

NURSE MV

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FOUR DECADES OF DEDICATED SERVICE

INTERVIEW WITH MADAM MAIMOONA SHUJAU

FACTORS IMPACTING CLINICAL PRACTICE ENVIRONMENT

ASIYA IBRAHIM



COMPASSION: WHAT IS IT?

SALMA HASSAN



A DAY IN THE LIFE OF AN ICU NURSE

AMINATH SHAFI



THE JOURNEY TO MY GOAL

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EDITOR'S NOTE

With the blessings from Almighty Allah, I am pleased to bring to you the 4th issue of NURSE MV. It gives me great pleasure to invite the nursing community to read the NURSE MV. A digital copy of this issue will also be available from the www.mnu.edu.mv website.



▲ Salma Hassan (Editor)

Our team is committed to bringing you the important information and news from the School of Nursing academia and inspirational moments and stories from our staff and students. The past year and this year has been difficult for all of us due to the evolving and ongoing pandemic of COVID 19. I take this opportunity to thank all those nurses, student nurses and the entire team for working tirelessly on the front line in saving lives and fighting the pandemic in many ways. Thank you so much.

This issue highlights the following: Factors impacting clinical practice environment, Compassion: what is it? Followed by an interview with one of the pioneers of nursing. This is an inspirational interview with one of the pioneers in nursing in the Maldives, which gives an insight into what nursing was like in the past. Last but not least we bring you inspirational stories “A day in the life of an ICU nurse”, “The journey to my goal” and “Words of wisdom” which are quotes from our Nursing colloquies from the Academia.

Thanks and appreciation to all those who have contributed to this edition of NURSE MV and special thanks to the hard-working editor’s team!

FACTORS IMPACTING CLINICAL PRACTICE ENVIRONMENT



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Within the global healthcare system, the nursing profession is the largest and core

group of healthcare providers challenged to provide quality care to the world's population. The clinical practice environment of nurses has long been linked to patient and nurse job outcomes (Trinkoff et al., 2011). When practice environment is with satisfied and engaging nursing workforce there is less intention to less to leave the job and can also promote high quality patient care (Van Bogaert et al., 2013). The clinical practice environment is characterized as the social and organizational structure operating in the workplace, which collectively affects employees' job performance and productivity (Carthon et al., 2020). Thus, it is crucial to understand the practice environment that determines the efficiency, effectiveness, and sustainability of healthcare services (Klopper et al., 2010).

Promoting nurse empowerment, engagement, and interpersonal relationships is fundamental to achieving a healthy work environment. Roche et al. (2015) identified five factors linked to the nursing clinical practice environment: nurse leadership, collegial relationships with doctors, nurse participation in decision making, resource availability, and the necessary foundations for quality care. Empirical studies have been done

widely on the Nursing Organization and Outcomes Model (Aiken et al., 2002) that posit a strong link between the presence of an environment that supports professional nursing practice associated with higher quality nursing practices and positive patient outcomes (cited Choi et al., 2012). According to the model, a more supportive practice environment significantly contributes to higher job satisfaction where the practice environment facilitates participation in organizational affairs, supportive management, and availability of adequate resources. According to a study done on this model by Wang et al. (2015), state the most favorable aspect of the practice environment was the collegial nature of the nurse-physician relationship (subscale score of 3.27 ± 0.51), whereas the least favorable aspect was the adequacy of staffing and resources (subscale score of 2.64 ± 0.76). Furthermore, evidence confirms that higher quality nursing care was associated with fewer adverse patient events and the ability for error interception practices. A supportive practice environment enhances error inception leading to decrease errors (Flynn et al., 2012).

However, frequently nurses face numerous hurdles and obstacles in the clinical practice environment. Burnout is a common phenomenon resulting from chronic stress due to accumulated exposure to demanding conditions in the work environment of health professionals (Flynn et al., 2009; Read & Laschinger, 2015). Burnout is an occupationally based syndrome characterized

by psychophysical and emotional exhaustion, cynicism, and reduced professionalism. Literature provides evidence of on burnout in practice setting and its consequences (Van Bogaert et al., 2013). Emotional exhaustion resulting from burnout leads to recurrent stress, absence of energy required for the emotional requirements of providing services, deduced personal accomplishment or efficacy, perception of inadequacy, loss of self-esteem, and consequent feeling of personal failure (Galletta et al., 2016). A study done by Klopper et al. (2012) reported that a high degree of burnout is related to dissatisfaction with wages, opportunities for advancement, study leave and a practice environment with inadequate staffing and resources, and lack of nurse participation in hospital affairs.

Literature likewise highlights further adverse issues identified in the clinical practice environment affecting nursing practice. A study of Belgian nurses reported that the context and environment nurses' practice are a source of tension, dissatisfaction, and weariness. The respondents of the above mentioned study felt they worked in a stressful environment with insufficient time, inadequate collaboration, frustrations, and disappointments with healthcare's economic realities (Milisen et al., 2006). A systematic review of nurses' work environment indicated that the unfavourable management and organizational impacts nurses' emotional strains denoted by compassion emotional exhaustion manifested as fatigue and stress. Furthermore, the review identified that nurses' stress levels were directly linked with their workload and the number of patients assigned to them which indicate effects

the staffing ratio on patient outcomes (Wei et al., 2018).

Clinical practice environments that have poor workplace relationships significantly affected the nursing staff's psychological health. Literature also highlights significant effects of workplace incivility on nurses' job satisfaction, retention, and performance (AbuAlRub et al., 2013). Scholars also state that organizational factors in the work context may cause chronic stress consequences such as high absenteeism, poor job performance, mental diseases, anxiety, and job-related injuries. Additionally, adverse occupational outcomes such as needle stick injuries, exposure to body fluids, or musculoskeletal injuries can result from the organizational structures in the practice environment (Gershon et al., 2007). Furthermore, new graduates who begin their career faces challenges in the clinical practice environments such as burnout, incivility, and feeling less empowered (Spence Laschinger et al., 2009). Hence the link between adverse working conditions and employee stress, burnout, negative work attitudes and performance can threaten the quality of patient care and patient safety (Leiter & Spence Laschinger 2006). Therefore, favorable and supportive professional practice environment with civil relationships and empower

A supportive nursing practice environment characterizes a core set of organizational traits that support professional nursing practice. Clinical environment that enhances can nurses' job satisfaction, increase productivity, reduce turnover rates, and improve healthcare quality can significantly lower emotional exhaustion

than nurses in counterpart hospitals. Additionally, key leadership behaviors in a favourable clinical practice environment will be able to advocate for appropriate staffing and resources, be visible to inspire and motivate staff, give positive feedback and appreciation, set high standards of care, promote engagement by nurses in the operation of the hospital and foster clear and meaningful communication. A healthy work environment that supports professional scholarly development can enhance patient safety, and improved patient/family outcomes which should ultimate result of nursing practice.

References

- AbuAlRub, R. F., El-Jardali, F., Jamal, D., Iblasi, A. S., & Murray, S. F. (2013). The challenges of working in underserved areas: a qualitative exploratory study of views of policy makers and professionals. *International Journal of Nursing Studies*, 50(1), 73–82. <https://doi.org/10.1016/j.ijnurstu.2012.08.014>
- Carthon, J.M. B, Brom, H., Poghosyan, L., Daus, M., Todd, B., & Aiken, L. (2020). Supportive Clinical Practice Environments Associated With Patient-Centered Care. The journal for nurse practitioners: JNP, 16(4), 294–298. <https://doi.org/10.1016/j.nurpra.2020.01.019>
- Choi, J., Flynn, L., & Aiken, L. H. (2012). Nursing practice environment and registered nurses' job satisfaction in nursing homes. *The Gerontologist*, 52(4), 484–492. <https://doi.org/10.1093/geront/gnr101>
- Flynn, L., Thomas-Hawkins, C., & Clarke, S. P. (2009). Organizational traits, care processes, and burnout among chronic hemodialysis nurses. *Western Journal of nursing research*, 31(5), 569–582. <https://doi.org/10.1177/0193945909331430>
- Flynn, L., Liang, Y., Dickson, G. L., Xie, M., & Suh, D. C. (2012). Nurses' practice environments, error interception practices, and inpatient medication errors. *Journal of nursing scholarship: an official publication of Sigma Theta Tau International Honor Society of Nursing*, 44(2), 180–186. <https://doi.org/10.1111/j.1547-5069.2012.01443.x>
- Galletta, M., Portoghese, I., Ciuffi, M., Sancassiani, F., Aloja, E., & Campagna, M. (2016). Working and Environmental Factors on Job Burnout: A Cross-sectional Study Among Nurses. *Clinical practice and epidemiology in mental health: CP & EMH*, 12, 132–141. <https://doi.org/10.2174/1745017901612010132>
- Gershon, R. R., Stone, P. W., Zeltser, M., Faucett, J., MacDavitt, K., & Chou, S. S. (2007). Organizational climate and nurse health outcomes in the United States: a systematic review. *Industrial Health*, 45(5), 622–636. <https://doi.org/10.2486/indhealth.45.622>
- Klopper H.C., Coetzee SK, Pretorius R, Bester P. Practice environment, job satisfaction and burnout of critical care nurses in South Africa. *J Nurs Manag*. 2012 Jul; 20(5):685-95. DOI: 10.1111/j.1365-2834.2011.01350.x. Epub 2012 Feb 7. PMID: 22823225.
- Leiter, M. P., & Spence Laschinger, H. K. (2006). Relationships of work and practice environment to professional burnout: testing a causal model. *Nursing Research*, 55(2), 137–146. <https://doi.org/10.1097/00006199-200603000-00009>
- Milisen, K., Abraham, I., Siebens, K., Darras, E., Dierckx de Casterlé, B., & BELIMAGE group. (2006). Work environment and workforce problems: a cross-sectional questionnaire survey of hospital nurses in Belgium. *International journal of nursing studies*, 43(6), 745–754
- Read, E. A. & Laschinger, H. K. (2015). The influence of authentic leadership and empowerment on nurses' relational social capital, mental health and job satisfaction over the first year of practice. *Journal of advanced nursing*, 71(7), 1611–1623. <https://doi.org/10.1111/jan.12625>
- Roche, M. A., Spence Laschinger, H. K., & Duffield, C. (2015). Testing the Nursing Worklife Model in Canada and Australia: a multi-group comparison study. *International Journal of nursing studies*, 52(2), 525–534. <https://doi.org/10.1016/j.ijnurstu.2014.10.016>
- Spence Laschinger, H. K., Leiter, M., Day, A., & Gilin, D. (2009). Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes. *Journal of nursing management*, 17(3), 302–311. <https://doi.org/10.1111/j.1365-2834.2009.00999.x>
- Trinkoff, A.M., Johantgen, M., Storr, C.L., Gurses, A.P., Liang, Y., & Han K. (2011). Linking nursing work environment and patient outcomes. *Journal of Nursing Regulation*, 2(1), 10–16. [https://doi.org/10.1016/S2155-8256\(15\)30296-9](https://doi.org/10.1016/S2155-8256(15)30296-9)
- Van Bogaert, P., Kowalski, C., Weeks, S. M., Van Heusden, D., & Clarke, S. P. (2013). The relationship between nurse practice environment, nurse work characteristics, burnout and job outcome, and quality of nursing care: a cross-sectional survey. *International Journal of nursing studies*, 50(12), 1667–1677. <https://doi.org/10.1016/j.ijnurstu.2013.05.010>
- Wang, Y., Dong, W., Mauk, K., Li, P., Wan, J., Yang, G., Fang, L., Huan, W., Chen, C., & Hao, M. (2015). Nurses' Practice Environment and Their Job Satisfaction: A Study on Nurses Caring for Older Adults in Shanghai. *PloS one*, 10(9), e0138035. <https://doi.org/10.1371/journal.pone.0138035>
- Wei, H., Sewell, K., Woody, G., & Rose, M.A. (2018). The state of the science of nurse work environments in the United States: A systematic review. *International Journal of Nursing Sciences*, 5, 287–300.

COMPASSION: WHAT IS IT?

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Compassion could be viewed as a universal phenomenon in which every human being is going to require it. It is an improvement in the well-being of an individual where they learn to adapt to themselves and others (Pauley & Mcpherson, 2010). This paper aims to discuss the meaning of compassion and to clarify the meaning including its uses. According to Schantz (2007), the concept of compassion is neither clearly defined in nursing nor broadly promoted in the context of everyday nursing practice. Hence, nurse leaders argued that compassion is not a new concept. Nurse leaders in olden times identified compassion as the characteristic of a good nurse and the essence of caring as a quality of a nurse who has motivation and dedication in caring for the sick to alleviate suffering (Wiklund & Rn, 2017). Furthermore, it continues to be the highest indicator of a good quality of a nurse (Johnson et al., 2015). In addition, compassion has also been identified as a human experience that brings profound significance to nursing (McConnell, 2015).

The meaning and definition of compassion

According to the Colour Oxford English dictionary (2006, p,131), compassion means sympathetic pity and concern for the suffering of other people. The adjective used is compassionate. Also, emotion researchers

define compassion as the feeling that arises when you are confronted with another's suffering and feel motivated to relieve that suffering (Greater Good Magazine, 2020). Furthermore, compassion means "making time to listen, to talk, to hold a hand and imagine what the patient is feeling" (Johnson et al., 2015). Multiple definitions have been identified in the literature with similar concepts. Compassion is defined as a deep feeling of connectedness, with the experience of human suffering that requires personal knowledge of the suffering of others, arouses a moral response to the recognized suffering and results in caring which brings an end to the sufferer (Zamanzadeh & Valizadeh, 2018). One study revealed that 21% of respondents were describing compassion as understanding, 38% care or caring, 17% empathy and 16% listening (Johnson et al., 2015). In addition, more than 10 statements identified compassion as treating others as you wish to be treated by others. The scholar and philosopher Emmanuel Levinas defines compassion in philosophical terms as irreducible excess of affectivity for the ultimately meaningless suffering of another beyond all theodicy and causality, whom one is ethically commanded to offer help as he or she is a higher and unique other, prior to any comparison and judgement (Diamantides, 2017). Moreover, from an Islamic point of view, compassion means sensitivity to others suffering. The Noble Quran teaches to be

compassionate specially to orphans, the widow, the poor and the slaves (Engineer 2018). This revelation comes from fourteen centuries back. It could be argued that the concept existed a long time ago. In contrast, Schantz, (2007) in her concept analysis of compassion concludes that compassion is hardly found in contemporary nursing literature but rather caring, empathy and sympathy are interchangeably used in nursing scholarships. Sympathy means understanding what others are feeling, without feeling it oneself. Compassion means feelings have prompted to take actions to relieve the suffering of another person.

Uses of the concept “compassion”

In the following section, the writer will discuss the uses of the concept of compassion in various contexts. Firstly, as a caring concept. In this aspect, the related words used are compassion, compassionate, compassionate care. The concept compassion has been used as a core concept as caring science (Wiklund & Rn, 2017) Hence, the act of caring is seen as an indication of an expected consequence of compassion (Bandes, 2017). In most of the definitions of compassion from the literature emphasis is given related to suffering. A systematic review concluded that compassion means the sensitivity shown to understand another person's suffering, combined with the willingness to help promote the wellbeing of the person (Perez-Bret et al, 2016). Furthermore, the National Health Services (NHS) Commission Board (2012) for England defines compassion as to how care is given through relationships based on empathy, respect and dignity. It can also be described as intelligent kindness and is

central to how people perceive their care (Papadopoulos et al., 2016). With the compassionate care concept in nursing, the nurse seeks to recognize, accurately detect and connect with the inner condition of the spirit of another through presence, and centered in the caring moment physically, mentally and spiritually (Watson, 2010: Cited in Tomey et al, 2010). Furthermore, in psychotherapy compassion is seen as attaching with clients' suffering and supporting change through actions (Vivino et al., 2008). Moreover, Schantz, (2007) argued that neither compassion and empathy be used interchangeably nor compassion and care is a similar concept.

Secondly, compassion in the nursing care context. Compassionate care is particularly important for patients with debilitating and terminal illnesses as emotional disability is involved in accepting the prognosis of these conditions —(Bessen et al., 2019). When nurses provide compassionate care to patients to alleviate their suffering and it promotes better health outcomes (Dempsey et al, 2014). Although it might not be possible to eradicate inherent suffering, nursing and health care staff can promote confidence and considerable care to suffering. Nurses use compassionate care as a powerful emotion and have both positive concerns for the patient and the nurse (Zamanzadeh & Valizadeh, 2018). In addition, providing comfort to patients results in a better outcome for patients. In order to provide compassion, effective communication skills, and are essential. These are essential elements in delivering compassion to patients and family

members especially when dealing with sensitive issues and in critical conditions. Studies have identified the importance of communication skills in delivering compassionate care (Kneafsey & Andrews, 2018). According to Katz (2019), verbal and non-verbal communication express compassion and comfort the patient's path from diagnosis, recovery, treatment, and survival at the end of life. Nurses worldwide play an important role not only in providing care but ensuring public safety through education and preparedness for all types of crises by helping save lives and preventing adverse outcomes. These are the qualities that nurses display in their profession (Kerfoot, 2019).

Finally, when exploring the concept of compassion and its uses in religious perspectives: most religions stress the importance of compassion. Compassion, is mentioned in the Noble Quran, the Holy book of Muslims. A Muslim begins every action by reciting, "beginning in the name of Allah, who is compassionate and merciful" (translation). Hence Muslims are supposed to call upon Allah the compassionate and merciful at every step. The Quran stresses 4 main aspects repeatedly: Rahmah, Ihsan, Adl and Hikma (compassion, benevolence, justice and wisdom) Rahmah (compassion, mercy) and its roots prosper in the Holy Quran (Engineer, 2018). Similarly, compassion in Buddhism means proactively taking action to remove the suffering of others through the practice of compassionate qualities (Gelek & David, 2013).

Conclusion

Compassion is an essential ingredient of nursing care which is expected by its recipients and its recognition is worldwide. This concept compassion is defined similarly in a different

context in the literature. This paper looked into the various definitions of compassion and its different uses. For compassion to take place there has to be suffering and when delivering compassionate care physical, psychological needs and understanding are key factors. Compassionate care is particularly important in patients with debilitating diseases and with poor prognoses.

References

- Alligood, M.R., & Tomey, A.M. (2010). *Nursing Theorists and their work*. (7th ed.). Mosby Elsevier, Missouri.
- Bessen, S., Jain, R. H., Brooks, W. B., Mishra, M., Bessen, S., Jain, R. H., Brooks, W. B., & Mishra, M. (2019). "Sharing in hopes and worries"—a qualitative analysis of the delivery of compassionate care in palliative care and oncology at end of life. *International Journal of Qualitative Studies on Health and Well-Being*, 14(1). <https://doi.org/10.1080/17482631.2019.1622355>
- Diamantides, M. (2017). Law and compassion: between ethics and economy, philosophical speculation and archaeology. 211, 197–211. <https://doi.org/10.1017/S174455231700012X>
- Johnson, A., Nursing, C., Bennett, V., & Nurse, L. (2015). The meaning of compassion. 24(6), 342–344. <https://doi.org/10.1353/hpu.2013.0148>
- Katz, A. (2019). Compassion in practice: Difficult conversations in oncology nursing. 29(4), 255–258.
- Kerfoot, K. M. (2019). *Health Care in Disasters*. 37(5), 265–268.
- Kneafsey, R., & Andrews, H. (2018). Nurturing and supporting compassion. 21(3), 2013–2016.
- Papadopoulos, I., Malliarou, M., & Shea, S. (2016). Exploring the Cultural Aspects of Compassion in Nursing Care: A Comparative Study of Greece and Cyprus. 9(2), 471–481.
- Patient, R., Through, S., & Care, C. C. (n.d.). *PGS n a p s h o o t*. <https://doi.org/10.1097/NNA.000000000000110>
- Schantz, M. L. (2007). Compassion: A Concept Analysis. 42(2).
- Vivino, B. L., Thompson, B. J., Hill, C. E., & Ladany, N. (2008). Compassion in psychotherapy: The perspective of therapists nominated as compassionate. *Compassion in psychotherapy: The perspective of therapists nominated as compassionate*. April 2019. <https://doi.org/10.1080/10503300802430681>
- Wiklund, L., & Rn, G. (2017). Compassion for self and others as key aspects of well-being in changing times. <https://doi.org/10.1111/scs.12536>
- Zamanzadeh, V., & Valizadeh, L. (2018). Factors facilitating nurses to deliver compassionate care : a qualitative study. 12. <https://doi.org/10.1111/scs.12434>

INTERVIEW WITH MADAM MAIMOONA SHUJAU, DIRECTOR GENERAL OF NURSING

“FOUR DECADES OF DEDICATED SERVICE”

Interviewed by Hafeeza Ibrahim

Hafeeza

Maimoona, thank you for giving me this opportunity to ask some questions about your nursing services. The main purpose is to document the services of our Nurse leaders of the past decades in order that those who follow us will be aware of the circumstances we worked in those days.

I feel privileged to have worked with you in the Central Hospital in the 80's and have learnt a great deal from you, especially how you deal calmly in a crisis situation.

1. Could you please share with us some of your experiences in Central Hospital?

“I joined Central Hospital as a Registered Nurse on 14th January 1981”. At that time there were only 7 registered Nurses and all the other nurses were Enrolled Nurses. The whole hospital was managed by us and it was not an easy task. From nursing care to any administrative work, it was the responsibility of us, registered nurses. There were 5 wards (2 Medical wards: male and female,



Surgical ward, Gynae ward and Pediatric ward). Other units were OPD, Labour room and OT. During most of the shifts only one registered nurse would be on duty and she has to be responsible for everything that happens during that shift. All intravenous injections, major dressings, invasive procedures like I/G tube insertions, catheterizations etc were all carried out by us.

All normal deliveries were also conducted by us. All blood donors were also bled by us.

We had no pediatricians, no anesthetists, or surgeons; no gynecologists and not even a physician! The few doctors who were there were only medical officers.



were enrolled nurses. Every ward had barely two nurses and with sick leaves it was a big problem to provide nursing care to our patients. Specially during night duty if there were any sick leaves, we even went to fetch nurses from their homes. There were no replacement nurses available. The other challenge was shortage of consumables, instruments

If there were any medical emergency calls from any island, we registered nurses have to travel in the coastguard and fetch the patient and bring to Male'. Sometimes we have to spend even two days on the sea with the patient. Doing duties, were long hours of hard work and due to the shortage of staff, by the time we were able to finish our shift and handover it would be an additional two hours or more. There was no "overtime allowance" at the time. Whoever comes for duty has to take a full round of the whole hospital. Surprisingly, we knew all critical cases and new admissions as we kept a note of their details. Even with all those difficulties there was a very unique bond between patients, nurses and doctors. Maybe, because people at that time were simpler and more appreciated our service.

2. What are some challenges you faced?

Mainly the shortage of staff. Managing a hospital with such a limited number of staff was a problem every day. As I said earlier, we were only six registered nurses and the other nurses

and equipment. We had to be very careful and cautious with the supplies we had in our stock. With the limited quantity of things we had, if there was any breakage, it took months for it to be replaced. Managing our personal lives and family was also a big challenge as we have to do such long hours of duty. My sincere appreciation and gratitude goes to my mother who has taken care of my children, in my absence, without which I would have never been able to give this service.

3. How will you compare nursing then and now from a nurse's perspective?

When you compare nursing then and now: at present we have wards, and units where they have their own respective nurses, which we didn't have that time. Those few enrolled nurses who come for duty will be allocated to different wards. Maximum two nurses would be on duty and work load being high, good nursing care cannot be provided.

Today patients being allocated to nurses according to their condition ratio wise, has

improved nursing care immensely. Specialty wards and units need nurses to be specialized in areas like cardiology, nephrology etc. Previously nurses just carry out orders given by doctors. There was no care plan for patients which hinders to give holistic nursing care to patients.

4. What are some of your accomplishments? What are you most proud about with regard to your service?

I joined Central Hospital as Staff Nurse Grade 2. From then till now I have completed almost every position of nursing in this country. At present my post is the Director General of Nursing. I have completed 40 years in this field. The Nursing Department being the biggest department in IGMH, I have managed more than 800 staff. During this long period, I am proud to say that hardly any patient or even a relative has been unhappy about my service. Most of the nurses who have worked under me look up to me as a good role model. Throughout the long years of my service, countless numbers of patients and their relatives have become my friends. It gives me immense pleasure when patients and their relatives approach me for advice about their medical problems, even today.

The most surprising and rewarding gift which I have received from a patient was when I came to know that they have named their newborn baby after me!

What advice would you give to new graduates and nursing students?

My advice would be that whenever they give nursing care to patients, they should always

first” put themselves in the patient's shoes”. Treat them as how you would expect nurses to treat you, when you go to a hospital with a close family member. This small act can do wonders to gain patients' and their relatives' confidence. Nursing is said to be noble because it is different from all other professions. It needs empathy, sympathy understanding, dedication, and patience. You need to acquire all these characteristics and more. You have to understand that when a patient comes to hospital, he/she needs your services and assistance and it is our duty to attend to them wholeheartedly. Sometimes you may even need to advocate on behalf of your patient. As a nurse we cannot afford to make a mistake as it may cost a life. Be friends with the patients and their relatives. You need to learn some basic information about your patient's life history which can assist you in giving nursing care. Make them feel at home, so that they share everything with you. The joy you get when they are happy with your service will ensure you that their satisfaction is the biggest reward you can get.

Hafeeza:

Thank you Maimoona, for taking the time to share in detail your experiences and thoughts about nursing. I admire your long service, dedication and selflessness. CONGRATULATIONS for 40 long years of service!

A DAY IN THE LIFE OF AN ICU NURSE

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If you are looking to choose a specialty in Critical Care nursing, you should take the time to learn and understand what an Intensive Care Unit

(ICU) nurse does. Patients who are admitted in ICUs will need a nurse's attention much more than a patient in a general ward. Hence the nursing care provided in an ICU is totally different when compared to any other setting in a hospital. I have worked in a critical set up most of my career, and I would like to share my experience of being an ICU nurse.

The morning shift would start at 7.30 am and a gentle walk onto the unit would reveal how the land was lying: what sort of nightshift had passed? Were the emergency trolleys out of position? Were the phones going unanswered? Was there a Consultant on the unit? Was there a transfer trolley out of its storeroom? Were there gaunt faces, so glad to see the next shift that they danced about, delighted that the end of their night was almost over? They'd survived the last 8 hours. Alternatively, what mostly happened was the night staff would just be writing and signing their nursing documentation and be ready to

head home.

A summary of the quantity and quality of the patients on the unit would be given; "a handover" by the shift in charge to the incoming staff: an overview about each patient and any pending admissions. Staff will be then allocated to patients based on skill mixes, patient condition, and quantity of staff taken into consideration; ideally, there would be enough staff for a ratio of 1 nurse to 1 or 2 patients. A longer handover was then given by the night staff to the day staff at the bedside of each patient. That handover is broken down into nine systems related to the patient as a whole: Respiratory, Cardiovascular, Neurological, Pain & Sedation, Elimination, Personal Care, Nutrition, Mobility, Skin, and Communication.

A visual check of the infusions and drugs, ventilator settings, chest drains, wound drains, drug chart, or anything worthy of "handing over" by both the incoming and departing nurse would be the cue for the nights to go home and the day staff to get started in

earnest. A further individual check of all equipment: recalibrating machines, checking of emergency equipment, suctioning, and patient's emergency ventilation oxygen and bag, just in case. Then work out a plan for the day which would start with a fresh bed bath, fresh sheets, hourly assessment and documentations, 2 hourly turns to avoid pressure sores, a drug chart to follow, relatives to keep updated, assisting other nurses, and breaks to fit in, infusions to anticipate replenishing, mouth care, eye care, ear care. After the general patient care, ward round with Doctors changing your plans or if it wasn't your day: a trip to CT scan or to get the kidney machine out or run to restart a heart.

Being in charge of the shift brings a slightly different pace to it. A more detailed report of all patients from the shift in charge of the night shift, a check of the controlled drugs cupboard, a check of the emergency equipment, coordination of staff breaks and join in the ward round which usually started at 8 am. The "In Charge" tag had its challenges and tests not limited to juggling staff shortages, skill mixes, well patients who "get broken", challenging relatives, complaints, student teaching, stock levels, drug order, being the discharge and

admission facilitator, and attending emergencies such as Cardiac Arrests.

Being an ICU nurse was extremely challenging. Even on the most difficult days I come home and feel that I have made a difference in someone's life. My favorite aspect of my job was when patients walk back into ICU after recovery to say thank you; I am reminded about the difference we make and it's the most rewarding feeling imaginable.

Reflection on experience
Aminath Shafa (former ICU nurse)

“THE JOURNEY TO MY GOAL”

Thasneem Ahmed, Associate Lecturer, RN
School of Nursing, The Maldives National University



I have always dreamt of becoming a teacher since my childhood. As a kid I used to teach imaginary students using white board and colorful markers. I played the role of both the teacher and student! I was inspired to become a nurse when my mother confessed about her dream of becoming a nurse. Due to personal reasons, she was unable to pursue her dream job. Her eyes would light up every time she talked about her dream, that's what inspired me to become a nurse. Though she works as an administrator in the hospital, she

has very sound knowledge about several nursing procedures and health issues. She helped neighbors, family members and close friends who seek her advice and opinion in health matters. When I saw her passion towards the nursing profession, I decided to follow her footsteps of helping others in need and pursue my career by choosing her dream job of becoming a nurse. That's how my journey towards the nursing profession began.

In 2013, I joined the Advanced Certificate of Nursing Course at the Thinadhoo campus, of the Maldives National University (MNU). My very first Nursing Lecturer was Ms. Jeeza

“Thasneem’s first journey to the nursing career was at the Thinadhoo Campus. I was her first Nursing School lecturer. Starting from the first class, I have noticed her to be an intelligent student with a big vision. She was a very hardworking and determined girl. She puts every effort into accomplishing her work and is very attentive and persistent in doing everything she does. She was not only good at her theory but also excellent in her practical work. I am delighted and proud to see her professional development and working as my colleague right now. I wish you all the best in every endeavor.”

*Ms. Jeeza Hassan, Lecturer, Thinadhoo Campus,
School of Nursing, the Maldives National University.*



Hassan. She is one of the finest lecturers I have met, who is such a huge role model and influencer in my whole career. I am forever indebted to her for the strong foundation she laid at the beginning of my nursing career. I still remember the first day at Thinadhoo Campus, when Ms. Jeeza explained about the founder of Nursing, Florence Nightingale. From the first day of college, I decided that my nursing career goal is to be a nurse educator.

The journey towards becoming a nurse was a total new experience for me. Nursing art lab demonstrations, procedures, clinical postings; all of this was formulated in such a way that it grasped all of my batch mates' interests and we were able to gain a lot of new knowledge and information. One of the fondest memories from the Nursing Art lab which I still cherish include learning how to administer injections, especially because we learnt by using an orange. As nursing is a profession (as in many other disciplines) which requires theoretical knowledge and practice, initially this course was very difficult. But after going through every

single obstacle which came through my way, I graduated as an Enrolled Nurse, with flying colors. I still remember the happiness on my mother's face at the Graduation Ceremony held at Dharubaaruge, Male', especially the shine she had in her eyes when I was awarded the first place from the Advanced Certificate in Nursing Course.

After graduating, I started working as an Enrolled Nurse at Kulhudhuffushi Regional Hospital. The main areas where I worked there include, Emergency Department, Dressing room, Intensive Care Unit (ICU), General ward and Neonatal intensive care unit (NICU). During my journey at Kulhudhuffushi Regional Hospital, I was able to understand why nurses are trained in a certain way and I was really grateful about the way I have been trained to face the real working life.

After working as an Enrolled Nurse for 1 year, I joined the Diploma in Nursing course at MNU in 2015. It was again a whole new journey with new faces and at a new place. I had always looked forward to the day when I would become a Registered Nurse and was waiting to

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(Thasneem is) “One of the best and enthusiastic nurses we had in CCU who motivates others and take initiative in teaching student nurses. Her presence makes a joyful environment to others. I am excited about the new opportunity you got that with help to build your career in future. Wish you all the best. Keep your face always towards the sunshine and shadow will fall behind you.”

*Ms. Rabia Naeem, Clinical Nurse, Ward Manager
CCU, IGMH*

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proudly write my initials as “RN”. I always considered the Diploma Course as a stepping stone towards reaching my biggest goal. The procedures learnt in the Diploma was more advanced than what I learnt in the Advanced Certificate course. Even though this journey

I have met several nursing students who have dreams of becoming nursing lecturers; to all of them I would like to say that “IF YOU CAN DREAM IT, THE PATH OF SUCCESS DOES EXIST”

In this opportunity I would like to thank all my



“She inspired me from the first time I met her herself. She showed me great kindness and supported me to find the light within myself. She allowed me to explore the skills I already had. She motivated and encouraged me so much that I can never thank her enough. She is one of the best mentors I have come across during my learning period. I believe she has played a great role in making me who I am today. She gave me that little push I was definitely in need of. I look up to her so much. She is one of my biggest inspirations.”

Reesham Razeen, Registered Nurse, International Medical and Diagnostic Centre, Addu City; a student who I supervised as a mentor



also was very challenging; after 2.5 years I graduated as a Registered Nurse with flying colors, same as I did during 2013.

Today, when I sit in my cabin as a Nurse Educator, I remember the days when it was just a mere dream of mine. I remember the days where I craved and wished to have a planner, just like the academic planner which Ms. Hafeeza Ibrahim would bring to our classrooms while she was teaching the management subject.

nursing lecturers who have been a great support throughout my whole journey. Each of them has motivated me, in their own unique way to become a lecturer. I believe my success is from Allah SWT, and from the continuous love and support I have received from my family, especially my Mother. I will always be indebted to my lecturers, senior nurses and work colleagues from CCU of IGMH.

“WORDS OF WISDOM”

“When you learn something, learn it in a way you can use it on a day when you find you are on your own”

Ms. Hafeeza Ibrahim, Senior Lecturer, School of Nursing, The Maldives National University

“From the first breath to the last and everything in between, care from a good nurse would always be remembered; be that nurse. It's a feeling like no other”

Ms. Fathimath Khumaira, Lecturer, School of Nursing, The Maldives National University

“Be that nurse whom you would prefer to be cared as a patient”

Ms. Thasneem Ahmed, Associate Lecturer, School of Nursing, The Maldives National University

“Caring of parents gives satisfaction, caring of someone's parent gives you pride; be that nurse”

Ms. Mariyam Hudha, Lecturer, School of Nursing, The Maldives National University

“Nursing is an art of caring; physical, psychological, and emotional caring. When the patient feels this unique sense of care, this promotes their physical healing. Be a nurse who can stimulate this 'feeling that promotes healing’”

Ms. Jeeza Hassan, Lecturer, School of Nursing, Thinadhoo Campus, The Maldives National University

**“Be the ears to listen to the pick.
Be the touch that calms the sick.
Be the eyes to observe the risk.
Be the mind to do the trick.
Be the change to heal the sick!”**

Ms. Fathimath Mohamed, Lecturer, School of Nursing, Kuldhuffushi Campus, The Maldives National University

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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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