychological issues arise among HCWs, it has to be addressed immediately by counselling, therapy session or medicines as advised by an expert psychiatrist.

4. Provide coping and psychological care to health care workers:

a. Ongoing training sessions to use strict protective measures, train all HCW regarding using protective measure in a standard way so that there may be very less chance of getting infected. It increases confidence of HCWs regarding personal protective kit and safety measures.

b. Provide knowledge of prevention of disease and transmission of Viruses. The positive coping strategies will be improved by providing adequate education regarding viral transmission, prevention of disease and complications.

- c. Train how to use social isolation measures - Train them that how they can use social isolation measures for self-protection and people protection
- d. Develop positive self-attitude - They can be trained in developing positive self-attitude for better coping
- e. Train to use best social support- Social support can be used in a helping way to reduce psychological issue by talking to friends, neighbors etc.
- f. Train to develop skill for self-reassurance in critical condition-All HCWs should be trained in skill of self-assurance in all conditions.

Evidence-based solutions, such as providing training in psychological first aid, access to counseling, and allowing adequate rest, could be incorporated into the regular planning and preparation. Failing to support our health care workers who are risking themselves to protect public health could threaten the last line of defense against this pandemic.

Mr HAMEED KHAN,
Nursing Officer.



“Apprehension, uncertainty, waiting, expectation, fear of surprise, do a patient more harm than any exertion. Remember he is face to face with his enemy all the time.”

– Florence Nightingale

ROLE OF NURSES IN HEALTHCARE



Nursing is a profession of devotion, empathy and efficiency. It is holy path to selflessly serve the society with utmost dedication.

Nursing is not just any other branch of medicine but it is an art that calls for your heart and soul. We are trained to give personalized treatment to ailing patients and manage hospital as a good administrator. We are expected to have deep knowledge of our subject and be with the pace of changing medical facilities. We bear a lot of responsibilities on our shoulders but not once have we complained about it! In spite of being knowledgeable in every way society would usually think of nursing as inferior; less wise than other branches of medicine. Only recently in the testing times of covid 19 pandemic people actually realized the importance of nursing professionals.

While most of the people were “working from home” us nurses along with other medical professionals were giving duty day and night in covid wards to manage and combat this deadly virus. While most of the people were reluctant to even step out of their doors we fearlessly took all the necessary precautions and worked to serve the ailing society. History is evident that us nurses have always volunteered ourselves to give healthcare to diseased without caring for our own lives.

This year 2020 came with its own set of disappointments but I am glad that we nurses finally got the respect and admiration that we always deserved. We even worked beyond the call of duty by distributing food packets, masks, hand sanitizers etc. and giving “health talk” to the needy. I was delighted to see how small step for man is indeed a giant leap for mankind!

This pandemic taught us most important lesson- in times of crises we shouldn't run away but face it like a true warrior and we are indeed “front-line warriors”.

We Nurse are the “spine” of medicine and I hope that in future we work hard; more than ever and let nursing profession reach the heights it is destined for!

Mrs SHARMILA SINGH,
Senior Nursing Officer

देखो देखो कौन आया !



देखो देखो कौन आया !

भाई ये तो कोविड-19 आया !!

बंद पड़े हैं स्कूल और कॉलेज

बंद पड़े हैं सिनेमा और मॉल

कोई घर से बाहर न निकलता

कोई अब मेल मिलाप न होता

लोग अब चार दीवारी में बैठे हैं

पुरानी सभी बातें कर रहे हैं

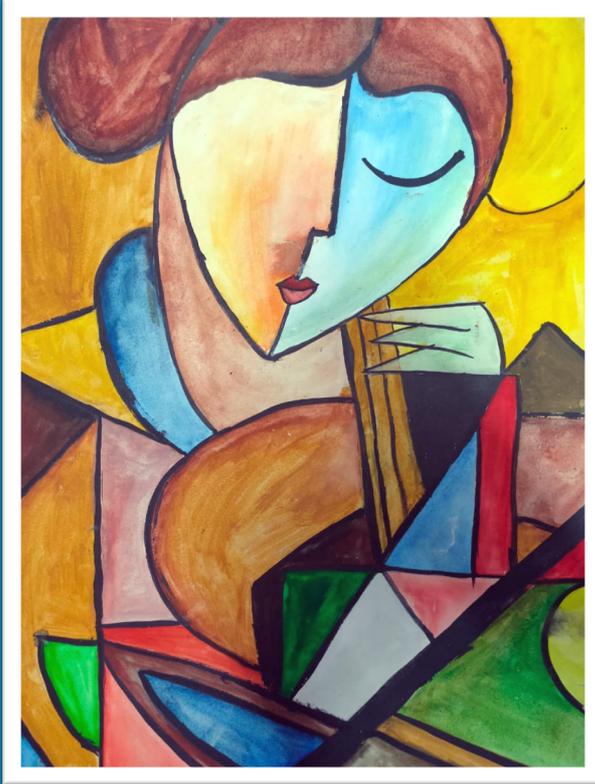
ये दृढ़ निश्चय किया है हमने

देश को जिताएंगे और कोरोना को हराएंगे!!

JENNY J CHERIAN

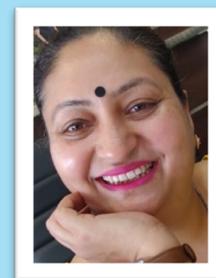
(D/o Mrs. MINI JOJI,
Senior Nursing Officer.)

PAINTINGS



Ms. AKSHITA MASSEY
(D/o Mrs BEENA MASSEY,
Asst. Nursing Superintendent)

THE VACCINE FOR EARTH “CORONA VIRUS”



Six months into the outbreak of the novel corona virus pandemic in India, mother Earth has surprised us in multiple ways.

Since the imposition of a total lockdown on March 22, humans have been compelled to stay inside their houses. This has meant a small window for the environment to breathe. It involves the unexpected plummeting of air pollution or people being the Himalayas being visible after decades

Regeneration of nature and Wild – Life:

Overall, the pandemic poses many threats to wildlife worldwide, as conservation programmers struggle for funding and poachers make the most of reduced patrols. But there are some instances in which Corona virus restrictions may be benefitting certain species.

Some of the heart-warming stories about nature thriving during lockdown, like the claim that dolphins had returned to the canals of Venice, aren't true. But others do stand up. There is evidence wild bees will benefit from the decline in air pollution, which can disrupt their ability to smell flowers at a distance. And, anecdotally, some wild animals are venturing into cities, including wild cats. “Some people have seen caracals in their garden or crossing their gardens,” says Marine Drouilly of the Panthera charity, who is based in South Africa.

Depletion in Air and Noise pollution:

Amidst the devastating Covid-19 pandemic, a rare positive has been the significant global decrease in air pollution levels. Primarily, experts have measured nitrogen dioxide (NO₂), one of the six major air pollutants (in addition to particulate matter, carbon monoxide, sulphur dioxide, ground-level ozone, and lead). NO₂ has, like most other gases, natural and human sources. Human activity is almost entirely responsible for NO₂ emissions in urban regions, with road transport being the number one cause. Planes, power plants and ships, all of which burn fossil fuels, are also significant human sources of NO₂. Given this, it's unsurprising that during the stringent global lockdowns, NO₂ levels have dropped significantly in urban areas, especially in India's densely populated cities.

Also ambient noise level in major cities of India i.e. Bangalore, Calcutta, Chennai, Delhi, Hyderabad and Mumbai were ranged from 45 db. to 86 db. during day time, 37 db. to 76 db. during night time in a residential area, 63 db. to 90 db. during day time, 46 db. to 78 db. during night time in commercial area, 50 to 89 db. during day time, 40–70 db. during night time insensitive area however in Industrial area the noise level ranged from 44 db. to 86 db. during day time and 42 db. to 70 db. during night time (sources NIUF 2000). The level of noise pollution was decreased drastically in a different part of globe including India. It has been estimated that the Noise level was reduced up to 35% to 68% from 8 am to 4.00 pm.

Healing of rivers:

Most rivers along with Yamuna and Ganga have shown significantly cleaner water and healthier marine life. Lockdown might seem mundane and tough to most of us, but it has a brighter side too Self replenishment in nature has shown the silver lining. Restrictions on roads and factories have led to a drop-in air and water pollution levels. Yamuna river, which has been plagued by pollution for years, shows drastic improvement in water quality. The pictures and videos of Yamuna, after 12 days of lockdown show marine life and the return of migratory birds. The health of Ganga River has also seen significant improvement since lockdown. Lockdown has led to reduction in dumping of industrial waste into the rivers, say experts with 1.3 billion people instructed to stay home, nature has definitely healed itself. At end all I would like to quote is that “Although Corona virus vaccine is not available Corona virus itself is earth's vaccine and us humans are the virus”.

Mrs VANDANA KAUSHIK,
Senior Nursing Officer

“If you knew how unreasonably sick people suffer from reasonable causes of distress, you would take more pains about all these things.”
– Florence Nightingale

OLD AGE!!!



Old age!!!
When the vision is not clear,
and all you shed is a tear.
When strength becomes low,
and life becomes slow.
When blacks turn into white,
and the lap has a grandchild.
When care is all you need,
and the stick becomes the only friend indeed.
When nobody listens to you patiently,
and when doctors visit you frequently.
This is how we understand you are old now....

In today's world, where the people are busy working in big cities and their helpless parents or elderly are either in the house alone or the retired life takes them to country side places, the pandemic has taught us a good lesson to come back to our old lives and spend time with the family.

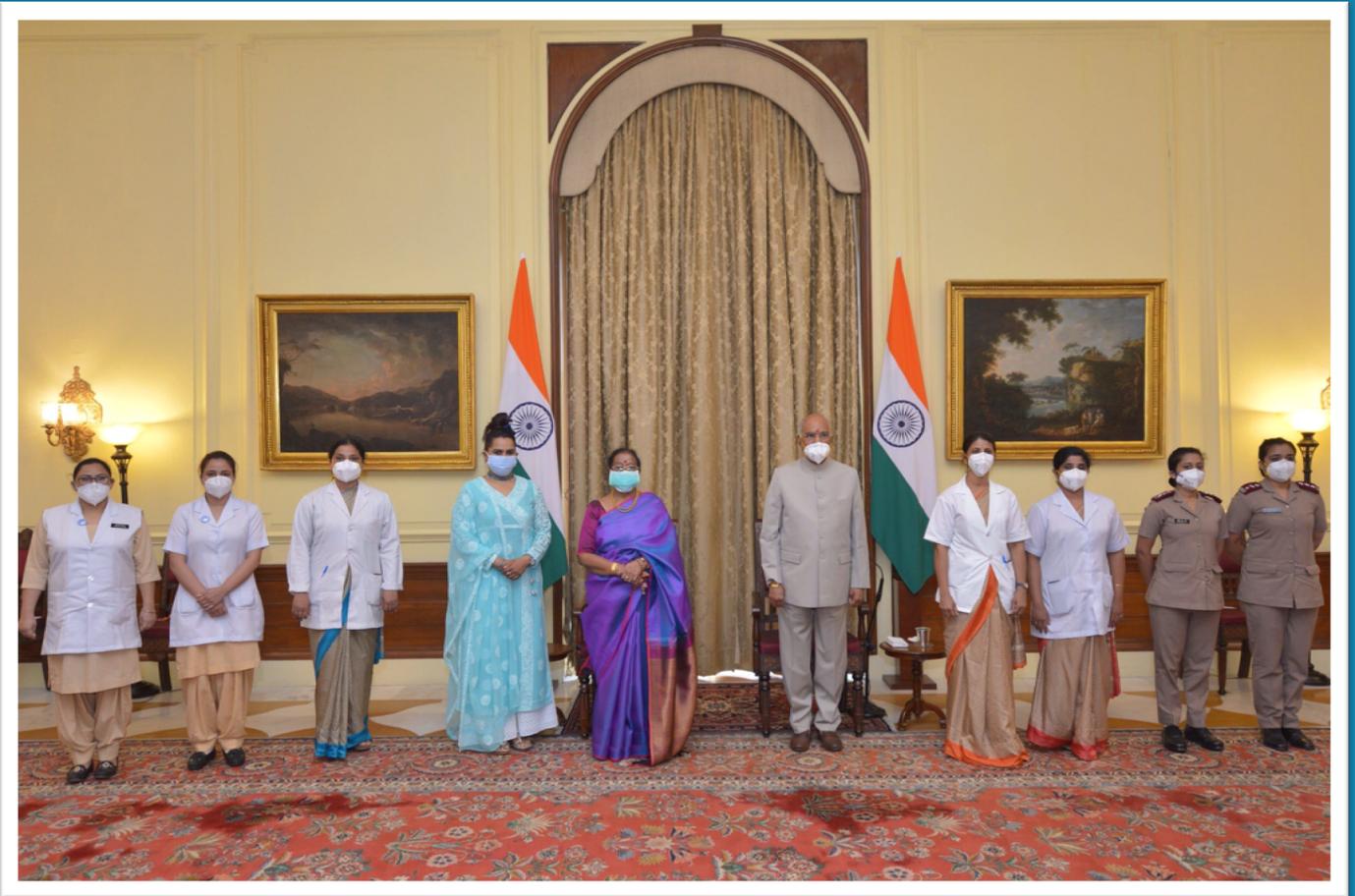
We don't really realize the importance of healthcare and mental health for the youth as well as the elderly until it's too late. Mental health and well-being are as important in older age as it is at any other stage of life. Approximately 15% of adults aged 60 and above suffer from a mental disorder like dementia, chronic depression, Alzheimer's and a lot more.

Behaviors also play an important role in older age. Strength training to maintain muscle mass and good nutrition both help to preserve cognitive function, delay care dependency, and reverse frailty.

Supportive environment really helps people to do what is important for them. The availability of safe and accessible public buildings and transport, environments that are easy to walk around, children and grandchildren near them, mental support, patient hearing, proper healthcare facility and knowledge are some examples of that supportive environment.

Mrs. JHUMA CHATTERJEE,
Senior Nursing Officer.

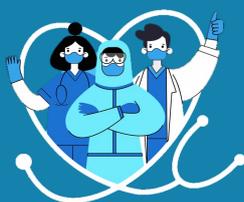
GALLERY











Thank You



Nursing now

**NURSING NOW LOCAL GROUP,
SAFDARJUNG HOSPITAL,
New Delhi-110029**