

NURSE MV

ISSUE 3



A GLIMPSE INTO THE PAST

INTERVIEW WITH
MS NASEEMA MOHAMED KALEYFAAANU

WORKING IN COVID19 PANDEMIC

A REFLECTION

EMPOWERMENT IN NURSING

PROFILE OF A NURSING LECTURER

KHADEEJA SHAKIR

A SELF REFLECTION

CRITIQUING A QUALITATIVE
RESEARCH ARTICLE
USING GIBBS MODEL OF
REFLECTIVE CYCLE

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CONTENTS

Editor's Note	5
Covid19 and School of Nursing	7
A Glimpse Into The Past	9
Empowerment In Nursing	15
Working In Covid19 Pandemic: A Reflection	18
A Self Reflection- Critiquing A Qualitative Research Article Using Gibbs Model Of	
Reflective Cycle	21
Profile Of A Nursing Lecturer	24

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EDITOR'S NOTE

With the blessings from Almighty Allah, I am pleased to bring you the 3rd issue of NURSE MV. It gives me great pleasure to invite the nursing community to read NURSE MV. A digital copy of this issue will also be available from the website, www.mnu.edu.mv.



▲ **Salma Hassan (Editor)**

We always try to bring to you important information and news from the School of Nursing academia and inspirational moments and stories from our staff and students. This issue of NURSE MV becomes very special for a couple of reasons.

Firstly, as we celebrate this year as the year of the Nurse and Midwife, we would like to offer a special tribute to all the nurses and midwives currently working and who have worked their entire careers saving lives. Many Congratulations!

Secondly, we are facing the global pandemic of Novel Corona Virus outbreak (COVID-19) throughout the world. This deadly disease has taken many peoples' lives including, doctors, nurses and others who are working in the frontline and elsewhere. I must say our nurses are showing tremendous courage battling Covid19, making their year even more special.

This issue highlights the following: Covid-19 and School of Nursing, this section will brief you about the staff and students who are working in the front line during this pandemic. This will be followed by an interview Ms Naseema Mohamed Kaleyfaanu. This is an inspirational interview with one of the pioneers of nursing in the Maldives, which gives an insight into what nursing was like in the past. Last but not least we bring you an article on Empowerment in nursing- A concept very useful in nursing. Followed by two personal reflections from which many lessons can be learnt.

I take this opportunity to thank all those who have contributed to this edition of NURSE MV and special thanks to the hard working editor's team!

MEET OUR EDITORIAL TEAM



Hafeeza Ibrahim, is a senior lecturer in the School of Nursing, The Maldives National University. She has a Master's degree (Advanced Nursing Practice) with 10 years of clinical experience followed by 24 years of experience in nursing education. Her special interests include Communication skills in Nursing and Management in Nursing

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Salma Hassan, is a lecturer at School of Nursing, the Maldives National University. She has a Master's degree in nursing (Advanced Professional Practice) with 29 years of experience in the field of nursing which includes 4 years in clinical nursing and 25 years in nursing education. Her special interest is in Midwifery and Psychiatric and Mental Health nursing.

COVID19 AND SCHOOL OF NURSING

In the following section, we bring you the lecturers, nurses and nursing students who are working in the front line during this global pandemic of Covid-19.



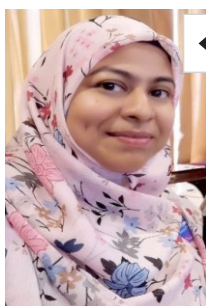
◀ Ms. Shuhurath Hassan

Ms. Agleema Ahmed ▶



Ms. Shuhurath Hassan and **Ms. Agleema Ahmed** from School of Nursing volunteered and are working at National Emergency Operation Center (NEOC) in “Contact Tracing” since the outbreak of Covid19 in the Maldives).

As Shuhurath outlined “we play a public health role”. The main aim is to trace those who have been exposed and are at risk of getting infected and isolating or quarantining them at the earliest. Also monitoring them when they are in quarantine or isolation”. Ms Agleema and Ms Shuhurath describes their current role as follows. “Interview people who have been diagnosed with or suspected for Covid19, to find out who they may have recently been in contact with. Then interview and inform all those who have been exposed and give them instructions on what to do next. This includes telling them about possible symptoms. Additionally, decide on whether to send the person for quarantine (home/facility) or isolation and do follow-up”.



◀ Ms Khadeeja Shakir

I started volunteering when the first positive case of Covid19 was identified. It was early March. Maldives Red Crescent (MRC) had called all the volunteers to come forward for Psychosocial Support (PSS). Presently, I am volunteering to take online trainings as well as attending to call center. I have also volunteer at SHE and have facilitated a live session on Sexual and Reproductive Health (SRH) needs in a pandemic.

As we have few volunteers for PSS, and I am trained in conducting PFA sessions, I volunteered in conducting trainings. Hence, I was conducting trainings and also volunteering at the call center.



◀ **Ms Asiya Ibrahim**
Dean of School of Nursing

On the request of the Ministry of Health, Ms Asiya Ibrahim organized and conducted several trainings for nurses working in the atolls who are involved in caring for patients with Covid-19. The training included, onsite training of nurses in 3 different regional hospitals. This was done before the country was placed on lockdown due to COVID-19. These trainings were then changed to an online training starting with the usage of Personal Protective Equipment (PPE), collections of Oro and nasopharyngeal samples, disinfection and nursing care of Covid-19 patients. A total of 250 nurses were trained. In addition, Ms Asiya also contributed to the Mobile Medical Response Team (MMRT). The MMRT is run by the Maldives Medical Association and the Maldivian Nurses' Association. The work of the MMRT involved phone consultations and home visits.

Ms. Haleemath Athiza is a Registered Nurse Midwife (RNM), currently enrolled in Bachelor of Nursing course at School of Nursing, (SN). She is working in Shaviyani Kanditheemu Health Center as a Rapid Response Team (RRT) member. Her main responsibility is obtaining samples from suspected COVID-19 patients. Athiza says, "It is a great but nerve racking experience".



Ms. Dhunya Mohamed is a senior registered nurse, currently enrolled and studying in Masters of Nursing program, from School of Nursing. Dhunya is the in-charge of one of the quarantine facilities set up to take care of COVID-19 patients. Till date, she has worked in three different facilities. She verbalized that "It is very difficult to work while changing resorts each time"

The above section has highlighted only some of the many brave heroes who shared their stories and experiences of their volunteer work during the Covid 19 pandemic. Apart from the volunteers who work at high risk situations on the front line, there are others who work "behind the scene". While some lecturers were involved in re-training nurses who have been away from practice, others were involved in organizing student nurses to volunteer in the much needed quarantine facilities and some others in in different areas of disaster management.

In this aspect I would like to highlight the names of the following lecturers from the School of Nursing who shared their experiences.

They are:

- Ms Sizna Mohamed-Conducted trainings for nurses in PPE
- Ms Sobira Ismail- Conducted trainings for nurses in PPE
- Ms Aminath Nahooda- Conducted trainings for nurses in PPE
- Ms Aishath Hamid- working in isolation facilities with Covid-19 patients
- Ms Hafeeza Ibrahim-volunteered at the Covid 19 Hotline, Call Centre "Work from home"

Thank you also to many others, although their names are not mentioned here, who have contributed greatly to the national fight against in the Covid19 disaster.

A GLIMPSE INTO THE PAST

*Interview with Ms Naseema Mohamed Kaleyfaaanu
Interviewer: Ms Hafeeza Ibrahim, Senior lecturer, SN/MNU*



*The following interview is carried out as one of the activities to celebrate 2020 as the Year of the Nurse-midwife. The purpose of the interview is to acknowledge Ms. Naseema Mohamed Kaleyfaanu for her invaluable services to nursing and to the country and to share her experiences, especially with the younger generations. It is hoped that **Naseema's experiences and insights will inspire the nurses and nursing students of the present day.***

HAFEEZA - Let me begin by congratulating this year 2020 to be the Year of the Nurse and Midwife!

Naseema, first of all thank you for giving me this opportunity. It is an honour to meet you and thank you for sharing your experiences of being a nurse in Male' in the 1960s and later in the 1980s. I also had the privilege to work with you at the Central Hospital in the 1980s. I am doing this interview especially because I would like our younger generations to have a glimpse of what being a nurse was like in those times.

NASEEMA- Hafeeza, I can remember working with you in the Central hospital, specially the duties done in Labour Room then.

HAFEEZA- Naseema, could you please describe for me how you began your nursing career?

NASEEMA-When we were going to school in Sri Lanka, Colombo, we always knew we will have to do our O' Levels and then go for higher studies in whichever field we wanted to choose. So from the very beginning we thought, Moomina, myself and Aisha (Aishath Ibrahim Didi) we, three of us were studying together; it was nice to think about and plan what we were going to do.

HAFEEZA- So you had these thoughts even from school time!

NASEEMA- It wasn't school days but after school. Because we kept on hearing about all the health problems that we had in the Maldives, health problems because we didn't have trained people. So the best thing we could do was to volunteer our services too.

HAFEEZA- I used to hear that the government selected 3 or 4 girls from 3 “good” families and that is how professional nursing started in this country.

NASEEMA- Well, I don't think they chose us because of such character, I think it was just they wanted people whom they could trust and those who could go ahead; who would not throw away their careers. Maybe it was that! And then our families were also people who have been serving the government for many, many years: my father, Moomina's father and mother and Aisha's father.

This is how it started. We were in Colombo, and anything we had to do (such as obtaining visas), we could complete in Colombo. It was rather frightening for me because I had never been to any place, outside of Sri Lanka. I never travelled by myself. I completed my nursing training in Vellore, India.

HAFEEZA- Then, when you came and joined that was the Government Hospital that time. Right?

NASEEMA- I would like to add that Aisha's father was the Prime Minister then and she still accepted to do nursing. You can see how humble she was, her Father allowed her. Aisha was such a simple dedicated nurse. In most places she would not be allowed to work like that. I want to point out that it was not because of the status in the country, but her dedication.



With Naseema M. Kaleyfaanu at Capping/Graduation of Nursing students (1987)

HAFEEZA- Could you please tell us how you began your nursing career in Male'?"

NASEEMA- We were in different batches in Vellore (India). Moomina went to study first. Then myself and Aisha went after I did. So Moomina came back first, then I did, then after an year Aisha joined.

HAFEEZA- So Naseema, when you came and joined the Government Hospital that time, what was the situation like for a nurse?

NASEEMA- It was a very good thing for me that Moomina had come earlier. Because I learnt a whole lot of things I needed to know from her experience.

HAFEEZA- Could you describe for me; what nursing was like those days?

NASEEMA - We had people who looked down on us because we cleaned bed pans and we did all the “menial” things which people thought were menial things. But very soon they realized that life was much easier as the nurses were around. I think you would have seen much of it yourself. So we were there just a little before you. And not that much change when you came.

When I worked earlier, it was very interesting. We had to make most of the decisions and it was not always seeing eye to eye with the government departments. We did not have health professionals in the government then. We had to make decisions for the people who were in charge of the Hospital also. I remember one time, we wanted an extra water outlet in the laundry. And they didn't want to spend money on it-something as simple as connecting a pipe for water to drain out.



HAFEEZA - What about the Medical Department? How many doctors were there then?

NASEEMA - One doctor for the whole Hospital and one WHO doctor (Consultant, working mostly in management).

HAFEEZA - How long were your duties?

NASEEMA - We were on duty 24 hours. We were on call.

HAFEEZA - What about telephones? How did the hospital get in touch with you?

NASEEMA - I had a landline at home. We didn't have our own bicycles even. And then the government provided us with a bicycle. That was quite wonderful! (chuckle)


HAFEEZA - did you do home visits? Did you have to conduct deliveries at home?


NASEEMA - Yes, we didn't have those UNICEF kits. So if we wanted to take some instruments, we had to boil the trays and the covers and everything and pack it in a sterile manner, and take it with us on the bicycle. People were very appreciative. Maldivians are usually very appreciative.


HAFEEZA - About how many in-patients would you have those days?


NASEEMA - Let me count: in the Kambaafaanu Ganduvaru, which is the first section, we would have about 8 patients. A King for his daughter built Kambaafaanu Ganduvaru. It was like a hall, which we converted into a hospital ward. We even bought material and made the curtains ourselves. We bought it from our own salaries. Rushdy helped me to take the measurements for the curtains. They came out well. Patients liked it (chuckle). On one side we made a Labour Room and a place to look after babies. Where ever we could find space and where ever we could give privacy, we put drapes and used those areas. For

example we needed space to keep things like bedpans.


 **HAFEEZA**- How many nurses did you have then? Were they mostly nursing aides?

 **NASEEMA**- No, there were no nurse aides. We were just the two of us, Moomina and I. We were the only trained nurses. Then there was a senior WHO nurse who was from Ireland. She guided us in teaching students. Some years earlier they had started a Nurse aide's classes. It was not the complete course. It was just the beginning. So there were about 8 or 9. And they were taught how to give injections, and do dressings. Zuleikha Jameel was among the first students. They were definitely very nice girls. Gentle and caring. They might not have had a lot of education, but were very good at doing what they knew. They were very kind and soft spoken. You couldn't even hear them speak! But they were very good in Dhivehi language.


 **HAFEEZA**- What were the main challenges that time?


 **NASEEMA**- I would say the lack of people who knew English. That was a main issue. There was always a three-way conversation. Because no one could translate for the patient. So one of us (Moomina or I) would translate. It was difficult to get someone who could do it well. But the doctor who was working when I arrived here, he was very well versed with the medicines that were absolutely necessary for the patients. We had conditions like Vitamin B deficiencies and worm infestation. When patients were given worm treatment, they would pass out a


lot of worms.


 **HAFEEZA**- What about night duties?


How did you manage that?


 **NASEEMA**- One of us would volunteer. If there were an emergency of course one of us would go. It was very difficult for our families too obviously. We would be called from home in the middle of the night. Although it would disturb our family members, these are things, which were unavoidable.


 **HAFEEZA**- Suppose you had an operation going on, you would be required to stay back after duty, right?

 **NASEEMA**- Yes. There would be only one doctor and we wouldn't do anything (any operations) but an emergency one.


 **HAFEEZA**- What type of surgeries were done that time?


 **NASEEMA**- Surgeries like hydrocele or caesarians will be done. Those surgeries that were beyond our capacity will be taken to Sri Lanka. Those days there was no airport, so keep that in mind. The patient will have to be taken by a sea boat until President Nasir got people together to build the airport.


 **HAFEEZA**- Before the trained midwives came what happened to the women who came with obstructed labour?


 **NASEEMA**- We would have to detect early and be sure that it's a case that will go for an obstruction. We were in desperation. When such cases come we were at a loss. We could only pray. That's all. When we cared for, for example the premature babies, we would


say to each other, Moomina and I, that we could do this, and we would pray and miraculously they would recover. It was very rarely that we wouldn't be able to save a child. It may be because we, and the girls (nurse aides) who helped us, we were all so careful.


 **HAFEEZA**- What is your advice for the present nurses, working in hospitals where they have the modern equipment etc.


 **NASEEMA**- I would say, be grateful to God for what you have now. Because, you know it takes a long time for yourself to get used to the difficulties of working with the lack of equipment. So actually you should be very happy and grateful to God for having the minimum amount of things you have now.


 **HAFEEZA**-What is something that has stayed in your mind all these years?


 **NASEEMA**-I remember a certain known person's death. That morning, he came; her husband came on his motor cycle and said my wife is in a very bad situation and asked me to go to his house. I got on his motor cycle and went with him. There was hardly anything we could do for her then. She was unconscious and bleeding. It was not possible to give blood transfusions then. There were no facilities for donation or storage of blood. We started that work too. That was after we transferred to the Government Hospital (ADK hospital building now). I used to discuss about having blood donation and storage. Then President Maumoon Abdul Qayyoom ordered those things to be started and it began. I don't have the dates.


 **HAFEEZA**- My purpose is for the present nurses and students to hear about what was the situation like those days, so I do not mind not having the dates.


 **NASEEMA**- In addition to working in the hospital in Male' we also had to travel to the other islands for carrying out vaccinations etc. but I can tell you there is nothing that I regret . It was just wonderful. Thinking about those times, gives me goose bumps.....we did so much and then to think if you.... If you were not there that time, that woman would have died..... It was Allah's Mercy! I remember one girl in Baa Kamadhoo. When my brother and his wife were there, they were very friendly with the people of that island. They respected them a lot. There I was called one day to go and see a very sick child. I said I don't think I could help even if I went because I was not a doctor. Then when I went and saw that child, I could figure out the child had symptoms of hypothyroidism. So I suggested that the child be taken to Male'. So we brought her to Male' and showed her to the doctor in Male' and started treatment. Within days, the child showed signs of improvement, it was like a miracle! The family had tried all sorts of witchcraft etc. before that as they could not understand what was happening to the child. The patient is still alive and very thankful to me.


 **HAFEEZA**- May Allah (SWT) bless you for all your efforts, Naseema!


 **NASEEMA**- Thank you, I must say, I was given the chance to help people.


 **HAFEEZA**- Even after being a first lady of this country, you still came back later and re-joined the hospital. What made you come back?

 **NASEEMA**- There were people who wanted me, that's what I thought. This was a place where I could use my brains and my energy.


 **HAFEEZA**- What is something you have always wished for the health system of this country?


 **NASEEMA**- I would like to see.... This bit I must tell you. When I first returned from Vellore, the most important thing is, then we were always at a lack of things. So I was looking forward to the day when we would have enough equipment and things. I wanted to see a Medical college here. And I wanted a Nursing school here. Honestly, I always wanted to see this!


 **HAFEEZA**- This year being the year of the Nurse and Midwife, we must celebrate the work you have started in those beginning days, and remember the challenges that you have faced. Without your efforts and those who were with you, we would not be where we are today. You have sowed the seeds to today's nursing surely for this country.

 **NASEEMA**- If I was working now in the same situation but at a different time, there are many things that now I think I could have done. I also remember the first Ramazan we had when I was here. It was very hot and we were exhausted. About midwives, we taught them how to take a delivery etc, in a sterile manner. And when they passed that test, each one would be given a "delivery kit". They were very happy and proud to obtain it. The kit would be wrapped in cloth and the midwives' assistant

would carry it when they went to visit a woman in labour. It was a great source of pride. I am very happy to relate to those times. The nice thing is I was reliving all my student days when I was working here.

 **HAFEEZA**- What is your advice for our current students?

 **NASEEMA**- Even if you are empty handed, the faith in Allah and the determination that I will not harm anyone and that I will do my best will go a long way. It is a motto- that you do not ever give up! We were always amazed how the little babies recovered. We had children with tetanus etc and they recovered. God is great!

 **HAFEEZA**- Thank you for sharing all these good memories. I am extremely grateful for you for relating your experiences and giving me your time. I must say I will cherish this time always. Thank you!

EMPOWERMENT IN NURSING

Asiya Ibrahim, Dean, School of Nursing



The concept of empowerment is extensively used in the development of nursing care, education and management. Having authority and being empowered are critical to nursing leadership as these two factors enable nurse leaders to provide efficient and effective care to patients under the umbrella of their senior nursing role (Hughes et al., 2015). Empowerment in nursing has been studied for decades, and there has been growing global research interest in the subject (Kuokkanen et al., 2003; Pines et al., 2012; Woodward, 2019).

The empowerment ideology is rooted in social action where empowerment was associated with attempts to increase the power of oppressed groups (Woodward, 2019). According to Udod (2012), empowerment is enabling an individual to act by sharing the power with others to achieve a common goal as well as gain control over own their lives and become aware of practices that constraints their work in an organization. Rega et al. (2017) define nursing empowerment "as a condition in which individual nurses take control of his/her practice, successfully fulfilling the responsibilities of an organization (p.608)". Some of the characteristics of empowerment highlighted in the literature include power, control, ability, competence, self-efficacy, autonomy, knowledge, development, self-determination, and strengthening of one position (Trus et al., 2011).

In the organizational environment, empowerment is described as a process leading to increased productivity and effectiveness. A nurse manager plays a crucial role in developing an empowering work environment by facilitating the tools needed for support, guidance, and influencing positive change (DiNapoli et al, 2016). The empowerment of nurse managers' is one of the essential elements of managerial and organizational effectiveness. When nurse managers are trained to be empowered, they can ensure nursing teams they supervise will be able to provide high-quality care for patients (Trus et al., 2012).

Empowerment has been viewed in literature mainly from structural, psychological and critical social theoretical perspectives. According to Kanter's (1993) structural empowerment is the presence of social

structures in the workplace that enable employees to accomplish their work in meaningful ways with access to relevant information, support, resources and opportunities for learning and growth within an organization (cited Wong & Laschinger, 2013). Psychological empowerment is perceived as employees' psychological perception being valued and attitude reflected by their sense of control at their workplace (Shapira-Lishchinsky & Benoliet, 2018). Critical social empowerment elicits employee's understanding of whether they are viewed as professionals by members of the multi-disciplinary team and whether they are involved in decisions that affect themselves, the organization, and the multidisciplinary team (Li et al., 2018).

The link between employee empowerment and job satisfaction reinforces the importance of favorable workplace conditions for nurses' quality of work life (Wang et al., 2012). Fostering empowerment can increase the performance of nurses through commitment, job satisfaction, intention-to-stay, less turnover leading to enhance career success for nurses (Dan et al. 2018). Evidence suggests working in an environment that empowers nurses to practice according to professional standards has a lower level of job stress and may protect them from burning out in work settings. (Guo et al., 2016). This article has highlighted the importance of empowerment in nursing. An empowering

work environment can facilitate support, guidance, and influencing positive change among nurses and the nursing care they provide. Empowered nurses feel more capable of shaping their work role, contributing to the broader organizational context and a high quality of healthcare services.

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WORKING IN COVID19 PANDEMIC: A REFLECTION

Aminath Shiuna, Lecturer, School of Nursing

We faced the year 2020 with much enthusiasm and excitement in the hopes of celebrating the International year of the Nurse and Midwife with much gusto. Nevertheless, we were faced with the global pandemic of Covid19, bringing a halt to the plans. In this public health emergency, across the globe nurses took their usual place in the front line. Even in the direst situations, nurses are showing their courage and strength while battling the pandemic. Be it in hospitals, quarantine facilities, isolation, or multiple others areas, where in addition to nurses currently working in the clinical area, those working in nursing education and those currently unemployed joined force to battle the pandemic; each offering their contribution to the best of their ability. Undoubtedly everything counts.

Since I took on the opportunity of contributing to the battle against Covid19 and having seen the picture somewhat close, this is an attempt to reflect on a little component of my journey and means to share my thoughts.

The journey began when the Maldivian Nurses Association (MNA) and Maldivian Medical Association (MMA) initiated a collaborative effort to contribute in

the pandemic.

MMA took the lead in strategizing a way to provide health services in since the vulnerable population like the



elderly may not get proper health care in a lockdown situation. The work started way before the lock down situation and impressive work was done. In this effort few dedicated nurses worked countless hours to recruit stay at home nurses, so that necessary care to the community during lock down could be provided. Multiple things like providing PPE training and refresher trainings for the volunteer nurses were envisioned. However, what we were preparing for, “the lockdown” came just few days earlier, putting a stop to these important plans, and preventing us from being as prepared as we wanted. We learnt the lesson, “importance of prompt action”. Nevertheless, we started providing nursing services to individuals at their homes or in more accurate terms “community nursing”; a much needed service in the Maldives. Though a great deal of challenges were faced, there were certain things that kept us going.

We faced the year 2020 with much enthusiasm and excitement in the hopes of celebrating the International year of the Nurse and Midwife with much gusto. Nevertheless, we were faced with the global pandemic of Covid19, bringing a halt to the plans. In this public health emergency, across the globe nurses took their usual place in the front line. Even in the direst situations, nurses are showing their courage and strength while battling the pandemic. Be it in hospitals, quarantine facilities, isolation, or multiple others areas, where in addition to nurses currently working in the clinical area, those working in nursing education and those currently unemployed joined force to battle the pandemic; each offering their contribution to the best of their ability. Undoubtedly everything counts.

Since I took on the opportunity of contributing to the battle against Covid19 and having seen the picture somewhat close, this is an attempt to reflect on a little component of my journey and means to share my thoughts.

The journey began when the Maldivian Nurses Association (MNA) and Maldivian Medical Association (MMA) initiated a collaborative effort to contribute in the pandemic. MMA took the lead in strategizing a way to provide health services in since the vulnerable population like the elderly may not get proper health care in a lockdown situation. The work started way before the lock down situation and impressive work was done. In this effort few

dedicated nurses worked countless hours to recruit stay at home nurses, so that necessary care to the community during lock down could be provided. Multiple things like providing PPE training and refresher trainings for the volunteer nurses were envisioned. However, what we were preparing for, “the lockdown” came just few days earlier, putting a stop to these important plans, and preventing us from being as prepared as we wanted. We learnt the lesson, “importance of prompt action”. Nevertheless, we started providing nursing services to individuals at their homes or in more accurate terms “community nursing”; a much needed service in the Maldives. Though a great deal of challenges were faced, there were certain things that kept us going.

The biggest driving force for me was though small, the dedicated group nurses. Which consists of nurses currently unemployed and some working in areas other than hospitals. Their commitment, vision and desire to serve are truly commendable. Provision of the community service certainly couldn't have been achieved without them. Moreover, most of the consumables we needed including Personal Protective Equipment (PPE) were provided to us by National Emergency Operation Center (NEOC). The safety of the volunteers was given utmost importance. Volunteers were encouraged to wear PPE for each visit, and home visits were always done in pairs to ensure safety of home visiting nurses. However, such a huge venture could never be without difficulties.

The biggest challenge was getting volunteers to provide the service. Though we started off with a huge number, it dropped to a handful with the community spread of Covid19. This is not an uncommon phenomenon, and has been seen globally. Fear of taking the virus back home to the loved ones has prevented many from volunteering.

Additionally, owing to the difficult living situations in Male', giving care in the clients' home is equally hard. Having to climb using stairs to 4, 5 or more floors in PPE is tiring and exhausting, especially in the hot and humid weather. Inadequate lighting and confined spaces makes it even more challenging. Nevertheless, our group of dedicated nurses were going against all odds and giving the much-needed care to the community.

Overall, volunteering has offered me a sense of satisfaction and accomplishment, since as a nurse I certainly feel an obligation to serve and utilize my nursing knowledge and skills. Though the number of volunteering nurses is comparatively less compared to trained nurses who are currently not working in any hospitals, the bravery and commitment of those nurses who came forward is certainly praiseworthy. The work we are doing is comparatively a very small part of the work being done to control Covid19. Nevertheless it is immensely satisfying to contribute to controlling the crisis of Covid 19.

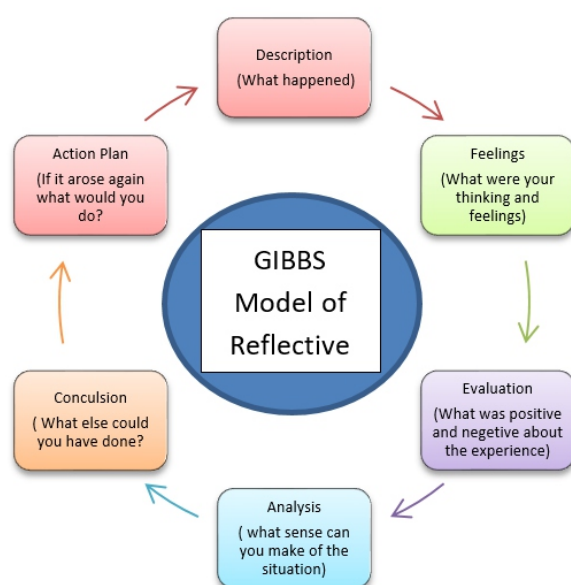
A SELF REFLECTION- CRITIQUING A QUALITATIVE RESEARCH ARTICLE USING GIBBS MODEL OF REFLECTIVE CYCLE

Aminath Rinzy, Lecturer School of Nursing



As a person who has gone through the quantitative research methodology, it was a challenge to critique a qualitative paper.

However, my Ph.D. classes on Qualitative Research, was quite enjoyable and I love the sessions taken by our professors. The additional senior students contributing their knowledge make the atmosphere merrier and learning interactive. This is a self-reflection done on the process of doing a group assignment done during my PhD program.



Elements of Gibbs model of reflective cycle (1988).

The process according to Ramson (2018) is essentially a cycle or loop, containing the following six elements:

- **DESCRIPTION:** There were three members in my group, initially we had to select a qualitative research article and do a critique on it. For collaboration and ease of communication, our group established an online group chat. Three members spent ample time on reading the literature and sharing the information. Next an article was selected and individual critique following a Step-by-step guide to critiquing research on qualitative study was done. Later, the articles were exchanged among the group members, zoom online platform was used for discussion. One member of the group compiled the document and again there were online meetings held to discuss further work. The work progressed with equal contributions from all three members. An additional lease time was given before the assignment was due, which was very favorable to do the necessary editing. The marking criteria for the assignment were followed explicitly. However, an extension period for a submission was given, additional critique was done on the methodology area of the

selected study article. Overall the group did the work together and submitted on time.

- **FEELINGS:** Critiquing an article sounded boring, but once I started doing it my view changed completely. Partially the article itself was quite interesting, next it was a group work, so I wanted to give it my best input. The prevailing feeling to complete a good work made me do further readings, I felt my self-immersed in the texts discussed in the class. The materials handed over during coursework became a wonder. The silence in the atmosphere of lockdown due to covid19 gave a positive vibe to concentrate deeply with no distraction. Though I felt a tiny bit guilty to admit, yet the situation was in favor and ample time was provided by our program, made me very grateful since it's a group effort work. It was a triumph and a sense of achievement at the time on submission.
- **EVALUATION:** What went well was the group had good communication and effort in doing the assignment. The positive aspect of this assignment was a learning done from each other, the peer learning was beneficial. There was a challenge in doing this group assignment due to a down" phase in our country but it was not a hurdle because there was good communication platform established. This reflection, therefore had identified the importance of established platform. However, there was a minor error in the cover page of a student identification number, which was later resolved after contact with program professor. Finally, there was an equal contribution among all three members and the assignment was submitted in due time with additional editing.
- **ANALYSIS:** During the time we did the group assignment- Our country was in a state of health emergency declaration stating as "By the discretionary powers vested in the Minister of Health by Section 33 of the 7/2012 Public Health Act the Minister has declared a State of Public Health Emergency from 12th March 2020" ("COVID-19 LOCAL UPDATES", 2020). In this emergency at locked-down situation, it was unable to have a physical meeting of our group members. Regardless of this, we overcame the challenge as the information technology enables the current day meetings to be conducted via online platforms, therefore we had out meeting in zoom to discuss various aspects of the assignment. The situation could be hindered if we did not have time for group discussions. Therefore, the additional time granted by professors was utilized to do further editing and analysis of our assignment critique process.
- **CONCLUSION:** I have learned Information, Communication, and Technology is an essential component globally. My knowledge increased in qualitative research approaches. An honest, interest

developed within me to explore qualitative research further. Names of pioneers of qualitative research and authors from various qualitative studies became more familiar to me. Furthermore, I understood that the essence of a certain situation or phenomena could only be understood by qualitative research.

- **ACTION PLAN:** This reflection made a clear understanding of my own work, tackling the obstacles faced. Next time, it is better to have a time frame of completing assignments before starting to do them. A realistic time plan is essential to complete good work because we never can predict what might happen such as the Covid 19 lockdown phase. Overall working in critique in a qualitative study and discussing it among my group members, made me see the point from two perspectives. A perspective of a reader and a researcher.

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PROFILE OF A NURSING LECTURER



KHADEEJA SHAKIR

Khadeeja Shakir started her journey as a nurse by completing her Diploma in Nursing from Faculty of Health Sciences in 2003. She completed her Bachelor of Nursing (Hons) in 2008-2009, UCSI University, Malaysia. Later on, she completed her Master of Social Health and Counselling under AUSAID scholarship in 2012-2013 at the Macquarie University, Australia.

A registered Nurse, by occupation, Khadeeja currently works as a lecturer at the School of Nursing, Maldives National University. Prior to joining MNU, she worked at the Ministry of Health following completion of her Master's programme.

In addition to teaching, Khadeeja provides voluntary support to MNA, HOPE, SHE, and MRC. At present, she devotes her time to volunteer at MRC Psychosocial Support (PSS) Call Centre since the outbreak of Covid-19 pandemic in the Maldives and also conducts PSS training sessions. She is also trained in responding to Covid-19 takes PPE from Maldivian Nurses Association (MNA) and conducts PPE sessions to nurses in atolls. The following is a current contribution in her own words.

I started volunteering when the first positive case of Covid19 was identified. It was early March. Maldives Red Crescent (MRC) had

called all the volunteers to come forward for Psychosocial Support (PSS). Psychological first aid is a set of skills that you can use to cope with distressing situations and events. Psychological first aid aims to reduce the initial distress someone feels after a difficult event or experience. It provides for a person's practical and basic needs, such as helping someone find somewhere to stay if they have had to leave their home or helping them contact family or other help.



PSS is an umbrella of activities that address psychosocial needs of affected populations, whereas PFA is a type of psychosocial activity/service provided in the immediate aftermath of a distressing event.

In MRC, PSS call center, we were calling all the people who were contacted in contract tracing. We help in finding out what has happened and is happening, finding out the person's immediate basic and practical needs and assessing what emotional reactions the person is experiencing and what kind of help will be caring and supporting. We listen to identify what the person needs and assess what we can do in the immediate situation

and what do we need to do to link them to more help elsewhere.

Psychological first aid is often one-time intervention and required for a short time. However, since the clients were in isolation and separate from their loved ones, our role was to help the people to help themselves and to regain control of their situation.

As we have few volunteers for PSS, and I am trained in conducting PFA sessions, I volunteered in conducting trainings. Hence, I was conducting trainings and also volunteering at the call center.

When the first community case was informed in mid-April, we were working on conducting online trainings and attending to calls online as well. Since the start of Ramzan, that is late April, Virtual call center of PSS was established. Presently, I am volunteering to take online trainings as well as attending to call center.

During these difficult times, I am also got the opportunity to be trained in responding to COVID-19 critical care from both Maldivian Nurses Association (MNA) and School of Nursing (SN). I have conducted PPE session to healthcare staff of R. Ungoofaru hospital.

I have also volunteer at SHE and have facilitated a live session on Sexual and Reproductive Health (SRH) needs in a pandemic. In addition to this, I am representing and volunteering from MNA to the Maldives Medical Response Team (MMRT), where we are implementing community-based nursing interventions.

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*If you give nurses and student nurses few alternatives,
then they are limited in their ability to sustain themselves. If you teach nurses to
think themselves, they will have the tools to meet the ever increasing demands
of a life time of nursing practice and nursing students practice
(Ozkahraman & Yildirim 2011).*

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