

INDIRA GANDHI SCHOOL & COLLEGE OF NURSING AMETHI, UTTAR PRADESH, INDIA

(A Unit of Sanjay Gandhi Memorial Trust)

Mentor 'A' GRADE INSTITUTE



2ND INTERNATIONAL CONFERENCE

"Nursing Research Beyond Boundaries: Methodological Integration for Universal Well-being"

Theme: Innovative Applications of Mixed Methods in Nursing Research & Practice

SOUVENIR

DATE

4TH 5TH & 6TH DEC 2025

TIME

9:30 AM – 4:30 PM



2nd International Conference: “Nursing research beyond boundaries: Research
methodological integration for universal well being”
December 04 - 06, 2025



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IMPACT-NURSE 2025: Mixed methods research creates IMPACT in nursing

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025

DETAILED PROGRAMME SCHEDULE

DAY 1 – THURSDAY, 04 DECEMBER 2025



Time (IST)	Speaker & Designation	Topic
08:30–09:30 AM	Registration	—
10:00–11:00 AM	Inauguration	—
11:00–12:00 NOON	Prof. Dr. Sandeep Poddar Deputy Vice Chancellor (Research & Innovation), Lincoln University College, Malaysia	<i>Sustainable Innovative Approaches in Nursing Research</i>
:15 PM	Tea Break	—
12:15-01:00 PM	Prof. Dr. Renuka K Principal, Dept. of Medical Surgical Nursing, College of Nursing, AIIMS, Gorakhpur	<i>Quantitative Research Design</i>
01:00-02:00 PM	Lunch Break	—
02:00–02:45 PM	Prof. Dr. Jasmi Manu Principal & Dean, Dept. of OBG Nursing, Rama University, Kanpur; SNA Advisor of TNAI, (U.P.)	<i>Qualitative Research Design</i>
02:45–03:25 PM	Prof. Dr. Mariamma C John Principal, Dept. of Pediatric Nursing, Sultanpur Institute of Nursing, U.P.	<i>Mixed Methods: Research Design and Triangulation</i>
03:30-03:45 PM	Tea Break	—
03:45–04:30 PM	Dr. G. Ramamurthy Senior Nursing Officer, Dept. of Mental Health Nursing, IIR, Puducherry	<i>Ethics and Reflexivity in Mixed Methods Research</i>

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025

DETAILED PROGRAMME SCHEDULE

DAY 2 – FRIDAY, 05 DECEMBER 2025



Time (IST)	Speaker & Designation	Topic
09:30–10:15 AM	Dr. Elizabeth D. Aaron Nursing Professional Development Specialist, Methodist Richardson Medical Center, Texas, USA	<i>Challenges & Applicability of Mixed Research Methodology in Nursing Care Practice</i>
10:15–11:00 AM	Prof. Dr. M. Bharathi Principal, Dept. of Pediatric Nursing, Karnataka College of Nursing, Bengaluru	<i>Collecting Data in Mixed Methods Research</i>
11:00–11:15 AM	Tea Break	—
11:15–12:00 Noon	Dr. Jinslin Oliver Senior Nurse Educator, King Saud Medical City, Riyadh, KSA	<i>Bridging Evidence & Experience: The Expanding Role of Mixed Methods in Health Care</i>
12:00–12:45 PM	Dr. Shaila Selvarani Senior Nurse Specialist, King Abdul Aziz University Hospital, Riyadh, KSA	<i>Growing Importance of Mixed Methods Research in Health Integrity Evidence for Complex Problems</i>
12:45–02:00 PM	Lunch Break	—
02:00–02:45 PM	Dr. Ni Luh Putu Agustini Karta Vice Chancellor, Triatma Mulya University, Bali, Indonesia	<i>Bridging Management Science and Nursing Research through Mixed Methods</i>
02:45–03:30 PM	Dr. Erwin Richard Advanced Nurse Practitioner, Essex Partnership NHS Foundation Trust, UK	<i>Universal Wellbeing through Holistic Nursing: Integrating Research Methodologies for Global Impact</i>
03:30–03:45 PM	Tea Break	—
03:45–04:30 PM	Dr. Vasanthakumari Sundararajan Assistant Professor, King Faisal University, Al-Ahsa, KSA	<i>Mixed Methods Research in Socio-ecological Perspective</i>

IMPACT-NURSE 2025: Mixed methods research creates **IMPACT in nursing**

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025

DETAILED PROGRAMME SCHEDULE

DAY 3 – SATURDAY, 06 DECEMBER 2025



Time (IST)	Speaker & Designation	Topic
09:30–10:15 AM	Dr. M.J. Kumari Professor & Principal (Ag.), Dept. of Medical Surgical Nursing, JIPMER, Puducherry	<i>Global Visibility of Nursing Research Publication as Knowledge</i>
10:15–11:15 AM	Dr. Shambhavi Mishra Assistant Professor, Dept. of Statistics, University of Lucknow, U.P.	<i>Data Analysis in Mixed Methods Research</i>
11:15–11:30 AM	Tea Break	—
11:30–12:15 PM	Prof. Dr. S. Balachandar Principal, Dept. of Mental Health Nursing, Yash Raj College of Nursing, Kanpur	<i>Innovative Applications of Mixed Methods in Clinical Nursing Practice</i>
12:15–01:00 PM	Dr. Yasodha Krishna Janapati Associate Professor, School of Pharmacy & Health Sciences, USIU–Africa, Nairobi, Kenya	<i>Clinical Pharmacology Nursing – Bridging Research to Bedside</i>
01:00–02:00 PM	Lunch Break	—
02:00–02:30 PM	Dr. D. Elakkuvana Bhaskara Raj Principal, Dept. of Mental Health Nursing, Government Medical College, Ambedkar Nagar, U.P.	<i>Future Perspectives of Mixed Methods Research in Nursing</i>
02:30–03:00 PM	Prof. Dr. Koppula Victor Babu Professor of Philosophy & Education, Kotabe University of Education, Ethiopia	<i>Human Benefits in Health Care Practice</i>
03:00–03:30 PM	Dr. Dipti Shukla Principal, Samarpan Institute of Nursing & Paramedical Sciences, Lucknow; Vice President, TNAI (U.P.)	<i>Application of Theoretical Framework in Mixed Method Research</i>
03:30–04:15 PM	Valedictory Session	—
04:15–04:30 PM	Vote of Thanks	—

IMPACT-NURSE 2025: Mixed methods research creates IMPACT in nursing

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025

Message



Wg Cdr Manoj Muttu (Retd.)
Administrator
Sanjay Gandhi Memorial Trust
Munshiganj, Amethi, Uttar Pradesh, India

My dear colleagues, guests, and participants,

I commend your dedication to advancing nursing research and practice. Nursing research plays a vital role in shaping healthcare policies, improving patient outcomes, and promoting global well-being. This conference provides a platform for knowledge sharing, collaboration, and innovation.

I encourage you to explore cutting-edge methodologies, share best practices, and drive positive change. Your work contributes to a healthier, more equitable world.

Wishing you insightful discussions and meaningful connections.

A handwritten signature in black ink, appearing to read 'Manoj Muttu'.

Sincerely,
Manoj Muttu

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025

Message



Smt. Sharmila Barua Roychowdhury
Chief Executive Officer
Indira Gandhi Group of Institutions
Munshiganj, Amethi, Uttar Pradesh, India

Dear Participants,

Welcome to our International Conference on Nursing Research.

As CEO of Indira Gandhi Group of Institutions, I'm honored to see so many passionate professionals gathered to advance nursing research and practice. Your work drives innovation, improves patient care, and inspires future generations.

This conference is a testament to our commitment to excellence in healthcare education and research. I hope you engage deeply, share insights, and build lasting connections.

Thank you for being part of this important event.

Best regards,
Sharmila Roychowdhury

2nd International Conference: "Nursing research beyond boundaries: Research methodological integration for universal well being"
December 04 - 06, 2025



Dr Ashok Kumar Bishnoi
Professor, Dean Faculty of Nursing
Atal Bihari Vajpayee Medical University,
Lucknow, Uttar Pradesh, India



अटल बिहारी वाजपेयी चिकित्सा विश्वविद्यालय, उ०प्र०, लखनऊ
Atal Bihari Vajpayee Medical University, U.P., Lucknow

Dr. Ashok Kumar Bishnoi
PhD. N, M.Sc. N, PGDHM, FACEN, FRNS
Dean Nursing

Date: 11th November, 2025

MESSAGE

It gives me immense pleasure to extend my heartfelt congratulations to the **Indira Gandhi School and College of Nursing (IGSCON), a unit of Sanjay Gandhi Memorial Trust (SGMT), Amethi, UP**, for organizing the 2nd International Conference on "Nursing Research Beyond Boundaries: Research Methodological Integration for Universal Well-being." This initiative by IGSCON is truly commendable, especially with the chosen theme: "Innovative Applications of Mixed Methods in Nursing Research and Practice."

In an era where global health challenges are increasingly complex and interconnected, the need for robust, multi-faceted research methodologies has never been more critical. This conference, by focusing on methodological integration, provides an invaluable platform to explore how combining diverse research strategies can lead to more holistic, evidence-based, and impactful outcomes.

I am particularly heartened by the conference's noble mission: To enhance Nursing research through collaboration, knowledge exchange, and innovation for global well-being. This aligns perfectly with the overarching goal of fostering a culture of continuous learning and improvement within our profession.

I am sure that all participants will actively engage, share invaluable experiences, and contribute to the collective wisdom that will undoubtedly emerge from this scientific event.

I extend my best wishes for a highly productive and intellectually stimulating conference, and hope it continues to inspire and drive positive change in the field of Nursing.

Best Wishes!

Dr. Ashok Kumar Bishnoi
Dean, Nursing

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025



**Dr. Reena Sharma, Principal,
Autonomous State Medical College, Tiloi,
Uttar Pradesh, India**

It is my honor to be associated with the *2nd International Conference on “Nursing Research Beyond Boundaries: Methodological Integration for Universal Well-being,”* organized by **Indira Gandhi School and College of Nursing, Amethi, Uttar Pradesh, India**, scheduled on **4th–6th December 2025**.

I extend warm greetings and congratulations to the organizing committee for their dedicated efforts in hosting this significant academic event. The conference theme, **“Innovative Applications of Mixed Methods in Nursing Research & Practice,”** is timely and instrumental in advancing evidence-based education, research, and clinical practice.

Mixed methods research offers a powerful approach to bridge the gap between theoretical knowledge and real-world application, supporting impactful solutions in healthcare. The academic deliberations and shared expertise will inspire collaboration, innovation, and professional growth among all participants.

I wish the conference great success and a meaningful outcome that benefits the global healthcare community.

With best wishes,

Dr. Reena Sharma

Principal

Autonomous State Medical College, Tiloi

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025



**Dr. Yogesh Kumar Yadav, Medical Superintendent,
Autonomous State Medical College, Tiloi,
Uttar Pradesh, India**

It is a moment of immense pride to be part of the 2nd International Conference on **“Nursing Research Beyond Boundaries: Methodological Integration for Universal Well-being,”** hosted by **Indira Gandhi School and College of Nursing, Amethi, Uttar Pradesh** from 4th–6th December 2025.

This conference stands as a powerful platform where knowledge meets innovation, and ideas transform into impactful action. In an era where healthcare continuously evolves, the theme—**“Innovative Applications of Mixed Methods in Nursing Research & Practice”**—highlights the need for merging scientific inquiry with real-world practice to enhance the quality of care.

By bringing together distinguished experts, passionate researchers, and enthusiastic students, this event nurtures collaboration, sparks creativity, and illuminates new pathways for evidence-based healthcare. Such academic gatherings shape the future of learning and strengthen our collective mission to advance human well-being.

My heartfelt appreciation to the organizing committee for their vision and dedication. May this conference become a catalyst for inspiration, discovery, and global progress.

Warm regards,

Dr. Yogesh Kumar Yadav,
Medical Superintendent,

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025



Dr Neetu Devi
Nursing Consultant, UP State Medical Faculty,
Uttar Pradesh, India

It is my great pleasure to extend warm greetings to all participants of the 2nd International Conference on **“Nursing Research Beyond Boundaries: Methodological Integration for Universal Well-being,”** hosted by **Indira Gandhi School and College of Nursing, Amethi, Uttar Pradesh.**

The conference theme—**“Innovative Applications of Mixed Methods in Nursing Research & Practice”**—is highly relevant in advancing evidence-based education, research, and clinical practice. This platform offers an excellent opportunity to exchange ideas, inspire innovation, and strengthen collaboration across the healthcare community.

I congratulate the organizing committee on their dedicated efforts and wish the conference great success and meaningful outcomes.

Best wishes,

Dr Neetu Devi
Nursing Consultant, UPSMF

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025

Message



Dr. D. S. Kalarani,
Nursing Superintendent,
Apollo Medics Hospital, Lucknow,
Uttar Pradesh, India

It gives me immense pleasure to extend warm greetings to all delegates and participants of the *2nd International Conference on “Nursing Research Beyond Boundaries: Methodological Integration for Universal Well-being,”* hosted by **Indira Gandhi School and College of Nursing, Amethi, Uttar Pradesh.**

This conference provides a valuable academic platform that empowers nursing professionals, educators, and students to advance their research skills and strengthen evidence-based practice. The theme — **“Innovative Applications of Mixed Methods in Nursing Research & Practice”** — reflects a progressive vision, encouraging integration of scientific inquiry with real-world clinical care to achieve excellence and improve patient outcomes.

As nurses, we stand at the forefront of healthcare delivery, and continuous learning is the key to transforming care standards. The knowledge shared by distinguished experts during this event will inspire innovation, enhance professional competence, and foster collaborative growth within the global nursing community.

I congratulate the organizing committee for their dedication and thoughtful planning, and I extend my best wishes for a highly successful and impactful conference.

Warm regards,

Dr. D. S. Kalarani,
Nursing Superintendent,
Apollo Medics Hospital, Lucknow,
Uttar Pradesh, India

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025

Message



Dr Ramesh S
Principal

Head & Dept. Medical Surgical Nursing
Indira Gandhi School and College of Nursing
Munshiganj, Amethi, Uttar Pradesh, India

It gives me immense pleasure to extend my heartfelt greetings to all participants of the 2nd International Conference on “Nursing Research Beyond Boundaries: Research Methodological Integration for Universal Well-being” organized on 4th, 5th, and 6th December 2025 under the theme “Innovative Applications of Mixed Methods in Nursing Research and Practice.”

In the rapidly evolving landscape of healthcare, the integration of diverse research methodologies has become a vital force in shaping evidence-based nursing education and practice. This conference provides an excellent platform for scholars, educators, and practitioners to engage in meaningful dialogue, share empirical insights, and explore innovative applications of mixed-method research that transcend traditional disciplinary limits.

By embracing methodological integration, we not only advance scientific inquiry but also reaffirm our collective commitment to universal well-being and compassionate care. This conference will inspire new collaborations, foster research excellence, and contribute significantly to the global body of nursing knowledge.

I extend my best wishes to the organizing committee, resource persons, and participants for the grand success of this academic endeavor.

With warm regards,

A handwritten signature in black ink, appearing to read 'J. S.', followed by a long horizontal stroke.

Dr Ramesh S

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025



Dr Gomathi M
Vice Principal

Head & Dept. Community Health Nursing
Indira Gandhi School and College of Nursing
Munshiganj, Amethi, Uttar Pradesh, India

I am delighted to extend my warm greetings on the occasion of the 2nd International Conference titled “Nursing Research Beyond Boundaries: Research Methodological Integration for Universal Well-being,” scheduled for December 4th, 5th, and 6th, 2025. The theme for this conference is “Innovative Applications of Mixed Methods in Nursing Research and Practice.”

This conference represents an essential academic initiative aimed at promoting excellence in nursing research through methodological integration. By embracing mixed-method approaches, researchers and practitioners will be better equipped to explore the various dimensions of health and to develop evidence-based practices that contribute to universal well-being.

I would like to take a moment to recognize the exceptional efforts of the organizing committee in establishing this important platform for knowledge exchange and collaboration. I believe that the thoughtful discussions and scholarly deliberations will greatly enhance participants' understanding and serve as a catalyst for innovative research initiatives in nursing education and practice. This event represents a valuable opportunity for meaningful engagement and contributions to our field.

Best wishes for the success of this international conference.

Dr Gomathi M

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025



Prof. Dr. Sandeep Poddar
Deputy Vice Chancellor
(Research & Innovation)
Lincoln University College
Petaling Jaya, 47301, Selangor D. E., Malaysia
Email : sandeepoddar@lincoln.edu.my

It is my proud privilege to address the participants of the 2nd International Conference on “Nursing Research Beyond Boundaries: Methodological Integration for Universal Well-being”, scheduled from 4th–6th December 2025 organised by Indira Gandhi School and College of Nursing, Amethi (U.P.). The theme of this year, “Innovative Applications of Mixed Methods in Nursing Research and Practice” targeted to the advancement of nursing research in a cross and multidisciplinary approach.

Nursing research beyond boundaries pertains to the advancement of nursing knowledge and practice across geographical, cultural, and technological frontiers. This encompasses research on subjects such as nurse migration and the worldwide influence of the nursing workforce, as well as the utilization of technologies like telemedicine and artificial intelligence to address geographic barriers and facilitate access to innovative healthcare solutions. The application of artificial intelligence in healthcare enhance the provision of patient-centered care, marking a progression toward an industry revolution. 5.0 (IR5.0).

The nursing profession plays a vital role in achieving United Nations Sustainable Development Goals (UNSDGs) by the year 2030 in multilevel way. Nursing research not only restricted in SDG 3: Good Health and Well-being, it also caters, SDG 4: Quality Education, SDG 5: Gender Equality, SDG 8: Decent Work and Economic Growth, and SDG 17: Partnerships for the Goals: Studies also link nursing practice to environmental SDGs, such as clean water and sanitation (SDG 6), affordable and clean energy (SDG 7), and life below water (SDG 14), acknowledging that health is influenced by these external factors. It also aligns with India's healthcare vision for 2047, encapsulated under the theme "One Earth One Health," aims to ensure "Wellness and Welfare for Everyone," emphasizing physical, mental, and social well-being for achieving "Health for All" by 2047.

I wish in this two days' event the research papers discussions will make a combined effort for the future ready community healthcare support with healthcare preparedness.

Prof. Dr. Sandeep Poddar

Deputy Vice Chancellor (Research & Innovation)

Lincoln University College, Malaysia

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2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025



Prof. K. Victor Babu, Head –WPF- UNESCO, India

It is a privilege to share my thoughts at this 2nd International Conference organized by **Indira Gandhi School and College of Nursing (IGSCON), a unit of Sanjay Gandhi Memorial Trust (SGMT), Amethi, UP, India**, where the theme “Nursing Research Beyond Boundaries: Research Methodological Integration for Universal Well-Being” invites us to pause, reflect, and re-examine the very foundations of knowledge itself.

Philosophy teaches us that inquiry begins with wonder. Nursing research, when viewed through a philosophical lens, is not merely the collection of data or the execution of techniques—it is a profound engagement with the essence of human life, suffering, healing, and dignity. Mixed-method research embodies this spirit by acknowledging that truth is multidimensional. It reminds us that human experience cannot be fully understood through numbers alone, nor solely through narratives, but through a thoughtful synthesis of both.

In embracing methodological integration, we accept a simple yet powerful philosophical truth: reality is complex, and understanding it requires openness of mind and generosity of perspective. The convergence of qualitative and quantitative approaches mirrors the convergence of reason and empathy, logic and lived experience—an ideal harmony that both philosophy and nursing deeply value.

As this platform embark on discussions, presentations, and scholarly exchanges throughout this conference, I encourage all participants to remain curious, to question assumptions, and to appreciate the diversity of thought that enriches every field of knowledge. Let this gathering serve not only as an academic event but as a reminder that the pursuit of universal well-being is both a scientific responsibility and a moral endeavor.

May your research continue to cross boundaries, build meaningful connections, and contribute to a world where knowledge uplifts humanity.

With thoughtful regards,

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025



Dr. Ni Luh Putu Agustini Karta
Vice Chancellor / Vice Rector of Academic
Triatma Mulya University,
Bali, Indonesia

It is my pleasure to extend warm greetings to all participants of this International Conference on “Nursing Research Beyond Boundaries: Research Methodological Integration for Universal Well-Being.” On behalf of Triatma Mulya University, Bali, I appreciate the efforts of **Indira Gandhi School and College of Nursing, Munshiganj, Amethi, UP, India**, in bringing together scholars and practitioners for this meaningful academic event.

The theme reflects a forward-looking approach to research—integrating quantitative and qualitative methods to generate knowledge that is both rigorous and deeply human-centered. Such interdisciplinary engagement is essential in addressing the complex challenges of modern healthcare and promoting global well-being.

I encourage all participants to share ideas, collaborate openly, and make the most of this international platform. May the insights gained here inspire innovation, strengthen academic excellence, and contribute to improved health outcomes across communities.

Wishing the conference great success.

With warm regards,
Dr. Ni Luh Putu Agustini Karta

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025

Message



**Dr. Vasanthakumari Sundararajan, Assistant Professor,
Dep. of Paediatric Nursing, College of Applied Medical Sciences,
King Faisal University, Al-Ahsa, Kingdom of Saudi Arabia**

It is my great pleasure and privilege to be a part of the 2nd International Conference organized and hosted by **INDIRA GANDHI SCHOOL AND COLLEGE OF NURSING, AMETHI, UTTAR PRADESH, INDIA**, which will be held on 4th, 5th, and 6th Dec 2025. This 2nd International Conference on Nursing Research Beyond Boundaries: Methodological Integration for Universal Wellbeing will throw light on the theme: Innovative applications of Mixed Methods in Nursing Research & Practice.

Warm greetings to all. My hearty congratulations to the organizing committee of the conference for their mammoth tasks and relentless efforts in organizing this conference, and I extend my best wishes to all participants. I wish this conference a huge success.

Health care professionals and students need up-to-date information for teaching, learning, research, and practice. There is a significant importance for curating a vast and in-depth understanding of the innovative research concepts and contents in order to infuse reliable and authentic information to the participants. The expertise shared by all speakers will be efficiently inculcated within the ambit of Health healthcare profession. There is a collaborative need to bridge any gaps that exist between theoretical knowledge and research practice, and the conference connects the knowledge and practice paradigm relevant for the current and futuristic needs. The topic on Mixed Methods Research in Socio-Ecological Perspective will throw deliberations on understanding social-ecological systems and developing effective, actionable solutions by all health cadres in teaching, practice, and research areas.

This conference hopes to bring a systematic shift towards content dissemination and connect all healthcare professionals and educationists across the globe under an academic platform with high spirits.

I wish the conference a blockbuster victory and successful accomplishment.

S. Vasanthakumari

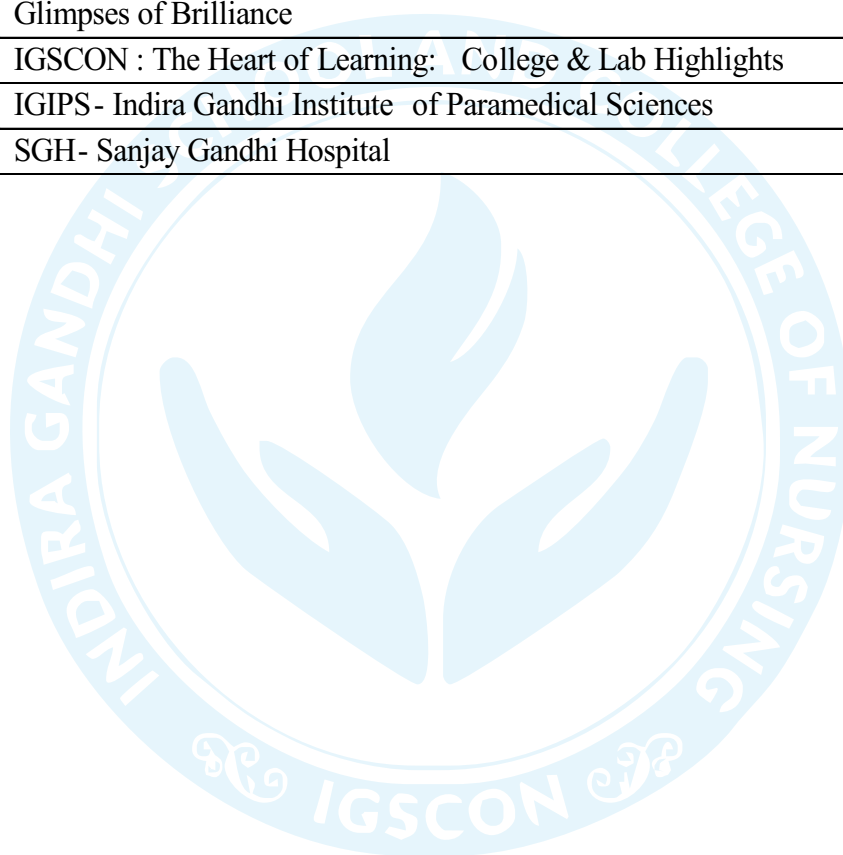
IMPACT-NURSE 2025: Mixed methods research creates IMPACT in nursing

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025

IMPACT-NURSE ID	TITLE	PAGE NO
01.	Synergizing Evidence and Experience: Mixed-Methods Approaches to Advance Nursing Education	1-5
02.	Application of theoretical framework: Mixed-Method Approaches in Nursing Research	6-11
03.	Sustainable Innovative Approaches in Nursing Research	12
04.	Bridging Management Science and Nursing Research Through Mixed Methods	13
05.	Health is Wealth: UNESCO	14
06.	Clinical Pharmacology and Nursing: Bridging Research to Bedside	15-16
07.	Mixed-Method Perspectives on End-of-Life Care, Compassion Fatigue, and Emotional Resilience in Hospice Nursing	17-22
08.	Global visibility of Nursing Research Publication	23-27
09.	Quantitative Research Design	28-32
10.	Qualitative Research Designs	34-36
11.	Bridging Numbers and Narratives: Integrating Mixed Methods and Triangulation in Nursing Research	37-41
12.	Barriers and Facilitators in Mixed-Method Community Health Intervention Models	42-47
13.	Application of Theoretical Framework in Mixed Method Research	48-51
14.	Future Perspective of Mixed Research Methods- Nursing Research	52-55
15.	Reflexivity and Ethics in Mixed-Methods Research	56-59
16.	Narratives in Numbers: Integrative Designs for Exploring Mental Health Recovery Journeys	60-65
17.	Diversity, Equity, and Inclusion (DEI) in Nursing Practice	66-68
18.	Policy Advocacy: A Core Pillar of Community Health Nursing Practice	69-71
19.	Maintaining Professional Boundaries in Nursing	72-74
20.	The Voice of Bedside: Mixed-Method Insights into Nurse–Patient Communication and Healing Outcomes	75-77
21.	Cultural Contexts of Care: Mixed-Method Perspectives on Women’s Reproductive Health Rights	78-81
22.	Digital Dimensions of Care: A Mixed-Method Inquiry into Technology Integration and Human Response	8-84
23.	The Silver Spectrum: Mixed-Method Study on Aging Autonomy and Social Support System: <i>A Personal Perspective</i>	85-88
24.	Integrating Growth Metrics and Parental Narrative in Paediatric Care	89-91

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”
December 04 - 06, 2025

25.	Innovative Technologies and Clinical Applications in Oncology Nursing	92-95
26.	Respectful Maternity Care: Bridging Human Dignity and Clinical Excellence	96-99
27.	Mixed-Method Research in A Socio -Ecological Perspective	100
28.	Effectiveness of an Educational Interventional Study on New Born Care Among Primi Antenatal Mothers Attending Clinics in Selected Maternity Hospitals	101-102
29.	Faculty Photos	103-105
30.	Students Photos	106-113
31.	Glimpses of Brilliance	114-146
32.	IGSCON : The Heart of Learning: College & Lab Highlights	147-157
33.	IGIPS- Indira Gandhi Institute of Paramedical Sciences	158
34.	SGH- Sanjay Gandhi Hospital	159



Synergizing Evidence and Experience: Mixed-Methods Approaches to Advance Nursing Education

Dr. Ramesh Shanmugam, Principal, HOD & Dept. of Medical Surgical Nursing, Indira Gandhi School and College of Nursing Munshiganj, Amethi, Uttar Pradesh, India

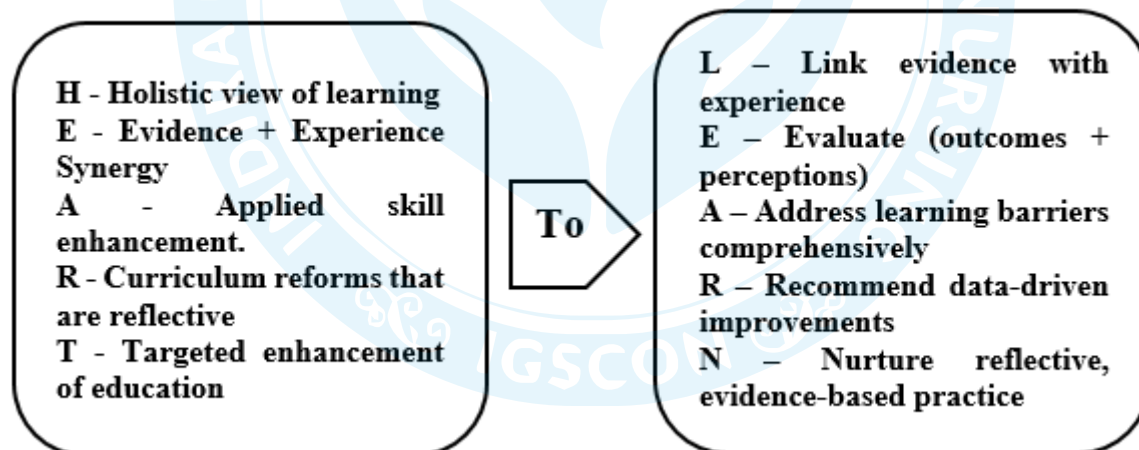


Introduction

A mixed-methods approach is a research strategy used in nursing education that systematically integrates quantitative (numerical data) and qualitative (non-numerical, descriptive data) methods in a single study. By fusing empirical data with first-hand knowledge, this method works especially well in nursing education, allowing researchers and educators to independently gain a more thorough and in-depth comprehension of intricate educational phenomena. It also builds the critical reasoning skills required to overcome these issues.

"HEART" to "LEARN."

MMR keeps the "HEART" of nursing education alive—evidence-based yet human-centered leads to "LEARN".



Evidence and experience that work in tandem

The BCLS Study's Mixed Methods Research (Miri et al., 2025)

The study successfully synergized evidence and experience by addressing *three key components*:

1. Quantitative evidence provided measurable, objective evidence of skill deficits. The use of validated checklists, BCLS knowledge tests, and Laerdal QCPR® mannequin measurements provided hard data (the "what") showing the extent of the problem (e.g., 68% failure rate on

compression depth, 45% incorrect rates). This established the critical gap that required remediation and gave the findings credibility.

2. Qualitative experience captured the subjective and contextual experience. Interviews with 25 stakeholders (students, instructors, and examiners) provided the narrative (the "why") that explained the quantitative failures. This identified crucial, non-technical barriers like stress (89%) and inadequate feedback (75%). The quantitative data revealed what was wrong; the qualitative data revealed why it was happening.

3. Synergistic Integration (The "Improved Education"): The sequential explanatory design dictated that the qualitative findings (experience) were used to explain the quantitative results (evidence), leading directly to informed recommendations.

Synergy: The evidence showed poor compression (68% failure), and the experience identified stress and poor feedback as the cause. The recommendation, therefore, was not just "practice more," but to integrate solutions that directly address the barriers: high-fidelity simulation (to practice under stress), real-time feedback (to correct skill deficits instantly), and stress-mitigation strategies.

Outcome: The final recommendations are evidence-based (addressing the measured skill gaps) and experience-informed (addressing the psychological and instructional barriers). This synergy is what makes the proposed educational improvements robust and highly targeted.

In which the study moved beyond simply stating a performance issue to understanding the underlying human and systemic factors, which is the core benefit of the mixed-method synergy.

Smartphone Risks for Nursing Students (Thebault et al., 2025)

Significant Health and Academic Threats Linked to Excessive Smartphone Use by Nursing Students. A mixed-methods study found that first- and second-year nursing students are facing a critical digital health issue, averaging 6 hours and 15 minutes of daily smartphone use. Objective findings showed a 66% incidence of ocular pain and an 86% risk of addiction. Although students are aware of these issues, they lack sufficient self-regulation strategies, as indicated by qualitative data (experience). It is essential to incorporate digital health literacy promptly and targeted preventative programs into the curriculum. This intervention should focus on teaching behavioral regulation and ocular health management to mitigate addiction, halt health deterioration, and safeguard the academic performance of the future nursing workforce.

This approach is useful in the above investigation because it addresses both the measured physical/addictive effects (evidence) and the behavioral/regulatory gaps (experience).

Simulation Research: Collaboration in Practice (Chow et al., 2023)

A mixed-methods study (quasi-experimental and qualitative) involving 255 final-year nursing students evaluated high-fidelity simulation training for emergency nursing. The results provided strong evidence of effectiveness, showing significant post-intervention improvements in students' generic capabilities, self-confidence, and reduced anxiety during clinical decision-making. Furthermore, participants reported high satisfaction, and qualitative analysis yielded themes that confirmed and complemented these quantitative gains. The study concludes that this simulation-based training model is highly effective for enhancing learning outcomes, particularly when limited clinical opportunities exist, demonstrating the value of integrating measurable evidence with positive learner experiences.

By integrating the two, the study achieved a robust, holistic finding—the simulation is not just statistically effective (evidence), but it is also a positively perceived (experience) and meaningful learning experience, justifying its adoption in curricula.

Nursing Education's ABCDE Simulation Gaps and Mixed Methods (Raurell-Torreda et al., 2025)

Declining proficiency in essential physical assessment skills, despite undergoing simulation training, is the focus of a mixed-methods study conducted at the University of Barcelona (2022-2023). This study evaluated 887 nursing students utilizing simulation alongside the ABCDE approach. Although students demonstrated improved competence in recognizing overall patient changes ($p < 0.001$), there was a notable decline in their ability to perform core skills, particularly pulmonary auscultation, as they progressed through their degree ($p < 0.001$).

Skill regression: The quantitative analysis (Clinical Simulation Evaluation Tool) established statistically validated that, while students improved in complex decision-making (identifying patient changes), they significantly lost competence in the foundational skill of pulmonary auscultation ($p < 0.001$). **Experience Barriers (Qualitative):** The experiences of students revealed critical factors such as learning challenges, personal knowledge deficiencies, and a lack of sufficient time for independent study.

It is imperative to implement immediate adjustments to the curriculum to strengthen specific foundational physical assessment skills (such as auscultation) through targeted,

repetitive simulation modules (to address the quantitative skill deficit). Training should also be enhanced with strategies aimed at resolving identified knowledge gaps and deficiencies in autonomous study (to tackle the qualitative barriers).

The findings extend beyond merely suggesting "practice more"; they advocate for focused, repetitive simulation in conjunction with strategies to rectify deficiencies in autonomous study (to address the qualitative barriers). This comprehensive approach led to significant, multifaceted policy recommendations that tackled both technical competency and the underlying learning habits, thereby affirming the utility of MMR for educational reform.

The Use of Mixed Methods Research (MMR) in Nursing Education: Its Value

With its all-encompassing framework that connects quantifiable results with lived experiences, MMR is a revolutionary approach in nursing education. MMR overcomes the drawbacks of single-method approaches by fusing quantitative rigor with qualitative depth, allowing researchers and educators to comprehend not just what is happening but also why.

Throughout the studies, MMR has repeatedly shown its ability to offer evidence-based, context-sensitive, and actionable insights. Targeted, stress-relieving, feedback-driven educational adjustments were the result of the BCLS study's quantitative data exposing the extent of performance shortfalls and qualitative insights revealing the systemic and human reasons. In a similar vein, the Smartphone Risks study demonstrated how integrating behavioral narratives with statistical health data produced interventions that target both psychological self-regulation and physical symptoms. The Simulation Collaboration study demonstrated that the overall efficacy of high-fidelity simulations was validated by combining learner pleasure with objective learning outcomes. In the final study, the ABCDE simulation study demonstrated that skill regression could only be completely comprehended—and corrected—by looking at numerical performance patterns in addition to learners' difficulties and knowledge gaps.

Conclusion

Collectively, the above investigations demonstrate how mixed-methods research improves validity, relevance, and translation of findings into practice. It enables nursing educators to create treatments that are both experience-based and evidence-based, guaranteeing that solutions take into account both the human and technical aspects of education. By combining data with meaning, numbers with stories, and measurement with purpose, MMR essentially fortifies the basis of nursing study. This collaboration results in more complex, equitable, and long-lasting educational advancements, enabling the nursing profession to advance with both human understanding and scientific accuracy.

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**Application of theoretical framework: Mixed-Method
Approaches in Nursing Research**



***Dr. Gomathi Munusamy, Vice Principal, HOD & Dept. of Community Health Nursing,
Indira Gandhi School and College of Nursing
Munshiganj, Amethi, Uttar Pradesh, India***

Abstract

The integration of theoretical frameworks into mixed-method approaches significantly enhances the scientific rigor of nursing research by seamlessly connecting theory, empirical evidence, and practice. By employing mixed-method designs—combining both quantitative and qualitative inquiry—we can effectively capture the intricate nature of nursing phenomena. Utilizing theoretical frameworks within these designs guarantees not only conceptual clarity but also methodological strength and practical relevance. This article advocates for the vital role of theory-guided mixed-method approaches in nursing research, elaborates on their practical applications, and introduces a compelling theoretical model that merges the Health Promotion Model (HPM) with King's goal Attainment Theory (KAT). This model is particularly relevant for addressing obesity risk reduction in early adolescents, showcasing its effectiveness in real-world settings.

Introduction

Nursing science advances through the thoughtful integration of empirical evidence and human experience. As healthcare grows more complex, relying on a single research method often provides an incomplete understanding of client care in clinical or community settings. Mixed-method research addresses this limitation by uniting the numerical precision of quantitative methods with the rich contextual insights of qualitative inquiry (Creswell & Clark, 2017). A theoretical framework serves as the guiding structure for this integration. It clarifies the rationale behind the research design and the interpretation of results, ensuring coherence between research questions, variables, and methodological choices (Smith & Parker, 2015). Through this framework, both statistical findings and lived experiences are woven together to produce a comprehensive and unified understanding of nursing phenomena.

Scenario

Effect of a Nurse-Led, Theory-Driven Structured Teaching Program (STP) to Reduce Obesity Risk among Adolescents: A Mixed-Methods Approach Using Pender's Health Promotion Model and Imogene King's Goal Attainment Theory

Why integrate these theories

HPM explains why adolescents decide to adopt health-promoting behaviors (personal factors, perceived benefits/barriers). King explains how behavior change is achieved through the interpersonal nurse–adolescent transaction (perception, judgement, and action). HPM identifies targets for the STP (knowledge, self-efficacy, social support); King prescribes the delivery process (collaborative and goal-focused) to turn intention into enacted and sustained behavior.

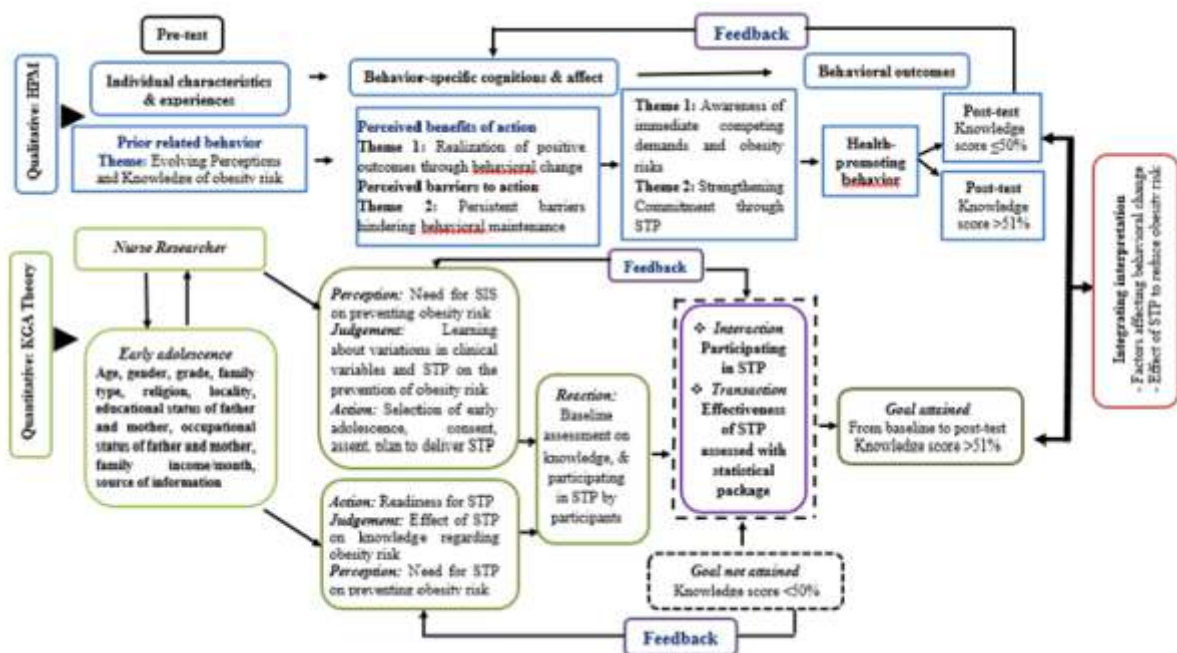
Theoretical Framework

HPM posits that individual behavior is influenced by perceived benefits and perceived barriers (Pender et al., 2015). Adolescents’ beliefs about susceptibility and the severity of obesity influence their motivation to change. Social support further determines their ability to sustain new behaviors such as healthy eating and regular physical activity. KAT complements HPM by addressing how nurse–client interaction facilitates behavioral outcomes (Frey et al., 2002). According to King, the process of perception, interaction, and action encourages clients to actively participate in care decisions. This transaction helps transform intention into measurable action.

In this study, the HPM constructs guided the educational content of the teaching program, while King’s transactional processes guided its delivery. The conceptual model hypothesized that the STP would modify adolescents’ perceptions (as per HPM) and, through collaborative goal setting (as per KAT), translate these changes into sustained healthy behaviors.

Objectives

1. To assess adolescents’ baseline knowledge and risk perception regarding obesity and its prevention.
2. To evaluate the effectiveness of a nurse-led structured teaching program on adolescents’ knowledge.
3. To explore adolescents’ experiences of nurse–client goal setting and interaction and transaction during the intervention.
4. To integrate quantitative and qualitative findings for a comprehensive understanding of how theory-based interventions influence behavioral outcomes.



Integrating Pender's Health Promotion and King's Goal Attainment Frameworks in Mixed-Methods Research on Obesity Risk Reduction, Source: (Smith & Parker, 2015)

Methodology

Research Design: An explanatory sequential mixed-methods design. The quantitative phase assessed knowledge level before and after the intervention, while the qualitative phase explored participants' experiences of the nurse–adolescent interaction and goal achievement process.

Setting and Participants: High schools and sixty adolescents aged 10–14 years with BMI above the 85th percentile were recruited using purposive sampling. Written informed consent from parents and assent from adolescents were obtained.

Intervention: The STP (The program comprised six interactive nurse-led sessions focusing on nutritional awareness and portion control, the importance of regular physical activity, Peer and family support, and collaborative goal setting and personalized action planning).

Data Collection and Tools: Quantitative: Structured knowledge questionnaire and qualitative: Focused group interview exploring motivation, perceived barriers, family support, and nurse–client interaction.

Data Analysis: Quantitative—were analyzed using paired t-tests and ANCOVA to determine changes from baseline to post-intervention. Regression analysis examined the predictive value of HPM constructs on behavioral change. Qualitative data were analyzed using thematic analysis with deductive codes derived from both theories and inductive codes for emergent

insights. Integration occurred through joint display tables aligning statistical findings with narrative themes.

Results

Quantitative Findings: The STP produced significant improvements across key parameters: Knowledge scores increased, for example, from a mean of 45% to 72% post-intervention ($p < 0.001$). Perceived benefits increased and perceived barriers decreased. Physical activity levels rose by an average of 30 minutes per day, and fruit and vegetable intake increased. BMI showed a modest but consistent decline at the three-month follow-up.

Qualitative Findings: Three major themes emerged:

“The nurse helped me set realistic goals.” Adolescents valued collaborative goal setting that respected their preferences and limitations.

“Small changes made a big difference.” Participants reported adopting incremental habits that felt achievable and sustainable.

“Follow-ups kept me motivated.” Regular feedback and interaction enhanced commitment and self-monitoring.

These narratives confirmed that effective interaction is key to maintaining motivation—validating King’s theory of mutual goal attainment.

Integrated Results: The mixed-methods integration demonstrated convergence between quantitative improvements and qualitative experiences. The synthesis confirmed that theory-driven, nurse-facilitated communication was the mechanism linking cognitive change to behavioral transformation.

Discussion

The integration of HPM and KAT created a powerful dual framework addressing both internal motivation and interpersonal dynamics. While HPM illuminated the perceived barriers and benefits, King’s theory ensured that nurse–client collaboration transformed these determinants into tangible actions. The study reaffirms the critical role of nurses as facilitators of empowerment rather than passive educators. Adolescents are more responsive to interactive, empathetic teaching strategies that validate their experiences. The structured program succeeded because it emphasized partnership rather than prescription. Moreover, the mixed-methods approach enriched understanding by quantifying outcomes while capturing the contextual depth of behavioral change. These findings echo global evidence that nurse-led, theory-based programs can be highly effective in reducing adolescent obesity risk.

Implications for Nursing Practice

Theory-based interventions: Nurses should incorporate HPM and KAT frameworks into STP, ensuring both behavioral and relational components are addressed.

School health integration: Nurse-led educational intervention on obesity risk reduction can be embedded into school health services.

Empowerment focus: Training nurses in communication, motivational interviewing, and goal-setting enhances client engagement and long-term adherence.

Mixed-methods evaluation: Combining quantitative and qualitative assessments provides comprehensive evidence for policy and curriculum development.

Conclusion

This study demonstrates that a nurse-led, theory-driven structured teaching program grounded in Pender’s Health Promotion Model and Imogene King’s Goal Attainment Theory is effective in promoting healthier lifestyles and reducing obesity risk among early adolescents. The fusion of behavioral science and interpersonal nursing theory enables a holistic approach—addressing both why and how adolescents change their behaviors. By translating theoretical concepts into practical strategies, nurses can serve as catalysts for sustainable health promotion. The model developed through this research provides a scalable framework for community- and school-based programs targeting youth obesity prevention and overall well-being.

How to Remember above application in Mixed Methods Research!

“IGSCON helps nurses Integrate, Guide, Support, Change, Observe, and Nurture healthier adolescents.”

I – Integrate → Pender’s Health Promotion Model and King’s Goal Attainment Theory.

G – Guide → Nurse-led STP to reduce obesity risk.

S – Support → Adolescent engagement through interaction and mutual goals.

C – Change → Promote lifestyle modification.

O – Observe → Measure outcomes using a mixed-method (quantitative + qualitative) approach.

N – Nurture → Ongoing interaction, motivation, and sustained wellness.

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Sustainable Innovative Approaches in Nursing Research

Prof. Dr. Sandeep Poddar
Deputy Vice Chancellor (Research & Innovation)
Lincoln University College
Petaling Jaya, 47301, Selangor D. E., Malaysia
Email : sandeepoddar@lincoln.edu.my



The nursing profession plays a vital role in achieving the United Nations Sustainable Development Goals (UNSDGs) by uniquely integrating clinical practice with advocacy, education, and community involvement. Nurses are not only essential in providing high-quality healthcare but also play a vital role in addressing the social determinants of health that underpin numerous Sustainable Development Goals. By integrating sustainability into practical application along with AI technologies and reforming educational curricula, nursing professionals are progressively enabling local and global communities to address issues such as health disparities, environmental decline, and systemic poverty. The application of artificial intelligence in healthcare has become progressively widespread across diverse sectors and offers significant potential for streamlining clinical processes, increasing diagnostic precision, and enhancing patient involvement. Comprehensive training programs are intended to furnish nursing professionals with the requisite skills for proficient AI integration. Ultimately, this research advances the ongoing discourse regarding the role of AI in nursing, paving the way for a future in which innovative technologies complement and enhance the provision of patient-centered care, marking a progression toward an industry revolution. 5.0 (IR5.0). This integrative approach promotes innovation and leadership across various settings, thereby strengthening the role of nursing as a fundamental element in attaining comprehensive and sustainable health outcomes globally. UNSDG 17 calls for networking and collaboration in nursing research to launch an inventive, multidisciplinary approach to promoting universal well-being by the year 2030.



**Bridging Management Science and Nursing Research
Through Mixed Methods**

Community Nursing Mediates Community Participation in Preventing Dengue
Fever Outbreaks in Warnasari Village Jembrana Bali, Indonesia



***Dr. Ni Luh Putu Agustini Karta, Vice Chancellor/Vice Rector of Academic Triatma Mulya
University, Bali, Indonesia***

IMPACT NURSE ID - 04

Abstract

This mixed-method study examines the role of community nursing in dengue fever cases in Warnasari Village, Jembrana, Bali. Warnasari Village is a leading cacao producer in Indonesia. After harvest, cocoa husks are carelessly discarded in backyards, becoming breeding grounds for Aedes Aegypti Mosquitoes. Last year, this village experienced the highest dengue fever outbreak in Jembrana Regency. This study bridges community participation in waste management and community nursing interventions in preventing the negative impacts of dengue fever.

Phase I, a qualitative approach, we conduct focus group discussions (FGDs) and interviews with community leaders, cocoa farmers, and the health government's team. The focus group discussed community nursing interventions to educate the community about dengue fever prevention. Phase II, a quantitative approach, involved distributing questionnaires to 50 village community members.

The findings of this study are that the spontaneous community participation in preventing dengue fever outbreaks mediated by community care interventions has a positive impact on dengue fever prevention efforts in Warnasari Village. Activities of community participation in this context include making animal feed and liquid organic fertilizer from cocoa husks. The implication of this study is that there is a change in community behavior patterns in cocoa husk waste management so that the community is protected from the dangers of dengue fever.

Key Words: Community Nursing, participation, preventing dengue fever



Health is Wealth: UNESCO

Prof. K. Victor Babu, Head –WPF- UNESCO, India



Making customer's health with idea product that no one has thought of. Since its establishment in 1996, Gemtech has grown into an innovative enterprise and venture company through efforts such as holding a research institute affiliated with a company, and has developed, manufactured, and sold personal (home) and hospital medical devices and rehabilitation systems (walking rehabilitation) medical devices, and has developed products, produced, and provided services to GMP certification system and ISO13485 international quality management system certification system for medical devices. The research institute affiliated with the company, which has excellent technology development personnel, has established ourselves as a venture company that considers human health by making creative and innovative products. Developed and produced in 2019, the high-frequency stimulator (RF Hyperthermia System) is loved by many consumers for raising human body temperature with unique ideas that no one has ever thought of, and improving blood circulation and metabolism. Since 2015, we have been expanding our export market every year, and we have been making it a brand of medical devices that people around the world use in a friendly manner through CE medical devices and FDA approval. There are several compositions of the devices. From cheap variants till expensive ones. Therefore, we can do the special catalogue of devices. Also we can sell the patents of using this method. For all these it could be better to establish a special company in the frame of WPF-USE with branches in the future on many continents and countries. Initially on basis of first orders not less than 100 devices I should go to Korea and sign the contract with the producing company there and long term cooperation agreement. Initial starting investment should be not less than \$300 000 including payments for the first shipment of devices, but better \$500 000. This money will be back after 3 - 5 months with first profit. After advertising the product and the method big profits can be expected afterwards.



Clinical Pharmacology and Nursing: Bridging Research to Bedside



Dr. Yasodha Krishna Janapati, School of Pharmacy & Health Sciences, United States International University-Africa (USIU-A), Nairobi, Kenya

IMPACT NURSE ID - 06

Background: Safe medication delivery requires the rigorous translation of pharmacological science (PK/PD research) into consistent, error-free clinical practice. A critical gap persists between evidence-based pharmacology and routine care, placing significant responsibility on the nurse, who serves as the final safety barrier against medication errors.

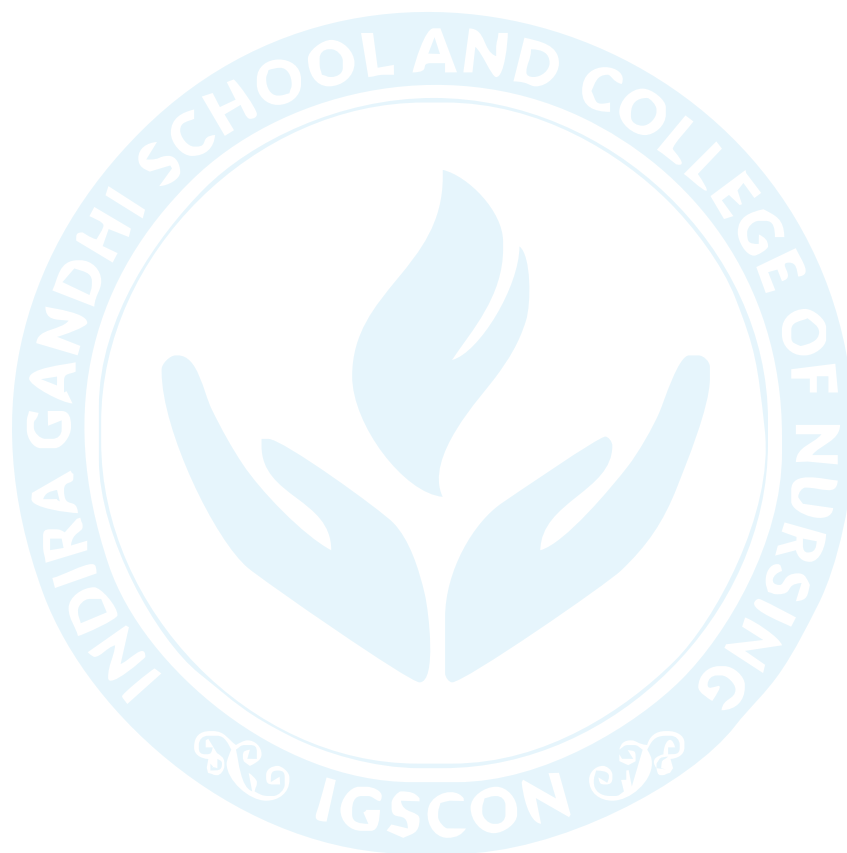
Purpose: To analyse the core vulnerabilities in medication management and outline the essential clinical imperatives and system-level strategies required to empower nursing practice with advanced pharmacological knowledge, thereby closing the research-to-bedside gap and significantly enhancing medication safety across all patient populations.

Successful bridging of research to bedside requires nursing expertise across the following critical areas of risk and clinical pharmacology application

1. High-Alert Medications (HAMs): Errors with HAMs (e.g., concentrated Insulin, Opioids) stem from system failures, including route confusion and the failure to correctly implement the Independent Double-Check (IDC), necessitating the strict use of Smart Infusion Pumps and robust protocols, which enabled Drug Error Reduction Systems (DERS) and standardized, protocol-driven care.
2. Process Failure: Relying solely on the "Five Rights" is insufficient; they become a process failure point when nursing judgment fails to integrate "Right Reason" and real-time patient data (e.g., Glomerular Filtration Rate, International Normalized Ratio) to ensure to ensure pharmacotherapeutic appropriateness.
3. Vulnerable Populations: Vulnerable patients—specifically geriatric and pediatric populations—face profound pharmacological variances that elevate medication risk: Geriatrics exhibit decreased renal clearance and altered PD sensitivity (requiring Beers Criteria application), while pediatrics demonstrate immature metabolism and unique toxicities (demanding strict weight-based dosing).
4. Interprofessional Collaboration: Safety hinges on the nurse's active role as an advocate and safety validator, requiring proactive collaboration with pharmacists on drug

reconciliation and the empowerment to question prescriber orders that violate established pharmacological principles or patient-specific parameters.

Conclusion: Bridging the research-to-bedside gap is achieved by transitioning nursing practice from checklist execution to pharmacology-informed clinical reasoning. Continuous professional education, optimized Clinical Decision Support Systems (CDSS), and strengthened interprofessional protocols are essential to ensure the robust application of clinical pharmacology for optimal therapeutic outcomes and reduced patient harm.



Mixed-Method Perspectives on End-of-Life Care, Compassion Fatigue, and Emotional Resilience in Hospice Nursing

***Dr Erwin Richard, Advanced Nurse Practitioner,
Essex Partnership NHS Foundation Trust, UK***



Abstract

End-of-life care demands both clinical expertise and emotional sensitivity. This mixed-method inquiry integrates quantitative symptom assessment tools with qualitative narratives from nurses and family caregivers to explore the complexities of hospice care. Findings reveal persistent challenges in symptom management, significant emotional labour among nurses, and the central role of emotional resilience in maintaining care quality. The study highlights the importance of methodological pluralism in humanising hospice practice and provides recommendations for workforce support, enhancing holistic care, and informing policy development.

Introduction

End-of-life care represents a profound intersection between clinical precision and human emotion. As patients approach the final stages of life, they experience not only physical symptoms but also existential, relational, and spiritual challenges. In this fragile space, nurses and family caregivers often serve as the “silent strength,” offering compassionate presence while navigating their own emotional responses.

This article presents a blended, mixed-methods perspective that merges quantitative symptom assessment tools with rich, qualitative narratives from nurses and caregivers. Through methodological pluralism, the research uncovers how emotional resilience, compassion fatigue, and human connections shape end-of-life experiences. The aim is to illuminate both the measurable dimensions of comfort and the immeasurable dimensions of peace, presence, and meaning.

Objectives

1. To analyse patient symptom trajectories using standardised palliative assessment tools.
2. To explore nurses’ and caregivers’ emotional experiences through qualitative reflections.
3. To identify the influence of emotional resilience on the quality of end-of-life care.
4. To generate recommendations for hospice practice, workforce wellbeing, and policy development.

Mixed-Method Foundations: Integrating Metrics with Human Stories

Quantitative Approaches

Standardised tools—such as the Edmonton Symptom Assessment System (ESAS) and the Palliative Performance Scale—served as essential anchors in assessing patient comfort. Measures included: pain, dyspnea, nausea, anxiety, and overall comfort levels

Caregiver burden and resilience were evaluated through structured surveys. Additionally, 14-day patient symptom trajectories helped identify patterns in disease progression, the intensity of discomfort, and responses to palliative interventions.

Qualitative Approaches

The qualitative component embraced the depth of human experience. Methods included:

- open-ended interviews with nurses and family caregivers
- reflective writing by hospice nurses documenting complex emotional encounters
- thematic analysis of compassion fatigue, emotional labour, moral distress, and spiritual coping
- reflection journals capturing meaning-making and relational dynamics

The combination of structured data and personal narratives offered a multidimensional understanding of end-of-life care.

Findings: When Data Meets Humanity

Clinical Insights from Metrics

Quantitative analyses consistently showed:

- persistent challenges in pain management, especially in advanced illness
- frequent episodes of agitation, anxiety, and emotional distress
- strong correlations between effective symptom relief and caregiver satisfaction
- timely adjustments in medication and interventions reduced unnecessary hospital admissions

Metrics provided a reliable framework for clinical decision-making, guiding interdisciplinary collaboration and ensuring continuity of comfort.

Narrative Insights from Caregivers and Nurses

When voices were analysed, deeper layers emerged:

1. Compassion Fatigue and Emotional Labour

Nurses expressed:

- **physical exhaustion** after caring for highly symptomatic patients
- **silent grief** when witnessing repeated deaths
- **role conflict**, balancing professionalism with personal emotion
- feelings of being emotionally “full,” carrying the weight of multiple losses

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These reflections highlighted the invisible burden borne by hospice professionals.

2. Moral Distress and Emotional Boundaries:

Nurses and caregivers described inner conflicts when:

- symptom control seemed inadequate despite maximal effort
- families struggled with acceptance
- personal emotions clashed with professional expectations

Setting emotional boundaries emerged as a survival skill—yet one that required continuous effort.

3. Spiritual and Relational Growth

Despite the strain, caregivers reported:

- deeper spiritual insight
- strengthened family bonds
- profound gratitude for shared “small moments”: holding a hand, listening in silence, or witnessing peace after suffering

Nurses described silence as a therapeutic tool—an act of presence rather than absence.

Emotional Resilience: The Protective Thread

Emotional resilience emerged as a critical variable influencing both patient comfort and care quality. Research revealed that:

- Nurses with higher resilience tended to provide more consistent emotional support.
- Families of these nurses reported greater satisfaction and perceived comfort.
- Resilience was often anchored in mindfulness practices, spirituality, team cohesion, and personal rituals that helped nurses “reset” after difficult shifts.

This finding underscores the urgent need for structured emotional support mechanisms within hospice teams.

Implications for Hospice Practice

1. Supporting the Workforce

A mixed-method understanding highlights the necessity for:

- peer debriefing sessions
- supervision and mentorship programmes
- resilience training
- protected time for emotional processing

These interventions not only protect staff wellbeing but also enhance patient and family experiences.

2. Enhancing Holistic Care

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When numbers and narratives are integrated:

- care becomes more personal
- suffering is recognized beyond clinical symptoms
- emotional and spiritual needs are valued equally
- the dignity of patients and caregivers is preserved

3. Informing Policy and Education

Findings support the incorporation of:

- emotional resilience frameworks in nursing curricula
- mandatory training on compassion fatigue
- policies that promote safe staffing and support systems

Emotional Resilience as a Protective Factor

Resilience emerged as critical in sustaining compassionate care:

- Nurses with higher resilience provided more consistent emotional support.
- Families of resilient nurses reported greater satisfaction and perceived comfort.
- Resilience was reinforced through mindfulness, spirituality, team support, and personal rituals.

These findings underscore the need for programmes that cultivate emotional resilience within hospice teams.

Implications for Hospice Practice

1. Workforce Support

Findings recommend:

- peer debriefing and reflective practice
- supervision and mentorship
- resilience-building programmes
- protected time for emotional recovery

2. Enhancing Holistic Care

Combining metrics and narratives helps:

- personalize care
- address spiritual and emotional suffering
- preserve patient and caregiver dignity

3. Policy and Education

The study supports:

- integrating emotional resilience into nursing curricula
- mandatory training on compassion fatigue

- policies promoting safe staffing and supportive systems

Discussion

The mixed-method approach revealed how clinical metrics and emotional narratives intertwine in end-of-life care. While quantitative tools guide treatment and symptom relief, qualitative insights illuminate the internal landscapes of caregivers and nurses. Compassion fatigue and emotional labour are significant challenges, yet spiritual growth and relational depth remain powerful aspects of hospice work. Emotional resilience plays a central role in mediating these experiences. Investing in supportive environments—including peer debriefing, reflective sessions, mental health resources, and adequate staffing—can strengthen the workforce and improve patient outcomes.

Conclusion

End-of-life care is a delicate balance of science and soul. Through a mixed-method lens, this unified exploration—combining clinical metrics, narrative reflections, and emotional resilience—reveals the profound complexity of hospice nursing. While symptom scales measure discomfort, stories reveal the inner world of suffering, love, fear, and hope. Together, these methods honour both the tangible and intangible elements of care—the comfort we can measure and the peace we cannot. Ultimately, methodological pluralism humanizes hospice practice, strengthens nursing resilience, and elevates the silent, steadfast strength that defines compassionate end-of-life care.

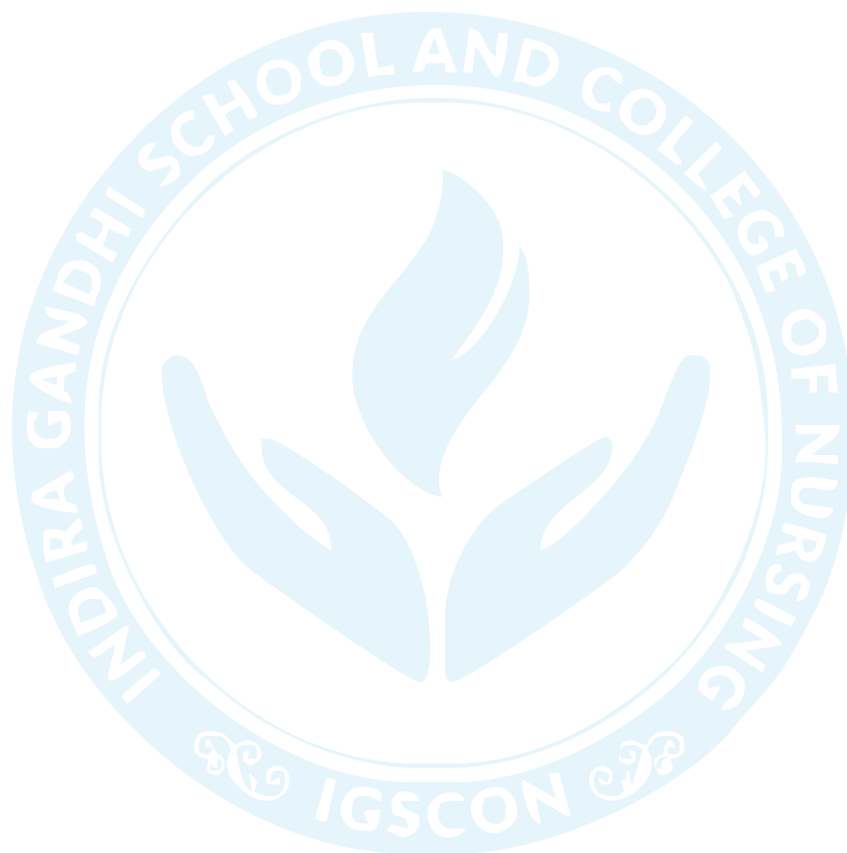
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Global visibility of Nursing Research Publication



*Dr.M.J.Kumari, Professor cum Principal(Ag.), Dept. of Medical Surgical Nursing,
College of Nursing, Jawaharlal Institute of Postgraduate Medical Education and Research
(JIPMER), Puducherry, India*

Introduction

“Research not shared is research not done.” — Anonymous

The researchers’ primary responsibilities are not complete till the research findings are disseminated to the consumers or users in the health care profession. Communicating the research findings is one of the vital and final steps in the research process. The global visibility of nursing research has become progressively important as the profession continues to develop as a scientific discipline contributing to the global health, advanced clinical practice, and public policy. In recent decades, nursing knowledge has expanded considerably due to advancements in evidence-based practice, higher education, and the development of doctoral-level research. The visibility and impact of nursing scholarship remain uneven across countries and regions. Improving visibility is important to confirm that nursing-generated evidence is accessed, valued, cited, and applied across international settings to improve patient outcomes and strengthen the professional identity of nursing. Global visibility is not simply about increasing publication output. It is about confirming that research spreads to the broader scientific community and contributes meaningfully to global health knowledge.

Global visibility refers to the extent to which nursing research is discovered, cited, accessible, disseminated internationally, and incorporated into the global knowledge ecosystem. Visible research is normally published in indexed journals, that journal has included in global databases, and shared widely through digital and academic platforms. It influences clinical guidelines, policy documents, educational curricula, and international collaborations.

Significance of Global Visibility

The WHO highlights the essential role of nurses in reaching universal health coverage and in the development of evidence-based practice guidelines. High visibility confirms that nursing research is not restricted to regional boundaries but contributes to international knowledge, promotes innovation, and shapes policy at a broader level. During the COVID-19

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December 04 - 06, 2025

pandemic, nursing research outputs increased fourfold, underscoring the expanding role of nurses in addressing global health emergencies.

Current Trends in International Nursing Publications

Bibliometric analyses reliably show a rising number of nursing research publications in the most recent decade. The United States, China, and the United Kingdom are prominent contributors both in quantity and quality, as appreciated by citation rates and journal impact factors. Most of the globally visible research papers are published in first-quartile journals headquartered in developed countries. High-income countries lead the publication output in high-impact journals due to stronger academic infrastructures and research support systems. In the meantime, low- and middle-income countries produce valuable context-specific nursing research, yet their contributions often lack broad visibility due to limitations in mentorship, funding, and publishing opportunities.

Characteristics of High-Visibility Nursing Research

Nursing research must prove originality, global relevance, and methodological rigor to attain international recognition. Research studies speaking to universal health issues such as chronic diseases, mental health, aging, digital health, and workforce challenges are more likely to attract global interest. Research should use strong designs, including randomized controlled trials, mixed methods, implementation research, and systematic reviews. Transparent reporting is vital, requiring adherence to established guidelines such as CONSORT, STROBE, PRISMA, COREQ, and TIDieR. Ethical standards, including ethical clearance, data transparency, informed consent, and conflict-of-interest declaration, further enhance credibility.

Criteria for Authorship of the paper publication as per ICMJE (International Committee of Medical Journal Editors):

- The primary investigator or author is generally listed as the first author on the paper, and others may be listed as co-authors if they have contributed a large amount.
- Authors must have contributed considerable work to develop the concept, design the study, acquire and analyze the data, draft the manuscript, review the manuscript, and redraft the final manuscript to submit to the journal for publication.

Criteria to make a good scientific paper:

The author should follow basic requirements of scientific writing, such as good language and grammar, style of writing as per the journal guideline, ethics of scientific writing, avoidance of plagiarism, publication ethics, authorship, and conflicts of interest. Communicating the research findings should be honest, complete, and accurate; the article

should be original, with impactful ideas, conciseness with a lack of redundancy, clarity with lucidity of expression, good clinical coverage of medical literature, sound methodology, and good data analysis. The author is required to follow six “S” for scientific writing, such as Simple, Short, Structured, Sequential, Strong, and Specific. The author keeps an eye on the formatting guidelines as per journal instructions, such as font style, font size, spacing, heading style, paragraphs, and scientific language editing, such as spell check, grammar, sentence structure, and punctuation.

Importance of Journal Selection

The National Medical Commission (NMC) guidelines recommend that only original papers, meta-analyses, systematic reviews, and case series that are published in journals included in Medline, PubMed Central, Embase, Scopus, Science Citation Index, Science Citation Index Expanded, and Directory of Open Access Journals (DOAJ) will be considered for professional career development.

Selecting a suitable journal is a fundamental step in confirming global visibility. Authors should choose journals indexed in databases, for example, PubMed, Scopus, CINAHL, and Web of Science. Because these platforms maximize reach and discoverability. Journals with established impact metrics such as CiteScore, Impact Factor, SCImago Journal Rank (SJR), and Source Normalized Impact per Paper (SNIP) offer greater visibility and credibility. Reliable nursing journals like Journal of Advanced Nursing, the International Journal of Nursing Studies, Journal of Clinical Nursing, and Nurse Education Today have broad international readerships.

Strategies to Enhance Global Visibility

Capacity Building through Education and Mentorship: Authors should advance their research article writing skills through participating in workshops on research methodology training, and mentorship programs, particularly in low- and middle-income settings, help democratize research participation and visibility.

Focus on Globally Relevant Topics: The Author should select research themes based on global priorities, such as infectious diseases, chronic illnesses, mental health, health system strengthening, and disaster management. Confirm that nursing research vibrates worldwide and invites broader attention.

International Collaboration and Networking: The author is developing collaboration with global research teams, co-authoring with peers from different regions to foster diversity, participating in multicentre studies, and strengthening the generalizability of findings.

Institutions should promote joint grant applications, exchange programs, and regular networking events.

Institutional Policies and Leadership: Institutions should create advisory boards to guide publication strategies, improve policies supporting research activity, and reward impactful research. Strong leadership in nursing research helps set standards, drive innovation, and sustain progress.

Open Access Publication: Publishing in open-access journals allows unlimited access to nursing research, naturally increasing readership and citation rates. Institutions and governments are encouraged to subsidize open-access fees, especially for resource-limited researchers, and make sure knowledge equity.

Post-Publication Promotion: Effective use of social media platforms such as Twitter, LinkedIn, Research Gate, and institutional websites can broaden the dissemination and discussion of research findings. Authors should actively share their work, participate in relevant online communities, and use visual abstracts or infographics to maximize reach and comprehension.

Barriers to Global Visibility

There are multiple barriers that delay the global visibility of nursing research. Structural barriers include underrepresentation in international multidisciplinary journals, limited access to high-impact journals, and language biases favouring English-speaking scholars. Research capacity issues, such as inadequate methodological expertise, insufficient mentorship, and limited research funding, also contribute to reduced visibility. Dissemination barriers further include a lack of digital literacy, inadequate keyword optimization, minimal use of identifiers such as ORCID, and limited engagement with social media platforms. Predatory journals hold an important position to provide additional challenges, exploiting inexperienced researchers and lessening the credibility of published work.

Ethical and Quality Considerations

The researcher makes sure ethical integrity is significant to reaching global visibility. Researchers must avoid predatory journals because it gives falsely claim indexing and lack transparent peer-review processes. Publishing in such journals harms credibility and reduces global reach. Observing the ICMJE guidelines for authorship confirms fairness and accountability. The author should avoid unethical practices such as plagiarism, duplication, and salami slicing is critical. Registration of clinical trials on platforms like [ClinicalTrials.gov](https://clinicaltrials.gov) or CTRI enhances transparency and global recognition of study protocols.

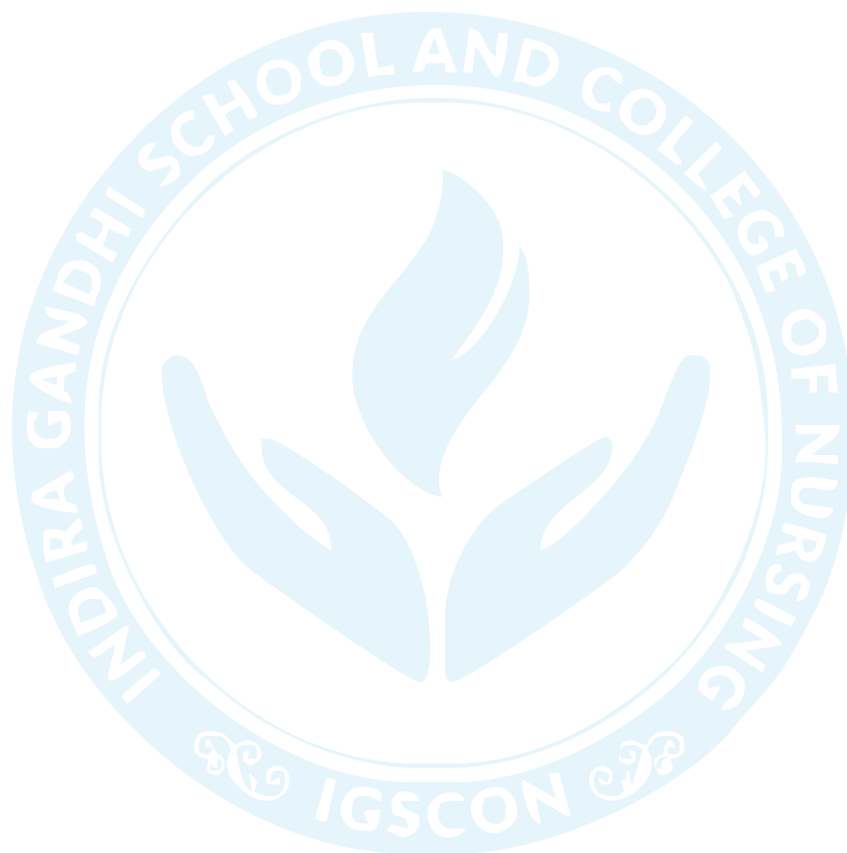
Conclusion

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2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”

December 04 - 06, 2025

Achieving global visibility for nursing research publications is a multifaceted endeavour. It requires removing barriers to access, supporting capacity-building, adopting international collaboration, and implementing innovative dissemination strategies. The benefits of wider knowledge exchange, improved patient care, informed global health policy, and professional growth are vital for nursing’s future. Nurse leaders, Institutions, and researchers together hold the responsibility to make nursing scholarship accessible, visible, and impactful on the world stage.



Quantitative Research Design



*Prof. Dr. Renuka K, Principal, Dept. of Medical Surgical Nursing,
AIIMS, Gorakhpur*

Introduction

Quantitative research design refers to the **systematic plan** used to collect and analyze **numerical data** to understand relationships, test hypotheses, or determine cause-and-effect among variables. It focuses on objectivity, measurement, and statistical analysis. Widely used in **nursing and healthcare** for evidence-based practice.

Definition

Quantitative research design is a structured framework used to examine phenomena through the collection of numerical data and application of statistical techniques to test relationships, differences, or cause-and-effect relationships among variables.

Key Characteristics

- Involves **quantifiable data** (numbers, measurements, scores)
- Uses **structured instruments** (questionnaires, checklists, scales)
- Emphasizes **objectivity and reliability**
- Employs **statistical analysis** for interpretation
- Results are often **generalizable** to a larger population

Types of Quantitative Research Designs

1. Descriptive Research Design

Descriptive (cross-sectional, surveys): describe prevalence, means, distributions. Good for baseline data and hypothesis generation.

- **Purpose:** To describe characteristics or functions of a population or phenomenon.
- **Example:** A study describing the stress levels among nursing students during clinical postings.
- **Common Methods:** Surveys, observation checklists.

2. Correlational Research Design

Analytical observational (cohort, case-control, cross-sectional analytical): test associations without manipulation; use when exposures can't ethically be randomized. Follow STROBE for reporting.

- **Purpose:** To examine the **relationship** or association between two or more variables.

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December 04 - 06, 2025

- **Example:** Relationship between academic stress and sleep quality among nursing students.
- **Note:** Does not establish cause and effect.

3. Experimental Research Design

Experimental (randomized controlled trials — RCTs): manipulate exposure to infer causation. Follow CONSORT reporting standards (recent update).

- **Purpose:** To determine **cause-and-effect relationships** by manipulating one variable (independent) and observing its effect on another (dependent).
- **Example:** Effect of relaxation therapy on anxiety among patients undergoing surgery.
- **Key Elements:** Randomization, control group, manipulation.

4. Quasi-Experimental Research Design

Quasi-experimental (nonrandomized pre-post, interrupted time series): use when randomization isn't possible but you still need causal inference tools (control groups, repeated measures).

- **Purpose:** Similar to experimental design, but **without full randomization**.
- **Example:** Evaluating the effect of health education on hygiene practices in one community (without random assignment).

5. Comparative Research Design

Comparative studies: compare groups (e.g., male vs female, intervention vs control) using appropriate statistical tests.

- **Purpose:** To **compare** two or more groups on certain variables.
- **Example:** Comparing stress levels between male and female nursing students.

Major Components of Quantitative Research Design

1. Research Problem and Objectives

- Clear statement of what is to be studied.

2. Variables

- Independent, dependent, and control variables.

3. Hypotheses

- Predictions to be tested statistically.

4. Population and Sampling

- Defines the study population and how participants are selected.
- **Sampling:** Random, stratified, cluster, or convenience
- **Sample Size:** Determined by power analysis

5. Data Collection Methods

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December 04 - 06, 2025

- Surveys, scales, and physiological measures.
- **Data Collection Tools:** Questionnaires, checklists, physiological measures
- **Instrument Reliability & Validity:** Cronbach’s Alpha, factor analysis

6. Data Analysis

- Descriptive and inferential statistics.
- **Descriptive Statistics:** Mean, Median, SD, Frequency
- **Inferential Statistics:** t-test, ANOVA, Chi-square, Regression
- **Effect Size & Confidence Intervals** enhance result interpretation

7. Ethical Considerations

- Informed consent, confidentiality, and protection of participants.
- Obtain **Institutional Ethical Clearance**
- Follow (International Committee of Medical Journal Editors) **ICMJE / WHO Guidelines** for ethical research and publication

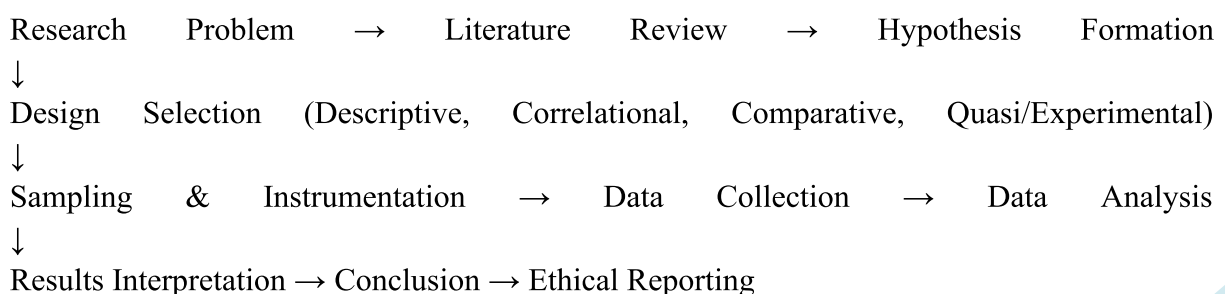
Handling bias & confounding

- **Design stage:** randomization, concealment, blinding, matched controls, restriction.
- **Analysis stage:** multivariable adjustment, stratification, propensity scores, instrumental variable methods (if a valid instrument is available).
- **Reporting:** explicitly describe potential residual confounding and limitations.

Practical checklist for your paper/protocol

1. Clear research question(s), primary outcome(s) and hypothesis.
2. Design selected & justification.
3. Detailed sampling frame & sample size calculation.
4. Instrument descriptions & psychometrics for sample.
5. Data collection procedures.
6. Pre-specified analysis plan (missing-data strategy).
7. Ethical approval, registration number, data sharing statement.
8. Appropriate reporting checklist attached (CONSORT/STROBE).

Diagram – Flow of Quantitative Research Process



Advantages

- Objective and reliable results
- Data can be statistically analyzed
- Findings can be generalized to a larger population
- Allows testing of hypotheses

Limitations

- Lacks depth in exploring lived experiences.
- May not capture complex human behaviors
- Requires a large sample size for validity
- Dependent on accurate measurement tools

Example in Nursing Research

Study Title: Effect of INFINITI Mind Mapping Learning on Academic Performance among B.Sc. Nursing Students

- **Design:** Quasi-Experimental (Pre-test and Post-test)
- **Independent Variable:** INFINITI Mind Mapping Learning
- **Dependent Variable:** Academic Performance
- **Analysis:** Paired t-test, ANOVA

Current Trends in Quantitative Research (2020–2025)

- Integration of **AI and Data Analytics** in health research
- Use of **advanced statistical modelling** (SEM, multilevel analysis)
- Focus on the **validity and psychometrics** of instruments
- **Mixed-methods** gaining popularity for holistic understanding
- **Open data and transparency** in research reporting

Conclusion

Quantitative research design is the structured plan that determines **how numerical data will be collected, measured, analyzed, and reported** to test hypotheses or estimate relationships. A good design maximizes internal validity (are results true for your sample?), external validity (can results generalize?), and reproducibility.

- Quantitative designs are the **foundation of evidence-based practice**.
- **Rigor, validity, reliability, and ethical compliance** ensure research credibility.
- Choosing the right design aligns with the research problem and enhances impact.

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Qualitative Research Designs



*Prof. Dr. Jasmi Manu, Principal & Dean, Dep. of Obstetrical & Gynaecological Nursing,
Rama University, Kanpur*

Research in nursing is a dynamic process that bridges theory and practice, offering scientific solutions to health-related issues while strengthening the art of caring. Among the diverse research methodologies, **qualitative research designs** hold a unique place for their capacity to explore the depth of human experiences, emotions, perceptions, and interactions that cannot be quantified. Unlike quantitative research that focuses on numerical data and statistical validation, qualitative research unfolds the meaning behind human behavior and social phenomena. It reflects the complexity of health, illness, and caregiving processes that are embedded in real-life contexts. This abstract encapsulates the philosophy, characteristics, approaches, and importance of qualitative research designs in nursing.

Introduction

Qualitative research seeks to understand *why* and *how* people experience life as they do. It emphasizes subjectivity, context, and interpretation, making it an indispensable tool in nursing, where human emotions, beliefs, and cultural values play a vital role in care delivery. It provides a platform to study social and cultural phenomena, enabling nurse researchers to derive new insights into patients' lived experiences, community health practices, and institutional behaviors. Through an inductive approach, qualitative designs aim not to test pre-formulated hypotheses but to generate new theories, expand existing knowledge, and build a deeper understanding of human life.

Characteristics of Qualitative Research Designs

Qualitative studies are **flexible, evolving, and holistic**. The design elements are not rigidly pre-determined but emerge as the study progresses. The researcher plays an active, immersive role—observing, interacting, and interpreting the participants' narratives in their natural settings. Multiple strategies for data collection are used, including interviews, observations, storytelling, group discussions, and creative activities like drawing, painting, and dramatization. Data analysis occurs continuously, often overlapping with data collection, leading to ongoing refinement of insights. This elasticity makes qualitative research particularly suited to nursing, where every patient's story is unique and deeply contextual.

Phases of Qualitative Research

The process typically unfolds in three phases:

1. **Orientation and Overview Phase** – The researcher identifies the phenomenon of interest and determines the type of knowledge expected from the study.
2. **Focused Exploration Phase** – The salient aspects of the phenomenon are examined in depth, exploring themes and subthemes that capture the essence of human experience.
3. **Confirmation and Closure Phase** – The researcher validates findings by engaging participants in verifying authenticity, ensuring credibility, and trustworthiness before concluding the study.

Types of Qualitative Research Designs

Several methodological traditions guide qualitative inquiry, each offering a unique lens for exploring reality.

1. Phenomenological Research

Phenomenology, rooted in philosophy, focuses on *lived experiences*—how individuals perceive and make sense of their world. It seeks to uncover the essence of experiences such as suffering, healing, birth, death, and caregiving. Data are gathered through deep interviews and personal narratives, aiming to describe rather than explain.

- **Realistic Phenomenology** explores universal human experiences and motives.
- **Constitutive Phenomenology** suspends preconceptions to reach the fundamental structure of consciousness.
- **Existential Phenomenology** examines experiences like conflict, fear, desire, and mortality.
- **Hermeneutical Phenomenology** interprets experiences within their historical and sociocultural contexts.

2. Ethnographic Research

Ethnography, derived from anthropology, studies the cultural patterns and perspectives of groups in their natural environments. It enables researchers to understand how people’s beliefs, customs, and social interactions shape health practices. Ethnographers immerse themselves in the community—living, observing, and interacting to collect data about:

- **Cultural behavior** (what people do),
- **Cultural artifacts** (what people make and use), and
- **Cultural speech** (what people say).

This method is labor-intensive but invaluable in understanding community-based health care and transcultural nursing.

3. Grounded Theory

Grounded theory aims to generate a theory that is “grounded” in empirical data. Rather than testing an existing theory, the researcher systematically collects and analyzes data to develop conceptual frameworks about social processes and interactions. Data are compared for similarities and differences, categorized, and refined until a coherent theory emerges. Two forms exist:

- **Substantive theory**, which explains specific phenomena like postpartum depression,
- **Formal theory**, which extends to broader, abstract levels applicable to multiple contexts.

Grounded theory is particularly useful in nursing for understanding behavioral patterns, coping mechanisms, and care processes.

4. Historical Research

Historical research involves studying past events to gain insights into present practices and future trends. By critically analyzing documents, records, and artifacts, researchers uncover how nursing practices, education, and ethics have evolved. It helps explain the origins of nursing concepts and contributes to professional identity formation. The key steps include data collection, criticism of data for authenticity, and synthesis of facts into meaningful interpretations.

5. Case Study

Case study research offers an in-depth examination of individuals, families, communities, or institutions. It is one of the oldest methods used in nursing to analyze patients with specific conditions or to evaluate the functioning of health programs. Case studies are highly valuable for generating practical solutions and enhancing clinical decision-making through context-specific evidence.

6. Action Research

Action research bridges theory and practice by involving participants directly in identifying problems and implementing solutions. It is participatory, collaborative, and change-oriented. In nursing, it is used to improve patient care practices, staff development, and organizational efficiency. This approach empowers participants and transforms systems by promoting reflection and shared learning.

Methods of Data Collection

Qualitative data collection is creative and human-centered. Common methods include:

- **Interviews** – structured, semi-structured, or unstructured conversations that allow participants to express thoughts freely.
- **Observation** – watching behaviors and interactions in natural settings.
- **Storytelling and narratives** – eliciting personal experiences.

- **Socio dramas, role plays, and drawings** – engaging participants in expressive ways to reveal underlying perceptions and emotions.

Importance of Qualitative Research in Nursing

Qualitative research enriches nursing by:

- Providing **deep insights** into patient experiences, helping nurses deliver empathetic and individualized care.
- **Bridging disciplines**—connecting nursing with psychology, sociology, and anthropology for holistic health understanding.
- **Empowering nurses** as reflective practitioners capable of transforming healthcare delivery.
- **Enhancing communication** between patients, families, and healthcare providers by understanding lived realities.
- **Informing policy and education** by revealing gaps and contextual challenges in care delivery systems.

Ultimately, qualitative research humanizes evidence-based practice. It gives voice to those who might otherwise remain unheard—the patient in pain, the nurse under stress, or the family in grief. It allows the nursing profession to see beyond symptoms and statistics, to the profound human stories that define care.

IN A NUTSHELL - Qualitative research designs are an artful blend of science and philosophy. They deepen our understanding of human behavior, illuminate the meaning of health and illness, and enrich the compassionate dimension of nursing. As healthcare continues to evolve amidst technological advances and cultural shifts, qualitative research remains a vital instrument for discovering the unseen dimensions of care. Through its flexible, inclusive, and interpretive nature, it continues to shape nursing into a reflective, evidence-informed, and humane profession.



Bridging Numbers and Narratives: Integrating Mixed Methods and Triangulation in Nursing Research

Prof. Dr. Mariamma C John, Principal, Dep. of Paediatric Nursing, Sultanpur Institute of Nursing & Paramedical Sciences, Sultanpur, Uttar Pradesh, India



Abstract

The complexity of healthcare phenomena requires a research approach that captures both the measurable and the experiential dimensions of nursing practice. Mixed Methods Research (MMR) and triangulation offer such a framework. By combining quantitative precision with qualitative depth, these approaches strengthen the credibility, applicability, and relevance of nursing research. This article explores the concepts, designs, and practical integration of mixed methods and triangulation, emphasizing their innovative application in nursing research, education, and practice.

Introduction

Nursing is both a science and an art — it seeks not only to measure outcomes but also to understand the human experiences behind them. Traditional quantitative research provides statistical rigor and generalizability, whereas qualitative research captures the lived realities of patients, families, and communities. However, many nursing problems — such as patient adherence, quality of life, or coping behaviors — are too complex to be studied through a single method.

Mixed Methods Research (MMR) and triangulation have emerged as powerful solutions to bridge this gap. Together, they enable researchers to explore questions from multiple perspectives, ensuring that findings are both valid and meaningful. Their growing prominence reflects the global shift toward evidence-based, person-centered nursing practice.

Concept of Mixed Methods Research Design

Mixed Methods Research refers to the intentional integration of quantitative and qualitative approaches within a single study or program of inquiry. This combination allows researchers to examine a problem more completely than would be possible through a single paradigm.

According to Creswell and Plano Clark (2018), MMR “collects and analyzes both quantitative and qualitative data, integrates the findings, and draws interpretations that capitalize on the strengths of both forms of data.”

Philosophical Foundation

The underlying philosophy of MMR is pragmatism — the belief that the research question should dictate the choice of methods, not ideology. Pragmatism focuses on the practical consequences of research, promoting flexibility and inclusivity in methodology. For nursing researchers, this means choosing the best tools — whether statistical surveys or narrative interviews — to answer clinically relevant questions.

Major Designs of Mixed Methods Research

The three core designs of MMR commonly used in nursing research include:

1. Convergent Parallel Design:

Quantitative and qualitative data are collected simultaneously, analyzed separately, and then merged.

Example: A study examining patient satisfaction using surveys (quantitative) and interviews (qualitative) conducted concurrently.

2. Explanatory Sequential Design:

The researcher first collects and analyzes quantitative data, followed by qualitative exploration to explain or elaborate on statistical trends.

Example: Survey results on medication adherence are followed by interviews exploring reasons for non-adherence.

3. Exploratory Sequential Design:

Begins with qualitative exploration to identify themes, then uses quantitative methods to test or generalize those findings.

Example: Focus group findings on stress management among nurses inform the development of a measurable stress scale.

Each design allows researchers to leverage the strengths of both data types, addressing the limitations inherent in single-method studies.

Concept of Triangulation

Triangulation enhances the credibility, dependability, and confirmability of research findings. Introduced by Norman Denzin in 1978, the term originates from navigation — where multiple reference points are used to locate a precise position. In research, triangulation involves comparing and combining different types of evidence to validate findings.

Types of Triangulations

1. Data Triangulation:

Using data from different sources (e.g., patients, caregivers, and healthcare providers) or at different times.

2. Investigator Triangulation:

Involving multiple researchers to reduce individual bias in data collection and analysis.

3. Methodological Triangulation:

Combining various methods — for instance, observation, interview, and survey — to study the same phenomenon.

4. Theoretical Triangulation:

Applying multiple theoretical perspectives to interpret data comprehensively.

Through triangulation, the researcher ensures that findings are not dependent on a single viewpoint, thereby reinforcing the study’s credibility and trustworthiness.

Relationship Between Mixed Methods and Triangulation

While Mixed Methods and Triangulation are distinct, they are inherently complementary. Mixed methods define the research design — how data are collected and integrated. Triangulation, on the other hand, represents a validation strategy that reinforces the integrity of the findings.

In practice, triangulation operates within the mixed methods framework, ensuring that both quantitative and qualitative strands converge meaningfully. Together, they transform nursing research into a balanced, rigorous, and holistic process

Application in Nursing Research and Practice

The synergy of mixed methods and triangulation has transformed modern nursing scholarship and practice. Their use spans across multiple domains:

Clinical Nursing Practice:

Evaluating pain management interventions through quantitative pain scores complemented by qualitative patient narratives.

Community Health Nursing:

Assessing maternal health programs using statistical indicators (e.g., immunization coverage) alongside focus group discussions exploring women’s experiences.

Nursing Education:

Investigating the impact of simulation-based learning through test scores and reflective student interviews.

Mental Health Nursing:

Studying coping strategies in patients with depression using psychometric scales supported by qualitative life stories.

These applications reveal how combining numbers with narratives can generate evidence that is both statistically sound and humanly meaningful.

Advantages

1. Provides a comprehensive understanding of research problems.
2. Enhances credibility and validity through cross-validation.
3. Facilitates deeper insight into patient behaviors, perceptions, and outcomes.
4. Bridges the gap between theory and practice in nursing.
5. Encourages collaboration among interdisciplinary research teams.

Challenges

Despite its strengths, the integration of mixed methods and triangulation poses challenges:

1. Requires advanced methodological knowledge and time management.
2. Complexity in data integration and interpretation.
3. Potential for paradigm conflict between positivism and constructivism.
4. Need for adequate resources, statistical expertise, and qualitative sensitivity.

These challenges can be mitigated through careful planning, interdisciplinary teamwork, and transparency in data integration procedures

Ethical Considerations

- Ethical integrity is crucial in mixed methods research. Researchers must:
- Ensure informed consent for all data types.
- Maintain confidentiality across multiple data sources.
- Represent participants’ voices authentically in qualitative narratives.
- Report integrated findings honestly without selective emphasis.
- By adhering to ethical rigor, researchers ensure the credibility and moral responsibility of their studies.

Conclusion

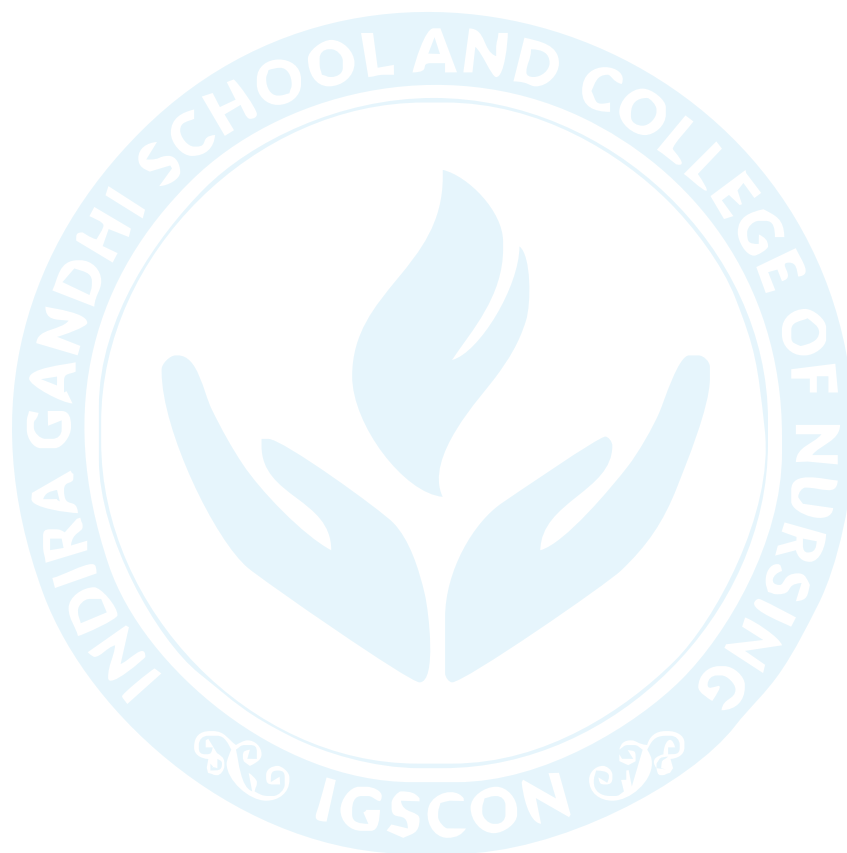
The integration of mixed methods and triangulation represents a powerful advancement in nursing research methodology. It bridges the gap between numbers and narratives, objectivity and empathy, science and humanity.

By embracing these innovative approaches, nursing researchers can generate richer, more valid, and actionable evidence — the kind that truly informs practice, education, and policy. Ultimately, the strength of nursing research lies not only in measurement but also in understanding — and mixed methods with triangulation provide the path to achieving both.

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Barriers and Facilitators in Mixed-Method Community Health Intervention Models



Mr. Yadidya, Associate Professor, Dept. of Community Health Nursing, SGPGI, Lucknow, Uttar Pradesh, India

IMPACT NURSE ID - 12

Abstract

The cornerstone for public well-being is community health interventions, particularly in environments with limited resources. However, a single research approach is sometimes insufficient due to the dynamic, multi-factor character of community health concerns. A comprehensive lens for understanding both quantifiable results and the lived experiences that influence intervention success is provided by mixed-methods research (MMR), which integrates quantitative and qualitative methodologies. This article delves into the theoretical foundation, practical applications, and contextual challenges and facilitators of adopting mixed-method models in community health.

Why blended strategies are important for community health

The importance of mixed methodologies for community health and interventions lies in the dynamic socioecological systems in which policy, service systems, societal norms, and individual behaviors all influence outcomes. Qualitative methods show why and how those changes happened, whereas quantitative indicators (coverage, biomedical outcomes, execution) address what changed. Therefore, mixed methods offer the explanatory depth needed to create fair, effective, and locally adapted interventions—particularly when those interventions depend on community health providers (CHWs), local facilities, or multi-sectoral stakeholders. According to recent syntheses, mixed-method designs not only enhance comprehension of implementation processes but also reveal context-specific barriers and facilitators that are overlooked by strictly quantitative trials (Cooper et al., 2021).

Constant barriers to deployment (Paterson et al., 2024; Schriger et al., 2024)

Resource and financing constraints: Inadequate and inconsistent funding disrupts training, supervision, and supplies, hindering program continuity and weakening community health worker recruitment, retention, and integration. Additionally, transportation and scheduling issues can hinder participation, especially in community settings.

Trust and Engagement Barriers: Community engagement is often challenged by limited trust in researchers or institutions, cultural and linguistic mismatches, and low participation or high

attrition rates in both surveys and interviews. These barriers hinder effective collaboration and reduce the validity and depth of research findings.

Workforce capacity and workload: Insufficient staffing, elevated caseloads, and conflicting responsibilities hinder adherence to intervention protocols. When community health workers or facility personnel are overwhelmed, the quality of service and follow-up diminishes. Numerous mixed-method studies indicate that the pressures of workload also diminish the time available for community engagement and the qualitative feedback mechanisms that contribute to program enhancement.

Lack of Service Integration and Policy Alignment: Poor coordination with existing health services and policies limits program success. When community efforts are not linked with clinics, data systems, or official support, and when policies ignore or underfund them, programs struggle to last.

Contextual and Socio-Cultural Barriers: Cultural beliefs, gender roles, social stigma, and safety issues—such as unsafe environments—can reduce community participation in health programs. While data may highlight low participation rates, qualitative insights help reveal whether these gaps arise from issues of trust, acceptance, or access challenges.

Insufficient Customization and Local Adaptation: A frequent challenge at the program level is the use of generic educational materials or inflexible guidelines that overlook local languages, literacy levels, and cultural norms. This lack of contextual adaptation often results in poor relevance, reduced understanding, and limited community engagement.

Negative or misleading media portrayals: Counter-reality programs that distort the image of community-based nursing or fail to highlight the contributions of CHW create public misunderstanding and reduce trust. This lack of positive media engagement undermines awareness, respect, and support for community health initiatives (Seyedfatemi et al., 2024).

Methodological Tensions: Mixed-method research often faces tensions between positivist and interpretivist paradigms, making it difficult to triangulate divergent data sources and maintain consistent measurement across sites or time periods.

Data Quality and Integration: Challenges include missing data, measurement errors, and biased samples. The subjective nature of qualitative coding and the difficulty of merging datasets with differing scales or timelines further complicate data integration.

Ethical and Equity Considerations: Researchers must ensure informed consent across multiple data streams, protect confidentiality in detailed qualitative accounts, and minimize the risk of burden or re-traumatization among vulnerable groups.

Implementation Variability: Variation across communities, programs, and facilitators can affect implementation fidelity. Balancing standardization with contextual adaptation is difficult, especially under real-world constraints that limit experimental control.

Dissemination and Use of Findings: Translating mixed-method results into practice is often delayed by conflicting stakeholder priorities and differing expectations among policymakers, funders, and community partners.

Strong Facilitators that Enable Success

Community engagement: Programs that prioritize early and active community involvement—from identifying needs to planning and evaluation—achieve greater acceptance and ownership. Co-design ensures culturally relevant messages and practical delivery strategies. Mixed-methods approaches are further strengthened by using qualitative insights to refine quantitative goals.

Training and Supervision: Training that blends technical skills with interactive methods such as role-plays, local language resources, and problem-solving sessions, combined with continuous supportive supervision, enhances implementation quality and client outcomes. Integrating mixed-method monitoring—quantitative metrics with qualitative feedback—proves particularly effective.

Stakeholder Engagement and Ownership: Early involvement of community members, local leaders, and frontline worker’s builds trust and relevance. Co-designing research questions and interventions, along with establishing advisory boards and feedback loops, promotes collaboration, transparency, and shared ownership of the research process.

Health system integration and data management: Embedding community initiatives into existing referral systems, supply chains, and health information platforms promotes sustainability. Shared indicators and continuous feedback loops that convert qualitative insights into system improvements support long-term scalability.

Cost-effective models: Affordable, locally adaptable approaches—like task sharing, community partnerships, and mobile data tools—optimize resources, while mixed-method evaluations identify the most impactful low-cost strategies.

Policy and Financing Support: Strong political backing and consistent financial mechanisms—through dedicated budget lines, integration into regular funding cycles, and coordinated donor support—enable continuity, staff retention, and the transition from temporary pilots to sustainable programs.

Methodological Lessons for Mixed-Method Intervention Research (Chebrolu et al., 2023; Müller & Velez Lapão, 2022)

Sequential vs. Concurrent Designs: Sequential explanatory designs help clarify quantitative outcomes—for instance, when a trial shows limited effect, qualitative data can reveal contextual barriers. Concurrent designs are best for real-time triangulation of implementation fidelity and user experience. Mixed-method systematic reviews demonstrate how combining synthesis approaches yields more practical recommendations.

Framework-Guided Synthesis: Using implementation frameworks such as CFIR (Consolidated Framework for Implementation Research) or RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance framework) structures the identification of barriers and facilitators across multiple levels—individual, community, and system—enhancing comparability and policy relevance.

Robust Data Collection and Management: Ensuring data quality begins with using validated quantitative tools adapted for cultural relevance and employing rigorous qualitative methods that emphasize reflexivity, interviewer diversity, and saturation. Well-structured data management systems are essential to link and harmonize information across multiple sources.

Data Integration and Transparent Reporting: Clear merging of qualitative and quantitative data, supported by mixed-method experts, enhances credibility and ensures that findings directly inform design and implementation.

Capacity Building: Investing in local capacity strengthens research sustainability. Training local staff in data collection, coding, and analysis—while developing both quantitative and qualitative skills—builds self-reliant teams supported through ongoing mentorship and methodological guidance.

Flexible, Ethical Protocols: Ethical frameworks should anticipate mixed-method complexities, incorporating adaptive consent processes, strong privacy protections, and safeguards that minimize participant burden, ensuring integrity and respect in all research interactions.

Realistic Implementation Planning: Pilot-testing tools, synchronizing data collection with program and funding timelines, and documenting contextual factors such as facilitators and barriers enable smoother implementation and more meaningful interpretation of results.

Clear Communication of Findings: Findings should be shared through accessible summaries for communities, practitioners, and policymakers. Presenting actionable recommendations grounded in both quantitative outcomes and qualitative insights—alongside transparent reporting of limitations—enhances research impact and credibility.

Practical Steps for Researchers

- Start with a joint logic model linking processes, outputs, outcomes, and qualitative insights.
- Involve community representatives in selecting measures and interpretation criteria.
- Design data collection to minimize participant burden and maximize representativeness.
- Plan for data integration at predefined points (e.g., after baseline, midline, and end line).
- Use triangulation protocols to resolve conflicting findings.
- Establish ethical safeguards specific to mixed-method workflows.
- Create user-friendly formats (briefs, dashboards, case stories) to share findings.

Conclusion

Mixed-method community health intervention models provide a robust framework for designing and scaling context-sensitive programs. Their success depends less on methodology and more on addressing practical barriers such as funding, workforce, system integration, and community acceptance. Purposeful use of enablers—like co-design, supervision, and supportive policies—enhances impact, making mixed-method evaluation an essential strategy for sustainable health improvement.

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Application of Theoretical Framework in Mixed Method Research



*Prof (Dr.) Dipti Shukla, Principal
Samarpan Institute of Nursing & Paramedical sciences, Lucknow. UP*

Introduction:

Nursing and health sciences research is continually progressing towards integrative and evidence-based methodologies. Mixed Method Research (MMR) has gained prominence as it integrates the strengths of both quantitative and qualitative paradigms within a single study. This methodological pluralism enables researchers to collect both statistical data and contextual insights, thereby offering a holistic comprehension of intricate healthcare phenomena. The success of any mixed-method design fundamentally hinges on its theoretical framework, which serves as the conceptual map interconnecting all components of the study.

The theoretical framework is not just a pretty part of a research report; it is the intellectual base that determines the study's goals, design, tools, data analysis, and integration plan. It gives the study logical consistency, a philosophical point of view, and depth of interpretation. In mixed-method research, which often involves two paradigms with different assumptions, procedures, and goals, a strong theoretical framework acts as a bridge that keeps everything consistent and in line with each other.

Utilising theoretical frameworks in mixed-method research is especially vital in nursing studies, where scientific accuracy and human experience intersect. The framework helps link empirical measurement to the real-life experiences of patients, families, and health professionals. It makes sure that not only are data collected, but they are also understood in a way that fits with nursing theories and models.

Keywords

Conceptual Coherence, Integration, Mixed Method Research, Nursing Research, Pragmatism, Quantitative and Qualitative Paradigms, Theoretical Framework, Theory Application

Application of theoretical frame work in MMR:

1. Understanding the Role of Theoretical Frameworks in MMR

The theoretical framework offers the philosophical and conceptual perspective through which a researcher examines the study problem. In mixed-method research, it provides a cohesive justification for the integration of quantitative data and qualitative narratives. The framework delineates the interrelationships among the study's variables,

constructs, or themes, and it substantiates the selection of methodologies and instruments for both quantitative and qualitative elements.

It also tells the researcher what kind of knowledge they believe in: positivist, constructivist, or pragmatist. Most mixed-method studies today use pragmatism, which accepts that there are many truths and focusses on practical solutions instead of philosophical purity. This enables the researcher to employ quantitative instruments (e.g., scales, checklists) in conjunction with qualitative methods (e.g., interviews, observations), all while preserving coherence within a singular theoretical framework.

2. Use of Theoretical Frameworks in Research Design

The theoretical framework is essential in defining the design type of MMR, whether it is sequential explanatory, sequential exploratory, concurrent triangulation, or embedded designs.

- In a sequential explanatory design, theory informs the elaboration of quantitative findings through qualitative follow-ups.
- In a concurrent design, theory dictates the methodology for comparing or integrating data from both strands.
- In exploratory designs, theoretical perspectives develop inductively from qualitative findings and subsequently inform quantitative measurement.

3. Theoretical Frameworks in Data Collection and Analysis

The theoretical framework delineates the parameters and profundity of investigation during data collection. In the quantitative strand, it tells you how to choose variables, measurement tools, and sampling methods. In the qualitative strand, it guides the creation of interview guides, observational focal points, and coding frameworks. Theory functions as an interpretive framework during data analysis. It offers classifications or constructs that facilitate the connection between quantitative results and emerging themes.

4. Instances of Theoretical Framework Utilisation in Nursing MMR

Many nursing theories have been effectively utilised in mixed-method designs:

- ❖ Roy's Adaptation Model facilitates the examination of physiological and psychosocial adaptation processes through the integration of surveys and qualitative case narratives.
- ❖ Leininger's Culture Care Diversity and Universality Theory is utilised in research that integrates ethnographic interviews with quantitative health outcome data.
- ❖ Bandura's Social Cognitive Theory informs research on behaviour modification by

integrating self-efficacy metrics with qualitative analyses of motivational determinants.

- ❖ Pender's Health Promotion Model combines measuring health behaviours with looking at how personal and environmental factors affect them.

These examples show that theoretical frameworks give mixed-method studies continuity, depth, and the ability to explain things at different stages.

5. Benefits of Using Theoretical Frameworks in MMR

- Conceptual Integration: It makes sure that both qualitative and quantitative data deal with the same ideas, which leads to a single interpretation.
- Scientific Rigour: It improves validity, reliability, and consistency by making sure that each part of the study fits with the theoretical ideas.
- Analytical Depth: It offers a systematic framework for deciphering intricate data, facilitating researchers in transcending mere description to elucidation.
- Knowledge Translation: Theoretical findings are more broadly applicable and facilitate implementation in policy, educational, or clinical contexts.
- Ethical and Philosophical Equilibrium: Frameworks harmonise objectivity and subjectivity, guaranteeing the inclusion of both scientific and humanistic perspectives in nursing research.

6. Problems with Using Theoretical Frameworks

- Integration is complicated because it can be hard to make sure that different paradigms are consistent with each other in terms of philosophy and method.
- Theory–Method Mismatch: Theories that don't fit or aren't right can cause confusion about concepts.
- Limited Theory Development: Some studies use borrowed frameworks without changing them to fit the situation.
- Practical Limitations: Insufficient time, resources, or expertise may hinder profound theoretical involvement.

7. Use in Nursing Education and Practice

In nursing education, comprehending the application of theoretical frameworks in MMR enables students and scholars to perform comprehensive research. It promotes the amalgamation of evidence-based practice with patient-centred care. Theoretical frameworks convert clinical observations into conceptual knowledge that guides nursing curricula, skill enhancement, and policy formulation.

Summary:

IMPACT-NURSE 2025: Mixed methods research creates **IMPACT in nursing**

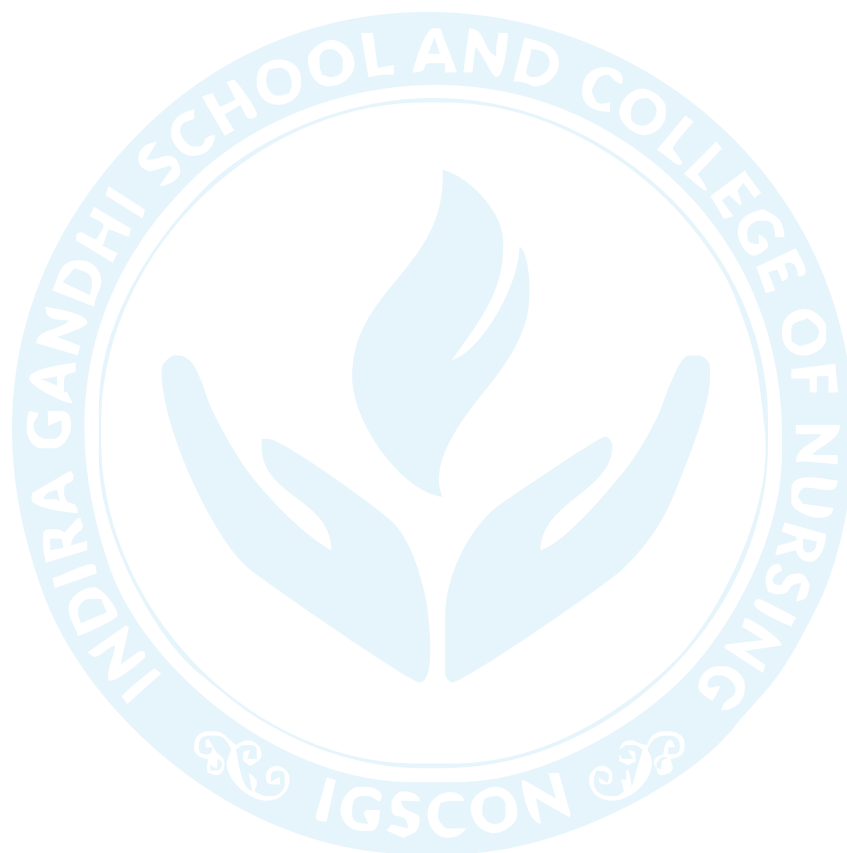
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The utilisation of theoretical frameworks in mixed-method research constitutes the foundation of methodological coherence, scientific validity, and interpretive depth. It connects two different ways of thinking quantitative precision and qualitative depth into one useful way of asking questions. Theoretical framework guides every step, from choosing designs to analysing and combining data.

For nursing researchers, theoretical frameworks function as conduits between scientific inquiry and human experience, facilitating the coexistence of empirical data and lived experiences within a unified conceptual framework.

“Nursing research turns experience into evidence and evidence into excellence.”



Future Perspective of Mixed Research Methods- Nursing Research



Prof. D. Elakkuvana Bhaskara Raj, Professor cum Principal, Dept. of Mental Health Nursing, Government CON, Ambedkar Nagar, Uttar Pradesh, India

Introduction

Mixed methods research is a methodology that combines both quantitative (numerical) and qualitative (descriptive) data collection and analysis within a single study. It provides a more complete picture than using a single approach by integrating the strengths of both, allowing researchers to gain a deeper understanding of complex issues.

Another name for mixed-methods research

Multi-method research, or a less often used label, is methodological pluralism. Today, MMR is widely recognized as a powerful tool in healthcare research, enabling researchers to address complex questions that require both breadth and depth of understanding. In patient-centered care research, MMR has been used to combine patient satisfaction surveys with in-depth interviews, providing a holistic view of patient experiences and preferences. Similarly, in implementation science,

MMR has been instrumental in evaluating the adoption of evidence-based practices, using quantitative data to measure outcomes and qualitative data to explore barriers and facilitators to implementation. The continued evolution of MMR has also been supported by advancements in data analysis techniques and tools, such as joint displays and meta-inference, which facilitate the integration of qualitative and quantitative findings.

These innovations have further strengthened the methodological rigor of MMR, making it an indispensable approach for addressing the dynamic and multifaceted challenges of modern healthcare systems.

Key future trends

1. **Technological integration:** The growth of mixed methods research is accelerating, especially in tech and UX research, driven by the need for both quantitative data on user behavior and qualitative insights into their experiences.
2. **Methodological advancement:** Expect a continued focus on developing more rigorous designs that seamlessly integrate data analysis from both quantitative and qualitative methods, moving beyond simple triangulation.

3. Specialized applications:

- 1) **UX research:** Mixed methods will become even more central to developing user-friendly products, especially with the rise of Product-Led Growth strategies.
- 2) **Future studies:** Mixed methods will be crucial for complex areas like climate change, where combining data with methods like the Delphi technique can help create useful scenarios for mid- and long-term projections.
- 3) **Focus on pragmatic and transformative paradigms:** The future will see a greater embrace of pragmatism, prioritizing research questions over rigid adherence to a single philosophical school. Mixed methods will also be a tool for transformative research aimed at addressing social injustices and inequality.
- 4) **Enhanced researcher training:** Mixed methods research requires mastery of both quantitative and qualitative methods, and the future will necessitate more comprehensive training programs to ensure researchers can effectively implement these complex designs.
- 5) **Addressing limitations:** There will be a continued effort to improve the scientific rigor of mixed methods designs, developing stronger frameworks and data analytic procedures to ensure that findings are both comprehensive and valid.

Perspective and future trends in Nursing Research

The future of mixed methods research (MMR) in nursing is promising, marked by its increasing importance in providing a comprehensive understanding of complex healthcare issues that single methods cannot address alone.

The relevance of mixed-methods in health research

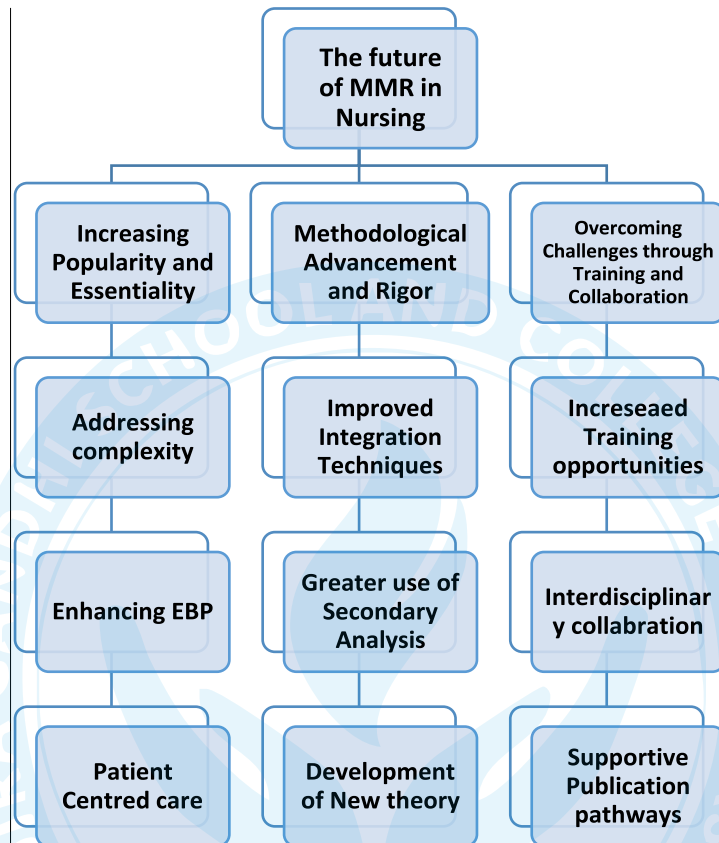
The overall goal of the mixed-methods research design is to provide a better and deeper understanding by providing a fuller picture that can enhance description and understanding of the phenomena.

Mixed-methods research has become popular because it uses quantitative and qualitative data in one single study, which provides stronger inference than using either approach on its own.

In other words, a mixed-methods paper helps to understand the holistic picture from meanings obtained from interviews or observation to the prevalence of traits in a population obtained from surveys, which adds depth and breadth to the study.

Despite the strengths of mixed-methods research but there is not much of it in nursing and other fields. A recent review paper shows that the prevalence of mixed-methods studies in nursing was only 1.9%.

This clearly depicts that mixed-methods research is still in its infancy stage in nursing, but we can say there is a huge scope to implement it to understand research questions on both sides of the coin. Therefore, there is a great need for mixed-methods training to enhance the evidence-based decision-making in health and nursing practices.



Key aspects of mixed methods research in nursing

1. **Combines different data types:** It involves collecting and analyzing both numerical data (e.g., survey responses, health metrics) and non-numerical data (e.g., interviews, focus groups).
2. **Provides a holistic view:** By integrating different perspectives, it helps to address complex problems that have both measurable and experiential components.
3. **Enhances validity:** Combining methods like using qualitative interviews to explain quantitative survey findings can strengthen the overall results and increase both internal and external validity.
4. **Supports different research stages:** Qualitative data can be used to develop a quantitative instrument, or quantitative results can be explained by qualitative data collected later.
5. **Fosters contextual understanding:** It helps contextualize findings and understand the "why" behind the numbers, providing a more complete picture of a phenomenon.

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Reflexivity and Ethics in Mixed-Methods Research



Dr. G. Ramamurthy, Senior Nursing Officer, Dep. of Mental Health Nursing, JIPMER Hospital, Puducherry, India

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Introduction

Mixed-methods research combines both quantitative and qualitative approaches within a single study to provide a more comprehensive understanding of a research problem. While quantitative methods focus on objectivity, measurement, and generalizability, qualitative methods emphasize context, meaning, and depth. Integrating these two paradigms requires not only methodological skill but also a high level of ethical awareness and reflexive practice. Reflexivity and ethics form the backbone of trustworthy, valid, and socially responsible mixed-methods research, guiding researchers to remain aware of their roles, responsibilities, and the effects of their choices throughout the research process.

Understanding reflexivity in mixed-methods research

Reflexivity refers to the researcher's continuous process of self-examination, critical reflection, and awareness of how their values, assumptions, experiences, and positionality influence the study. It recognizes that researchers are not neutral observers but active participants who shape the research through their interactions, interpretations, and methodological decisions.

In mixed-methods research, reflexivity is more complex because it requires the researcher to navigate between two philosophical paradigms-positivism/post-positivism and constructivism/interpretivism. The researcher must constantly reflect on how these differing worldviews affect the framing of research questions, data collection, analysis, and interpretation.

Reflexivity in this context serves three important functions:

Philosophical Reflexivity - This involves reflecting on the underlying assumptions of the mixed-methods design. Researchers must acknowledge the philosophical tensions between objectivity and subjectivity and find a coherent stance-often through paradigmatic pluralism or pragmatism-that justifies their methodological choices.

Methodological reflexivity - researchers critically examine how methods are integrated and how the sequence, weighting, and interaction between qualitative and quantitative components

influence the findings. It involves questioning how the data are merged, how one method informs the other, and whether the integration introduces bias or imbalance.

Personal and interpersonal reflexivity - Researchers must recognize how their identities (e.g., gender, race, profession, values) and relationships with participants impact the study. In mixed-methods research, different roles-such as statistician, interviewer, and interpreter-require the researcher to shift perspectives, which demands constant reflexive awareness to maintain integrity and coherence.

Importance of reflexivity

Reflexivity strengthens the credibility, transparency, and validity of mixed-methods research. Making the research process explicit allows others to understand how interpretations were shaped. It encourages transparency in data integration-how qualitative insights complement or explain quantitative trends-and prevents the dominance of one method over the other. Reflexivity also ensures that the research remains sensitive to context, cultural diversity, and participant perspectives, especially when dealing with marginalized or vulnerable groups.

For instance, a health researcher studying patient satisfaction might collect numerical survey data (quantitative) and conduct interviews (qualitative). Reflexivity requires the researcher to question how their professional background, expectations, or language might influence how patients respond or how results are interpreted.

Ethics in Mixed-methods research

Ethics in research refers to the moral principles guiding the design, conduct, analysis, and dissemination of findings. In mixed-methods studies, ethical considerations are multi-layered because they combine elements from both quantitative and qualitative traditions, each with distinct ethical implications.

1. Informed consent

All participants must understand the nature, purpose, and procedures of the study before agreeing to participate. In mixed-methods research, this can be challenging because participants may be involved in multiple stages. The investigator must ensure that consent covers all phases of data collection and clarify whether participants' responses may be linked across methods.

2. Confidentiality and anonymity

Protecting participants' privacy is critical. Quantitative data are often anonymized easily, but qualitative data, especially interviews or focus groups, may contain identifiable information. Researchers must establish clear procedures for data storage, coding, and

publication to prevent breaches of confidentiality. When integrating datasets, it is essential to ensure that connecting data does not accidentally reveal participant identities.

3. Avoiding harm and ensuring beneficence

Ethical research should lessen harm and maximize benefits for participants and society. In mixed-methods research, harm may arise if participants feel uncomfortable during qualitative discussions or if quantitative findings are misinterpreted. Researchers must be sensitive to emotional distress, power inequalities, or stigmatization that could result from their inquiries.

4. Justice and fairness

Researchers should ensure fair treatment and equitable participation. Sampling strategies in mixed-methods studies must avoid the elimination of vulnerable or marginal groups unless justified. The researcher must also ensure that the benefits of the research—such as policy recommendations or interventions, are distributed fairly among participants or societies.

5. Integrity and honesty

Integrity involves honesty in data collection, analysis, and reporting. Mixing methods requires careful transparency in how data are merged or compared. Researchers must avoid manipulating data to fit preconceived expectations or using one method to validate the other without critical examination. Reporting both consistent and inconsistent findings enhances credibility and ethical integrity.

6. Cultural and contextual sensitivity

In many settings, particularly in cross-cultural or community-based research, ethics involves respecting local customs, languages, and values. Qualitative components often involve participants in deep, contextual deliberations that require cultural modesty and sensitivity. Researchers should adapt their tools and communication styles to fit participants' cultural norms and ensure ethical respect for diversity.

Interconnection between reflexivity and ethics

Reflexivity and ethics are deeply entangled. Ethical decision-making requires reflexive awareness, while reflexivity itself is an ethical act of accountability. Investigators who are reflexive constantly question their motives, power positions, and potential biases, thereby enhancing ethical sensitivity. For example, when deciding how to report contradictory findings between quantitative and qualitative data, a reflexive researcher considers not just methodological validity but also the ethical implications of representation and fairness.

Reflexivity also helps anticipate ethical dilemmas that arise from integrating methods-such as how to handle conflicting data interpretations or how much participant information can be shared across datasets. Continuous self-reflection throughout the research cycle enables ethically sound judgments, even in complex or unforeseen circumstances.

Challenges and dilemmas

Despite careful planning, mixed-methods research presents unique challenges. Combining datasets may blur boundaries between confidentiality and transparency. Conflicts may arise when quantitative results contradict qualitative insights, raising ethical questions about which findings to prioritize. Furthermore, resource constraints, cultural variances, and power disparities between investigators and participants can complicate both reflexivity and ethics. Addressing these dilemmas requires ongoing reflection, dialogue, and flexibility.

Conclusion

Reflexivity and ethics are inseparable and foundational to high-quality mixed-methods research. Reflexivity ensures that investigators remain aware of their influence on the research process, while ethics offers the moral framework for protecting participants and upholding integrity. Together, they promote transparency, accountability, and social responsibility. By continuously reflecting on philosophical, methodological, and personal dimensions and by upholding ethical principles of respect, justice, and beneficence, researchers can produce findings that are both credible and meaningful. Ultimately, ethical and reflexive practice transforms mixed-methods research from a technical exercise into a genuinely humanistic and socially engaged form of inquiry.



Narratives in Numbers: Integrative Designs for Exploring Mental Health Recovery Journeys

Focus: Employing Sequential Mixed Designs to Map Symptoms Trends
Alongside Therapeutic Lived Experiences



Prof. Achudha Kumar, HOD Dept. of Mental Health Nursing, Indira Gandhi School and College of Nursing, Munshiganj, Amethi, Uttar Pradesh, India

“Recovery is not about returning to who you were, but becoming who you are meant to be.”

- Anonymous

Abstract

Mental health recovery is a deeply personal and non-linear process that challenges traditional clinical outcome measures. Existing research often focuses on specific aspects (for example, symptom reduction is social inclusion) but rarely uses a comprehensive approach to capture the full individualised journey. This study addresses this gap by employing an integrative design to thoroughly explore the complex and multifaceted mental health recovery journeys from the perspective of individuals with lived experience

Understanding mental health recovery requires an approach that values both the measurable and the meaningful—the quantitative patterns of symptom change and the qualitative depth of lived experience. This article explores the application of sequential mixed-methods designs in mental health research, illustrating how the integration of quantitative symptom mapping with qualitative narratives can yield a comprehensive view of recovery. By intertwining numbers with stories, this methodological approach bridges clinical outcomes and human experience, fostering richer insights into how individuals navigate their paths to psychological well-being.

Introduction

Mental health recovery is not a linear trajectory but a dynamic and deeply personal process. Traditional clinical research has often prioritised symptom reduction, neglecting the nuanced realities of lived experiences—resilience, meaning-making, and identity reconstruction. Conversely, purely narrative studies capture depth but often lack generalizability and trend-based understanding.

To address this gap, the sequential mixed-methods approach—integrating quantitative symptom tracking followed by qualitative exploration of lived experiences—offers a robust, holistic framework. This design allows researchers to first identify measurable patterns and then contextualise them through personal stories, thereby transforming data into meaning.

The core objective is to gain a comprehensive and multifaceted understanding of the mental health recovery process. This goes beyond simply measuring clinical outcomes to include the subjective, personal, and therapeutic experiences of individuals.

Methodological Approach: Sequential Mixed Methods Design

The term Sequential Mixed Methods Design is the critical element here. It means the study will combine both quantitative (Numbers) and qualitative (Narratives/Lived Experiences) data, with one type of data collection and analysis following the other in a distinct sequence.

1. Quantitative Strand (The "Numbers" - Mapping Symptom Trends)

- * *Purpose:* To establish a measurable timeline of recovery by tracking clinical status over time.
- * *Data Collected:* Standardized psychometric measures (e.g., scales for depression, anxiety, functionality, quality of life) administered repeatedly.
- * *Analysis:* Statistical analysis (e.g., repeated-measures ANOVA, time-series analysis) to identify symptom trends (improvement, plateaus, relapses).

2. Qualitative Strand (The "Narratives" - Therapeutic Lived Experiences)

- * *Purpose:* To deeply explore the personal meaning, challenges, turning points, and effective factors experienced by the participants during the measured symptom trajectory.
- * *Data Collected:* In-depth interviews, focus groups, or narrative journaling.
- * *Analysis:* Thematic analysis, narrative analysis, or phenomenology to uncover key themes and personal stories of recovery.

Sequential Integration

Significance to Psychiatric Nursing

This integrative design is highly relevant to psychiatric nursing because it:

- * *Honours the Patient's Voice:* It ensures that recovery is not just a clinical score but a personal journey, aligning with person-centred care models.
- * *Informs Practice:* By linking specific therapeutic lived experiences (e.g., the feeling of a therapeutic alliance, the impact of a particular intervention) to measurable symptom changes, nurses can better tailor interventions and support.
- * *Addresses Complexity:* Mental health recovery is non-linear and complex; mixed methods are uniquely suited to capturing this reality

Theoretical Foundations

1. Recovery as a Multifaceted Concept

Recovery in mental health extends beyond symptom remission. It encompasses: Clinical recovery – reduction of psychiatric symptoms and improved functioning.

Personal recovery – regaining hope, self-agency, and social belonging.

Social recovery – rebuilding relationships and community participation.

This multidimensional understanding necessitates methodological pluralism—using both quantitative and qualitative paradigms.

2. Integrative Paradigm

An integrative paradigm in mental health research recognises that numbers represent patterns while narratives represent meaning. Sequential mixed-methods designs, guided by the pragmatic philosophy of research, combine both to answer not just what changes occur, but how and why they unfold.

3. Methodological Framework: sequential mixed-methods design

Sequential mixed designs are powerful methodologies in mental health psychiatric nursing research, integrating quantitative symptom trends with qualitative narratives to deepen understanding of recovery journeys. These approaches allow researchers to gather numeric data on symptom changes while capturing lived therapeutic experiences, resulting in a fuller depiction of mental health recovery processes

Principles of Sequential Mixed Designs

Sequential mixed designs involve collecting and analysing quantitative data first (such as symptom scores and clinical outcomes), followed by qualitative data collection and analysis that explores the context and meaning behind those trends. This design helps map symptom trajectories while integrating patients' and clinicians' first-hand experiences to interpret these trends more holistically.

1. Definition

A sequential mixed-methods design involves the intentional ordering of quantitative and qualitative phases, where one informs or expands upon the other.

2. Common Models

Explanatory Sequential Design (QUANTITATIVE -> QUALITATIVE):

Quantitative data (e.g., symptom scales, mood tracking) are collected first, followed by qualitative interviews to explain observed trends.

Exploratory sequential design (qualitative ->quantitative)

Qualitative narratives are gathered initially to identify emerging themes, which are then measured or validated quantitatively

3. Justification in Mental Health Contexts

This design is particularly suitable for mental health research because:

Recovery patterns often show heterogeneity across individuals.

Statistical symptom data alone may oversimplify lived experiences.

Sequential integration allows participant-centred interpretation of data trends.

Mapping Symptom Trends: The Quantitative Phase

1. Data Collection

Quantitative tools can include:

Standardized scales (e.g., PHQ-9, GAD-7, Recovery Assessment Scale)

Mobile mood diaries or digital health trackers

Longitudinal symptom monitoring (daily, weekly, or monthly)

2. Analytical Techniques

Trend Analysis: To identify symptom trajectories over time

Cluster Analysis: To classify recovery subtypes (steady, fluctuating, or relapse-recovery patterns)

Regression Models: To explore predictors of recovery progress

3. Value

This phase provides the “narratives in numbers”—statistical representations of progress, plateau, and relapse that can later be enriched through qualitative interpretation.

Capturing Therapeutic Lived Experiences: The Qualitative Phase

1. Narrative Inquiry

In-depth interviews, reflective journals, or focus groups help uncover:

Emotional shifts corresponding to symptom fluctuations

Coping mechanisms and turning points

Relationships with care providers and support systems

2. Thematic Analysis

Themes often emerge around:

Hope and hopelessness

Identity reconstruction

Agency and empowerment

Stigma and acceptance

3. Integration with Quantitative Data

By aligning these themes with quantitative patterns (e.g., a decline in anxiety scores coinciding with renewed social engagement), researchers can reveal the subjective meaning behind statistical change.

Integrating Numbers and Narratives

1 Sequential Data Merging

Integration can occur through:

Joint Displays: Visual matrices combining numerical trends and thematic insights.

Case-Based Integration: Individual-level synthesis of quantitative outcomes and qualitative stories.

Meta-Inferences: The final interpretation that bridges both forms of data.

2 Example

A participant’s depression scores may show gradual improvement over six months. Qualitative interviews might reveal that this improvement coincided with rediscovering a sense of purpose through volunteering—linking measurable progress to lived meaning.

Ethical and Reflexive Considerations

Respect for Lived Experience: Participants must be treated as co-constructors of knowledge, not just data sources.

Trauma-Informed Research Practice: Ensure sensitivity in interviews and data interpretation.

Researcher Reflexivity: Researchers must reflect on their biases, especially when interpreting personal narratives through a numerical lens.

Implications for Practice and Policy

1. For Clinicians

Integrating patient narratives with symptom trends can enhance:

Personalised treatment planning

Recovery-oriented care models

Strength-based approaches

2. For Researchers

Mixed-method frameworks foster:

Methodological rigor and interpretive depth: Transdisciplinary collaborations (psychology, nursing, social work)

Evidence-based narratives for policymaking

3. For Policymakers

Data-rich, human-centred findings can inform:

Mental health program design

Culturally responsive recovery interventions

Public awareness initiatives emphasizing lived experience

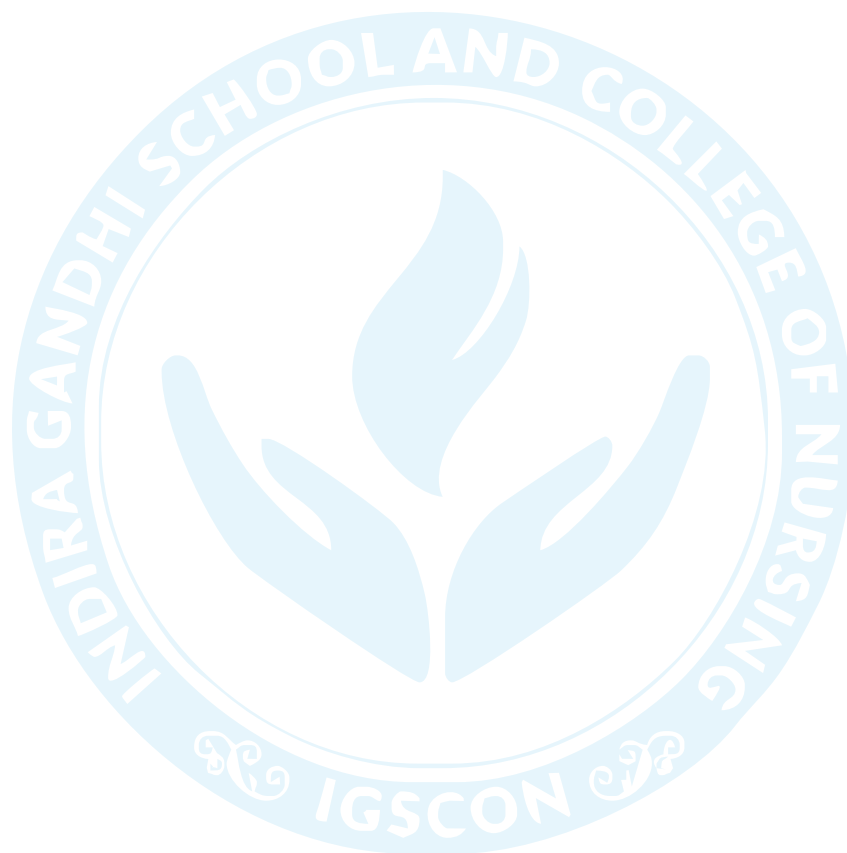
Conclusion

Mental health recovery is a symphony of progress, relapse, resilience, and rediscovery. By weaving quantitative symptom trends with qualitative lived experiences, sequential mixed-

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method designs illuminate the full texture of recovery journeys. This integration transforms research into empathy-driven evidence—where numbers speak, and narratives give them voice.



Diversity, Equity, and Inclusion (DEI) in Nursing Practice



Prof. Ch. Benajeer Israel, Head Dep. Obstetrics and Gynaecological Nursing, Indira Gandhi College and School of Nursing, Munshiganj, Amethi, Uttar Pradesh, India

Introduction

In contemporary nursing practice, diversity, equity, and inclusion (DEI) are essential tenets. They guarantee that each patient is treated fairly, compassionately, and individually in addition to improving the delivery of healthcare. The application of DEI concepts in nursing improves patient care, encourages collaboration, and creates a welcoming and culturally aware healthcare setting.

Importance of DEI in Nursing

Implementing DEI initiatives in nursing has far-reaching benefits:

- **Improved Patient Outcomes:** Care is better in line with patients' needs and values when nurses recognize and value cultural diversity.
- **Reduced Health Disparities:** When diverse groups have equal access to care, disparities in health outcomes are eliminated.
- **Enhanced Team Collaboration:** Open communication and respect among employees are fostered in inclusive environments, which strengthens teamwork.
- **Support for Workforce Retention:** Healthcare workers are more likely to remain engaged and dedicated to their jobs when they feel appreciated and included.

Key Challenges in Implementing DEI

Despite growing awareness, several barriers hinder effective DEI integration:

- **Implicit Bias:** Decision-making and patient relations may be impacted by unconscious biases.
- **Lack of Representation:** Inclusive viewpoints are hampered by the underrepresentation of diverse groups in nursing leadership.
- **Systemic Barriers:** Traditional institutions and institutional policies frequently fall short of adequately addressing disparities.

Overcoming these challenges requires commitment, reflection, and continuous learning within healthcare systems.

Addressing Implicit Bias

The first step in unlearning implicit prejudice is self-awareness. To recognize and confront their prejudices, nurses must participate in reflective practice, education, and training. Empathy and accountability are fostered in the healthcare sector by promoting discussion about bias and inclusion.

Strategies to Overcome Underrepresentation and Systemic Barriers

Promoting diversity within nursing requires proactive strategies, including:

- **Education and Training:** Provide DEI and cultural competency training at all levels.
- **Inclusive Hiring:** To create a representative workforce, hire people from a variety of backgrounds.
- **Employee Resource Groups:** Provide a forum for minority perspectives to exchange stories and promote change.
- **Inclusive Policies:** Create guidelines that support fairness in professional growth, compensation, and advancement.
- **Community Outreach:** To foster trust and promote nursing as a career path, interact with underrepresented communities.
- **Performance Metrics:** Use benchmarking, feedback, and data tracking to gauge advancement.

Measuring the Impact of DEI

To evaluate the effectiveness of DEI initiatives, organizations should employ:

- **Surveys and Feedback:** Get opinions on inclusivity from employees and patients.
- **Data Analysis:** Track changes in patient outcomes and workforce diversity.
- **Benchmarking:** To find areas for improvement, compare outcomes with industry norms.

Health Disparities and Contributing Factors

Health disparities arise from unequal access to preventive care and treatment. Major contributing factors include:

- Inequitable access to healthcare services;
- communication difficulties and language obstacles;
- implicit bias among healthcare professionals;
- underrepresentation of diverse nurses;
- socioeconomic and geographic differences

These issues are further compounded by educational inequalities, low income levels, environmental factors, and behavioral differences.

Technology and Inclusion in Modern Nursing

Technology plays a pivotal role in advancing DEI through innovative tools such as:

- **Electronic Health Records (EHRs)** for data-driven equitable care.
- **Telehealth and remote monitoring** to reach underprivileged populations.
- **AI-Powered Decision Support** to reduce human bias.
- **Wearable health technology** that enables individualized care.
- **Inclusive Communication Tools** that overcome language and accessibility barriers.

Conclusion

The expansion of Diversity, Equity, and Inclusion in nursing is transforming healthcare from the ground up. By embedding inclusive values in education, leadership, and patient care, nurses are better equipped to serve diverse communities and address systemic inequities. DEI is not just a professional obligation—it is a moral imperative that redefines excellence in nursing practice.



Policy Advocacy: A Core Pillar of Community Health Nursing Practice



Mrs. Manjot Kaur Sidhu, Associate Professor, Dept. of Community Health Nursing, Indira Gandhi School & College of Nursing, Munshiganj, Amethi, Uttar Pradesh, India

Introduction

One of the main tenets of community health nursing practice is policy advocacy. The practice of community health nursing (CHN) is fundamentally characterized by a dedication to the welfare of entire populations; it goes considerably beyond the conventional clinical environment. Policy advocacy, a proactive strategy intended to create basic, systemic changes that advance health equity and improve the overall health outcomes for all community members, is an important and fundamental professional role within this sector. According to a September 2023 study, effective policy advocates need a particular set of abilities, including as interpersonal communication, tenacity, fortitude, and familiarity with local administration and policy-making procedures. According to the research, acquiring these abilities through formal schooling alone is frequently challenging, underscoring the significance of advocacy training, mentorship, and role modelling.

Aim

Bringing about structural changes that enhance community well-being and promote health fairness.

Important Obligations and Measures—

- **Identifying and Documenting Needs:** CHNs carry out comprehensive health assessments, identifying major community health issues and their root causes using data and evidence. Credible policy arguments are based on this evidence. eg. In a low-income housing neighborhood, nurses perform house visits to identify lead paint risks and screen children for lead levels. They create records that list the precise addresses, lead levels, and related developmental problems in kids. Stronger home regulations and financially supported lead abatement initiatives are supported by this documentation. In order to justify public spending on housing reform, the data enables nurses to demonstrate to legislators the clear connection between poor housing policies, a particular environmental pollutant, and irreversible cognitive damage in children.

- ***Giving Voice to the Vulnerable:*** Many underprivileged or marginalized groups lack the means or political clout to speak up for themselves. In policy conversations, nurses serve as their trusted voice, ensuring that their rights to equitable, just, and humane care are respected.eg. Community health nurses frequently work with migrant workers who struggle to get consistent treatment due to a variety of issues, including language problems, lack of insurance, fear of deportation, and highly nomadic lifestyles. Policies that provide accessible, culturally responsive healthcare have been promoted and put into action by nurses.
- ***Education and Mobilization:*** Educating the public, community leaders, and decision-makers on the health effects of particular policies is a significant component of lobbying. Nurses rally public support by simplifying complex health facts using their clinical skills.eg. the mobilization for vaccination programs, particularly in underserved communities where misinformation or access barriers may be high.
- ***Creating Strategic Alliances:*** CHNs work with government agencies, non-profits, community organizations, and other healthcare professionals because they understand that systemic change necessitates a united front. These alliances increase their overall power and influence.eg. When dealing with problems like industrial pollution, nurses form partnerships with community action groups and environmental justice organizations to promote safer living circumstances.
- ***Direct Engagement and Lobbying:*** By offering expert testimony at legislative hearings, contacting elected officials, taking part in public forums, and actively advocating for legislation that advances health and well-being, nurses actively participate in the political process. eg. a measure establishing a state-wide screening program was passed thanks in large part to this active involvement. The ensuing data demonstrated a direct correlation between nurse advocacy and better public health outcomes by showing a rise in screening access and a decrease in death disparities.
- ***Encouraging Systemic Change:*** The ultimate objective is to have an impact on institutional and structural reforms that deal with basic problems like poverty, a lack of educational opportunities, and hazardous living or working conditions.eg. Studies have demonstrated a clear correlation between increased long-term health and well-being and policies that provide economic stability, such as a living wage. By promoting these reforms, nurses contribute to the development of economic stability, a crucial socioeconomic determinant of health, which eventually results in a healthier community with reduced incidence of illnesses linked to stress and improved nutrition.

Strategies for Effective Advocacy

Community health nurses use particular tactics to successfully negotiate the complicated political environment:

- **Acquire Policy Literacy:** Effective advocacy requires knowledge of existing health policies and an understanding of the legislative process.eg. Professional nursing organizations are key resources for policy education and engagement. Nurses actively use these platforms to build their literacy.
- **Leverage facts and Storytelling:** A strong argument that appeals to a policymaker's intellect and emotions is produced by fusing solid research and health facts with captivating, first-hand patient. This is dual approach is vital for engaging both the rational and emotional sides of decision-makers. Evidence-Based Example is Advocating for Lead Abatement Programs. This example effectively combines data on a widespread health issue with a personal story of a child's suffering to spur legislative action.
- **Join Forces with Professional Organizations:** Participating in state and national nursing groups offers a stronger, cohesive advocacy voice, an organized platform, and pooled resources.
- **Cultivate Leadership Skills:** Navigating political debates and confrontations requires the development of communication, negotiation, assertiveness, and leadership abilities.

Conclusion

In a nutshell, Policy advocacy is a moral and professional requirement in the realm of community health nursing, not an optional activity. It is the proactive use of nursing science to influence the systems and settings in which people live, work, and play, eventually fostering health and maintaining community well-being.



Maintaining Professional Boundaries in Nursing



Dr. Umesh Singh, Department of English, Indira Gandhi College and School of Nursing, Munshiganj, Amethi, Uttar Pradesh, India

IMPACT NURSE ID - 19

Abstract

A Nurse-patient relationship is very fundamental aspect of health-care which is built on trust, care, empathy and respect. Nurses work very closely with the patients to help them feel better and recover from illness. This article discusses the importance of maintaining professional boundaries in nurse-patient relationship.

Introduction

Nurses provide care and support to maintain professional boundaries for providing high quality care and building trust with patients. Every nurse has an ethical and legal obligation to uphold professional limits. The proper therapeutic distance between patients' vulnerability and a nurse's position of power is defined by the boundaries which are metaphorical bounds.

Maintaining professional boundaries in nursing is essential for providing safe ethical and effective patient care. Boundaries are the limits that define the professional therapeutic relationship and separate it from any personal relationship protecting the patients' vulnerability and preventing the nurses from abusing their inherent position of power.

Core Principles for Maintaining Boundaries

The responsibility for establishing and maintaining professional boundaries lies solely with the nurse. Key principles and practices include:

- **Focus on Patient Needs:** All interactions and behaviors must be directed toward meeting the patients' health needs and well-being, not the nurse's personal needs.
- **Self-Reflection:** Regularly evaluate your actions and feelings towards patients. If you find yourself thinking about a patient outside of work or giving a specific patient more time/attention than others, it may indicate a potential boundary issue.
- **Confidentiality and Privacy:** Uphold patient confidentiality at all times. Discuss patient information only when necessary for their care and in appropriate settings. Avoid sharing patient details, even anonymously, on social media.

- **Professional Conduct:** Maintain professional demeanour in dress, language, and behavior. Avoid using overly familiar terms like "sweetie" or "darling" and ensure physical contact (e.g., hugs) is therapeutic, supportive, and welcomed by the patient.
- **Avoid Dual Relationships:** Do not engage in personal, social, financial, or sexual relationships with current or vulnerable former patients or their families. If a patient asks for a personal relationship, politely decline and refocus the conversation on their healthcare needs.
- **Set Clear Expectations:** From the beginning of care, establish ground rules for communication and the professional nature of the relationship to avoid misunderstandings.
- **Consultation:** If you are unsure about a situation or feel boundaries are blurring, seek guidance from a supervisor, manager, or your professional/regulatory body.

Objectives

- Understand the concept of professional boundaries in nursing.
- Identify the importance of maintaining professional boundaries.
- Discuss ways to maintain professional boundaries in nursing.

Professional Boundaries

Boundaries are like invisible lines that help nurses and patients understand their roles. They ensure that nurses provide the best care possible with keeping a professional distance. This means nurses should be kind and caring. They should respect patient's privacy and should not share the personal information of the patients. They should also focus on patient's needs. Professional boundaries are limits and rules that nurses follow to maintain a professional relationship with patients. This includes:

- Maintain confidentiality.
- Avoid personal relationships.
- Being respectful and caring.

Importance Of Professional Boundaries

It is very essential for the nurses to maintain professional boundaries for the following purpose:

- To ensure patient's safety.
- To build trust and respect with patients.
- To reduce the risk of mental and physical fatigue.

Ethical Considerations

Nurses have a duty to maintain professional boundaries and respect patient's autonomy and dignity.

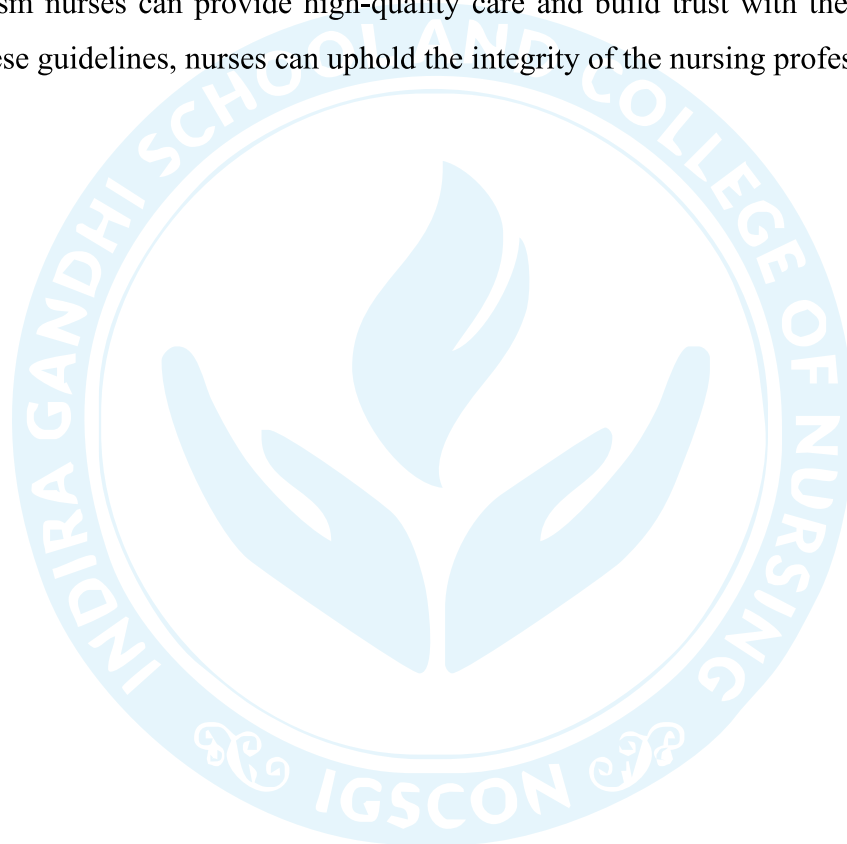
Methods

To maintain professional boundaries, nurses can:

- Establish clear boundaries and expectations.
- Prioritize patient centered care.
- Seek support from their colleagues and supervisors.

Conclusion

The nurse-patient relationship is very special and boundaries are crucial to maintain a positive and professional relationship. By understanding the importance of boundaries and professionalism nurses can provide high-quality care and build trust with their patients. By following these guidelines, nurses can uphold the integrity of the nursing profession.



The Voice of Bedside: Mixed-Method Insights into Nurse–Patient Communication and Healing Outcomes



*Mrs Kirti Mishra, Lecturer, Dept. of Medical surgical department (cardio thoracic)
Indira Gandhi School and College of Nursing, Munshiganj, Amethi, Uttar Pradesh, India*

Abstract

Effective nurse–patient communication is the cornerstone of compassionate and holistic healthcare. This mixed-method study explores how verbal and non-verbal communication at the bedside influence patients’ healing experiences and recovery outcomes. Quantitative data were gathered through patient satisfaction surveys, while qualitative insights emerged from interviews with nurses and patients. Findings revealed that empathy, active listening, clarity, and non-verbal expressions significantly enhance patient comfort, trust, and perceived recovery. The study underscores that beyond clinical interventions, the therapeutic relationship built through communication plays a vital role in promoting emotional well-being and faster healing. Strengthening communication skills among nurses is thus essential for achieving both clinical excellence and humane care.

Introduction

The voice of bedside: mixed method insights into nurse patient communication and healing outcomes" refers to the body of research that uses both qualitative (the "voice") and quantitative methods to explore the profound impact of nurse-patient interactions on patient well-being and clinical results. The advanced content from these studies details the mechanisms, benefits, and challenges of patient-centred communication at the bedside. the heart of every healing journey lies a conversation — a gentle word, a reassuring tone, a compassionate silence. Nursing, often described as the art of caring, finds its most profound expression at the bedside where communication becomes the invisible medicine that comforts, motivates, and heals

Triangulation about mixed method study

Improved Outcomes: Effective nurse-patient communication and bedside handovers (shift changes at the patient's bedside) are associated with significant benefits, including improved patient satisfaction, a greater sense of safety, reduced anxiety, and better engagement in their care planning.

Enhanced Communication and Information: Patients perceive bedside handover as a structural improvement to communication, ensuring information is consistently and accurately conveyed and understood. This transparency helps them feel more informed and empowered.

Patient Preferences Vary: While many patients value active participation, some prefer passive engagement in the handover process. This highlights the need for nurses to tailor their approach to individual patient preferences.

Role of Nonverbal Communication: Nonverbal communication is essential for conveying empathy, respect, and emotional support, which are crucial for building therapeutic relationships and improving patient satisfaction and the quality of care.

Barriers and Challenges: Common barriers to effective communication and bedside handover include time constraints, potential breaches of patient privacy/confidentiality (though this can be addressed by sensitive handling and patient consent), and perceived communication gaps between nurses and doctors.

Practical Implications for Clinical Practice

Implement Structured Bedside Handovers: Use a structured approach for shift changes at the bedside, ensuring all relevant clinical information is shared clearly and that the patient has an opportunity to ask questions or provide input.

Integrate Person-Centred Communication Training: Ongoing training for nurses should focus on both verbal and nonverbal communication skills, emphasizing empathy, active listening, and the ability to explain complex information in plain language.

Promote Inter Professional Collaboration: Encourage initiatives like nurse-physician bedside rounding to improve team communication and coordination of care, reducing information gaps and ensuring a unified approach for the patient.

Respect Patient Confidentiality: Address patient concerns about privacy during bedside handovers by handling sensitive issues discreetly or away from the bedside with patient consent

Advanced Concept and Research Insights

Impact on Patient Safety and Medical Errors: Research indicates that miscommunication is a leading cause of medical errors. Structured communication tools, such as bedside handovers, act as a safety mechanism, ensuring accurate information transfer, which reduces uncertainty and prevents adverse events.

Patient Empowerment and Shared Decision-Making: Effective communication empowers patients, making them feel heard and valued. Studies show that involving patients in shared decision-making processes increases their satisfaction, adherence to treatment plans, and overall engagement in their care. Patients who are better informed often make different, less costly healthcare choices and have improved outcomes for chronic conditions.

Non-verbal Communication as a Core Element: The *tone* of the nurse's voice and other nonverbal cues are critical for conveying empathy and building trust. A calm, reassuring tone can alleviate patient anxiety, while a dismissive one can create barriers in the therapeutic relationship. This is particularly important for patient satisfaction and adherence to treatment.

Identification of Communication "Voices": Ethnographic studies have explored the different "voices" nurses use in practice (e.g., medical, nursing, pedagogical, power) and how these affect patient interactions. Minimizing the "power voice" (which can make a patient feel excluded) in Favor of a combined teaching and care voice leads to a more positive experience for both patient and nurse.

The first step in unlearning implicit prejudice is self-awareness. To recognize and confront their prejudices, nurses must participate in reflective practice, education, and training. Empathy and accountability are fostered in the healthcare sector by promoting discussion about bias and inclusion.

Strategies to Overcome Underrepresentation and Systemic Barriers

Promoting diversity within nursing requires proactive strategies, including:

- **Education and Training:** Provide DEI and cultural competency training at all levels.
- **Inclusive Hiring:** To create a representative workforce, hire people from a variety of backgrounds.
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Health Disparities and Contributing Factors

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- communication difficulties and language obstacles;
- implicit bias among healthcare professionals;
- underrepresentation of diverse nurses;
- socioeconomic and geographic differences

These issues are further compounded by educational inequalities, low income levels, environmental factors, and behavioral differences.

Cultural Contexts of Care: Mixed-Method Perspectives on Women’s Reproductive Health Rights



*Ms. Divya Pandey, Lecturer, Dept. of Obstetrics & Gynecological Nursing,
Indira Gandhi School & College of Nursing, Munshiganj, Amethi, Uttar Pradesh, India*

*“Reproductive rights are human rights — they are not up for debate.”
– Hillary Clinton*

Abstract

Women’s reproductive health lies at the intersection of culture, healthcare, and human rights. While reproductive rights affirm a woman’s autonomy over her body and fertility, their realisation varies widely across societies. Cultural norms, religious beliefs, and gender hierarchies influence access to and perceptions of care. This article explores how mixed-method research deepens understanding of women’s reproductive health within diverse cultural contexts. It highlights the implications for nursing practice, ethics, and policy, emphasising culturally sensitive and rights-based approaches to care.

Introduction

Women’s reproductive health encompasses the right to make informed decisions regarding one’s bodies, fertility, and well-being. Yet, these rights are not equally experienced worldwide. Cultural expectations, patriarchal structures, and moral codes determine how reproductive health is perceived and practised. What may be a routine decision in one culture—such as contraception use—may be taboo in another.

In obstetric and gynaecological nursing, cultural understanding is essential for respectful and effective care. Nurses, as frontline providers, often guide women through complex reproductive issues, including menstruation, fertility, and childbirth. Their ability to combine scientific knowledge with cultural sensitivity determines the quality of care and the realisation of women’s reproductive rights. Mixed-method research, integrating both quantitative and qualitative insights, offers a holistic approach to studying these complex realities.

Cultural Contexts in Reproductive Health

Culture shapes health behaviours, beliefs, and decision-making. In many societies, reproductive decisions are collective rather than individual—guided by family elders, partners, or religious authorities. Social taboos around menstruation, infertility, and abortion often limit open dialogue and restrict women’s access to timely healthcare.

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Such cultural influences also determine where women seek care. Some prefer traditional birth attendants or spiritual healers due to mistrust of formal healthcare systems or previous disrespectful experiences. This demonstrates that reproductive health is deeply embedded in social and cultural frameworks, not just medical systems.

For nurses, cultural competence becomes a professional necessity. Understanding traditions and belief systems allows them to provide care that is both respectful and empowering—bridging the gap between traditional norms and evidence-based medical practice.

Women’s Reproductive Health Rights

Women’s reproductive rights are grounded in autonomy—the right to make personal decisions free from coercion or discrimination. Global frameworks such as the *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)* and the *International Conference on Population and Development (ICPD)* affirm that reproductive health is a fundamental human right.

However, these rights remain constrained by gender inequality, poverty, and cultural stigma. Many women continue to face discrimination in healthcare settings, limited privacy, and moral judgment. Nurses play a transformative role as educators and advocates, ensuring women receive accurate information, compassionate care, and emotional support. Through trust and advocacy, nurses enable women to make informed reproductive choices and exercise their rights confidently.

Value of Mixed-Method Approaches

Reproductive health research requires more than numbers; it demands context. Quantitative methods reveal the scale of issues—maternal mortality rates, contraceptive use, or access to services—while qualitative research explores underlying beliefs, motivations, and barriers.

By integrating both, mixed-method designs offer a comprehensive understanding of women’s lived experiences. Quantitative findings provide measurable trends, and qualitative insights explain *why* those patterns exist. This triangulation enhances the credibility and applicability of findings, allowing healthcare professionals to design culturally appropriate interventions grounded in both evidence and empathy.

Cultural Determinants and Key Findings

Mixed-method studies identify several recurring cultural determinants affecting women’s reproductive health:

1. **Gender roles and power dynamics** – decision-making often lies with male partners or elders, limiting women’s autonomy.
2. **Religious and moral values** – beliefs about contraception, abortion, and fertility shape acceptable practices.
3. **Stigma and silence** – taboos surrounding menstruation, infertility, and sexual health hinder open discussion.
4. **Healthcare trust and privacy** – disrespectful treatment discourages women from seeking professional care.
5. **Education and health literacy** – knowledge gaps restrict informed decision-making.

These factors interact with socioeconomic barriers such as poverty and poor infrastructure, compounding health inequities. Recognising these determinants helps policymakers and practitioners address not only medical needs but also cultural and social realities.

Implications for Nursing Practice

Nurses are key agents in promoting reproductive health rights. Their roles extend beyond clinical care to include communication, education, and advocacy.

- **Cultural Sensitivity:** Nurses must engage with women using empathy and respect, considering cultural and familial contexts in every interaction.
- **Patient Empowerment:** Education tailored to cultural understanding helps dispel myths and encourages informed decision-making.
- **Community Engagement:** Collaboration with traditional caregivers and community leaders fosters trust and wider acceptance of modern healthcare practices.
- **Advocacy and Policy Influence:** Nurses can advocate for privacy, equality, and non-discrimination in healthcare settings, ensuring women’s dignity is maintained.

Ongoing professional training in ethics and cultural competence strengthens these efforts, aligning nursing care with both cultural respect and universal rights.

Ethical and Human-Rights Considerations

Balancing cultural respect with ethical principles is often challenging. While traditions deserve recognition, they cannot justify harm or discrimination. Nursing ethics—autonomy, beneficence, non-maleficence, and justice—must guide all care practices.

Confidentiality is especially critical in reproductive matters. Breaches can expose women to stigma or violence. Nurses must ensure that care is private, respectful, and empowering. When cultural practices conflict with ethical standards, sensitive dialogue and education are more effective than confrontation. This ethical balance sustains both cultural harmony and human rights.

Policy and Practice Recommendations

To promote equitable and culturally responsive reproductive care:

- Integrate **cultural assessments** into nursing practice.
- Develop **culturally adapted health education materials** in local languages.
- Strengthen **community partnerships** and women’s participation in decision-making.
- Train healthcare workers in **gender sensitivity and cross-cultural communication**.
- Enhance **privacy and confidentiality** in healthcare facilities.
- Use **mixed-method evaluations** to inform continuous improvement in reproductive health programs.

These actions link evidence-based practice with cultural understanding, ensuring that healthcare systems remain humane, inclusive, and effective.

Challenges and Limitations

Applying mixed-method and culturally sensitive approaches requires time, resources, and methodological skill. Nurses may face institutional constraints such as heavy workloads, limited authority, or ethical dilemmas when cultural traditions conflict with professional standards. Overcoming these challenges requires supportive leadership, interdisciplinary collaboration, and policies that prioritize respectful and inclusive care.

Conclusion

Women’s reproductive health rights are inseparable from their cultural environments. Culture influences beliefs, behaviours, and access to care, making cultural competence essential in nursing and policy development. Mixed-method research bridges statistical trends with personal narratives, offering a holistic understanding of reproductive realities.

For nurses, this perspective translates into compassionate, rights-based practice rooted in respect and advocacy. Upholding reproductive health rights is therefore both a professional responsibility and a moral imperative—one that affirms dignity, autonomy, and justice for every woman, everywhere.



Digital Dimensions of Care: A Mixed-Method Inquiry into Technology Integration and Human Response



*Ms. Piyush Gunjan Yadav, Lecturer, Dept. of Community Health Nursing,
Indira Gandhi School and College of Nursing, Munshiganj, Amethi, Uttar Pradesh, India*

IMPACT NURSE ID - 22

Abstract

“Technology should enhance human touch, not replace it.”

Nursing practice is gradually moving toward digital settings where technology affects teamwork, communication, and decision-making. This mixed-method study uses both experimental usability assessment and statistical tracking of EHR usage to investigate how nurses adopt and engage with clinical informatics systems. The study assesses the impact of digital tools on efficiency, safety, and production while identifying integration obstacles and enablers. This investigation creates useful, evidence-based suggestions for enhancing workflow alignment, system design, and informatics education in nursing by combining quantitative data with qualitative views.

Introduction

These days, almost every aspect of nursing care is impacted by digital technology, from AI-assisted warnings to mobile monitoring and electronic health data. Even while these technologies offer effectiveness and security, when they are badly built, they frequently interfere with workflow. The real-world reactions of nurses—adaptation, resistance, or innovation—tell us a lot about how well technology works in clinical settings. In order to bridge the gap between system performance and human experience, this mixed-method investigation combines quantitative usage data with qualitative viewpoints to understand not only how nurses utilize digital systems but also how they feel and react to them.

Technology and Nursing Practice

Hospitals worldwide are investing in digital infrastructure, yet challenges persist in adoption and usability. Poorly designed systems increase mental workload and documentation time, sometimes leading to unsafe “workarounds.” Training, trust, and intuitive design remain essential for effective implementation. By combining measurable data trends with human-centered insights, this study’s mixed-

method framework helps educators and healthcare leaders align digital solutions with actual clinical realities.

Research Design and Methods — A Mixed-Method Inquiry

Three components made up the concurrent mixed-method design used in this investigation:

- 1. Quantitative Tracking:** Over the course of six months, hospital unit EHR logs were examined to evaluate error trends, documentation time, and login frequency. Trends and connections between staffing, shift type, and experience level were found using statistical methods.
- 2. Experimental Testing:** As a example: A crossover usability trial comparing two EHR interfaces involved forty nurses. The new single-page format decreased completion time by 26% and increased documentation correctness by 18% ($p < 0.01$).
- 3. Qualitative Inquiry:** The experiences and perspectives of nurses were investigated through thirty semi-structured interviews and focus groups. Three main topics emerged from the thematic analysis: faith in system design, training shortages, and digital burden.

Key Findings

- **Digital Burden:** Compared to their direct patient interactions, nurses spend more time recording.
- **Training Gaps:** Passive instruction was found to be less successful than hands-on, simulation-based training.
- **Trust and Fit:** Systems that eliminated redundancy and mirrored clinical reasoning were more widely accepted.

The **mixed-method analysis** confirmed that usability and workflow fit directly affect adoption, satisfaction, and care quality.

Implications for Nursing Practice

- Simplify EHR workflows using single-screen templates.
- Apply automation and smart alerts to reduce data fatigue.
- Involve nurses in design and evaluation for better alignment.
- Offer brief, scenario-based micro-training after updates.

Implications for Nursing Education

- Create informatics labs to facilitate practice-based learning.
- Teach students how to evaluate system data and make recommendations for enhancements.

- Encourage thoughtful conversation about human-technology cooperation.
- Develop self-assurance for upcoming positions as innovators and nurse informaticians.

Ethical and Practical Considerations

The investigation upheld the principles of autonomy, beneficence, and confidentiality throughout. All quantitative and qualitative data were collected under ethical approval and anonymized to protect privacy. Cooperation between nurses, IT teams, and administrators was essential for data accuracy and practical system testing.

Challenges and Limitations

Generalizability was diminished because the study was restricted to a single institution. Results could have been impacted by outside variables like software changes or workforce levels. Future mixed-method investigations ought to incorporate more venues, sophisticated analytics (such as eye tracking), and a wider range of participants.

Conclusion

This mixed-method investigation shows that nursing technology functions best when it is created for human usage, complementing professional judgment and compassionate care rather than taking their place. A feedback loop that improves practice, education, and patient outcomes is created by combining real usage data with experiential feedback. In the end, the digital aspect of care is about enabling nurses to provide safer, more intelligent, and human-centred care, not about machines taking their place.



The Silver Spectrum: Mixed-method study on aging autonomy and social support system: *A Personal Perspective*



*Ms Harshita Tripathi, Lecturer, Dept. of Community Health Nursing,
Indira Gandhi School & College of Nursing, Munshiganj, Amethi,
Uttar Pradesh, India*

IMPACT NURSE ID - 23

Introduction

“Aging is not lost youth but a new stage of opportunity and strength” – Betty Friedan’s

Gerontological nursing is a specialised field focused on the physical, emotional, and social needs of older adults. It promotes health, prevents illness, and manages age-related conditions to improve quality of life. Gerontological nurses work in hospitals, care facilities, and homes, collaborating with families and communities to support healthy ageing and independence. The term replaced “geriatric nursing” in the 1970s to emphasize wellness as well as care.

Gerontological nursing is essential as the world’s older population grows rapidly. With people living longer and fewer births occurring, those aged 60 and above are expected to increase from 605 million in 2000 to 2 billion by 2050. In developed countries like the U.S. and Japan, the proportion of seniors is already high—13% and 23% in 2010—and is projected to reach 21% and 36% by 2050.

Aging is a journey of identity, resilience, and adaptation, not merely a biological process. I often consider how older folks manage their old age in today's fast-paced society, finding a balance between independence and reliance as well as personal preference and social constraints. This topic explores "The Silver Spectrum," an idea that shows the various facets of aging events, where social support and freedom combine to affect later-life quality. A combination of quantitative and qualitative data to provide a comprehensive understanding of the relationship between social connectedness and positive aging outcomes

Methodological Approach

Researchers in this field often adopt **explanatory sequential** or **concurrent mixed-methods designs** to gain a comprehensive understanding and contextual depth for quantitative findings.

- **Quantitative Phase:** This phase typically employs surveys using validated instruments—such as the *Social Provisions Scale*—to assess variables like loneliness, social support, and quality of life among large samples of older adults.
- **Qualitative Phase:** Involves *semi-structured interviews* or *focus group discussions* to explore the lived experiences of older adults, their perceptions of social support, and the ways these factors shape their daily lives and sense of autonomy.
- **Integration:** Data from both phases are integrated during the interpretation stage, allowing qualitative insights to contextualize quantitative patterns. This process yields a more nuanced and holistic understanding of **aging autonomy** and the **social support systems** influencing it.

Exploring Decision-Making Autonomy in Healthcare

A significant area of research employs **mixed-methods approaches** to explore how the **social context** shapes older patients’ participation in healthcare decision-making.

- **Quantitative Findings:** One study involving patients, informal caregivers, and nurses utilized the *Control Preference Scale* alongside social support measures. The results indicated that higher levels of perceived social support among patients were associated with a stronger preference for a *shared role* in healthcare decisions. Patients who felt adequately supported were less inclined to adopt a *passive role*, suggesting that social connectedness fosters confidence and engagement in decision-making processes.
- **Qualitative Insights:** Complementary interviews revealed that this preference for shared decision-making emerged from the perception that informal caregivers and nurses were *attuned to patients’ values and preferences*. Rather than seeking complete independence, older adults valued collaborative involvement in which their input was respected and their choices were supported. The findings underscored that decision-making is embedded within a **relational and social framework**, where autonomy is maintained through *mutual understanding and support* rather than through isolation or self-reliance.

Why a Mixed-Method Approach Matters

A **mixed-method research approach** is particularly valuable in the study of aging, as it recognizes that **aging is a profoundly human experience** that cannot be fully understood through numerical data alone. Quantitative findings can identify broad patterns—such as the proportion of older adults living independently or the statistical relationship between social support and mental health—yet they often overlook the *underlying motivations and lived experiences* behind these trends.

For instance, while surveys may indicate that approximately 70% of older adults prefer to remain at home rather than reside in institutional settings, qualitative interviews uncover the deeper reasons for this preference—such as the *fear of losing autonomy*, *comfort derived from familiar surroundings*, and *emotional attachment to one’s home*.

From my perspective, integrating **statistical trends** with **personal narratives** offers a more holistic understanding of aging. This approach acknowledges that although aging is a universal process, each individual’s experience is shaped by unique constellations of relationships, health conditions, cultural influences, and personal values.

Findings and Reflections

Several themes consistently emerged:

- ✓ **Autonomy as Self-Identity** – Many older people see independence as part of their self-respect. Even small choices, like what to wear or how to spend money, are very important to them. They often feel upset when family members make decisions for them without asking.
- ✓ **The Dual Role of Family** – Family can be both helpful and restrictive. Living with children can bring love and emotional comfort, but it can also limit personal freedom. Having open communication and mutual respect helps maintain a balance between independence and support.
- ✓ **Community and Peer Support** – Apart from family, community groups, religious circles, and friendships play a big role in helping older adults stay active and confident. Those who join senior clubs or community centers often feel happier and more valued.
- ✓ **Technology as a Support Tool** – More elderly people are learning to use smartphones and the internet to stay in touch, handle money, and get medical advice. Technology, when taught with care, can help them stay independent and connected at the same time.
- ✓ **Gender and Cultural Differences** – Older women, especially widows, often struggle more to stay independent because of social traditions and financial limits. The idea of autonomy also changes from culture to culture—what is seen as independence in one society might be viewed as neglect in another.

Challenges to Autonomy and Support

Despite increasing awareness, several barriers persist. Economic vulnerability, ageism, and inadequate social welfare systems often force older adults into dependency. Institutional care, though sometimes necessary, is often associated with loss of freedom and emotional detachment.

I believe that true social progress lies not in isolating the elderly in specialized facilities but in creating inclusive communities where their voices are heard and respected. Autonomy should not end with old age—it should evolve with it. Society must recognize that older adults are not just care recipients but contributors, holding wisdom and experience that enrich community life.

Towards an Empowering Social Support Framework

A good social support system for older adults should be broad and respectful of different cultures. It should include:

- **Empowerment:** Involve seniors in making decisions about their health, money, and living arrangements.
- **Community Connection:** Create local groups, senior clubs, and intergenerational programs that build friendship and respect.
- **Technology Access:** Teach seniors to use digital tools for communication, services, and healthcare.
- **Policy Support:** Encourage government programs that protect elder rights and provide financial and health security.
- **Family Awareness:** Guide families to support elders’ independence without making them overly dependent.

My Personal Insight: The Silver Spectrum Philosophy

To me, “**The Silver Spectrum**” represents the many shades of ageing—from independence to vulnerability and solitude to connection. Ageing is not about losing colour but about gaining new tones of wisdom, resilience, and adaptability. Autonomy and support complement each other; true well-being comes when older adults feel both empowered and connected, fostering a compassionate, inclusive society.

Conclusion

In conclusion, ageing autonomy and social support reveal that ageing is not a uniform process but a personalised journey across the “Silver Spectrum.” Every elderly person deserves the right to shape their own life, supported by systems that respect their dignity and individuality.

As I reflect on this topic, I realise that how a society treats its elders mirrors its moral and cultural maturity. Building environments that nurture autonomy, empathy, and connection is not just a social obligation—it is a collective responsibility. The future of ageing should not be about mere survival but about living with purpose, respect, and the freedom to choose one’s own silver shade in life’s ever-evolving spectrum.

Integrating Growth Metrics and Parental Narrative in Paediatric Care



Ms. Anamika Maurya, Lecturer, Dept. of Obstetrics & Gynaecological Nursing, Indira Gandhi School and College of Nursing, Munshiganj, Amethi, Uttar Pradesh, India

IMPACT NURSE ID - 24

Abstract

“Your children need your presence more than your present.”

-Jesse Jackson

Integrating growth metrics and parental narratives in paediatric care promotes a holistic understanding of a child’s health and development. Growth metrics provide objective data on physical progress, while parental narratives offer qualitative insights into behavioral, emotional, and social dimensions. The use of mixed methods—combining quantitative and qualitative data—enables comprehensive child assessment and supports family-centered care. This integration aligns with health rights, ensuring participation, equity, and the child’s best interest. The study highlights that effective communication, documentation, and multidisciplinary collaboration improve outcomes. Implications for nursing practice include enhanced assessment accuracy, family engagement, and culturally competent care. Limitations involve time constraints, subjective bias in narratives, and lack of standardized integration protocols.

Introduction

Paediatric care aims not only to monitor children’s physical growth but also to understand their overall well-being. Traditional health assessments primarily focus on measurable indicators such as weight, height, and developmental milestones. However, these data alone cannot capture the full picture of a child’s experiences or challenges. Integrating growth metrics with parental narratives allows healthcare professionals to interpret the child’s growth within the context of their daily life, environment, and family dynamics. This comprehensive approach supports individualized care and strengthens trust between families and healthcare providers.

Health Rights Perspective

This integration reflects core principles of children’s health rights—particularly those outlined in the United Nations Convention on the Rights of the Child (UNCRC). It upholds the right to health, participation, and respect for the child’s family context. By valuing parents’ voices alongside clinical data, healthcare professionals promote equitable, participatory, and

inclusive paediatric care. This ensures that decisions about children’s health are made with respect for family experience and social context.

Value of Mixed Methods

- ❖ The mixed-methods approach—combining quantitative (growth metrics) and qualitative (parental narratives) data—provides a more accurate and meaningful understanding of child health.
- ❖ Quantitative data establish measurable baselines and trends.
- ❖ Qualitative data explain variations and contextual factors influencing growth and development.
- ❖ This integration enhances diagnostic accuracy, supports early detection of developmental delays, and guides tailored interventions.

Key Findings (From Literature and Practice)

- ❖ Improved clinical outcomes when parental input is included in growth and developmental monitoring.
- ❖ Early detection of behavioral, emotional, or nutritional issues through narrative insights.
- ❖ Strengthened parent–provider relationships through active listening and mutual respect.
- ❖ Enhanced family satisfaction with care that acknowledges both data and lived experience.
- ❖ More culturally sensitive care that respects diverse parenting and feeding.

Approaches

- ❖ Structured interviews or parental questionnaires alongside growth charts.
- ❖ Narrative documentation in electronic health records (EHRs).
- ❖ Interdisciplinary collaboration among nurses, paediatricians, and child psychologists.
- ❖ Regular follow-up integrating both measurement review and family discussion.
- ❖ Use of standardized tools (e.g., WHO Growth Standards + developmental narrative frameworks).

Implications for Nursing Practice

- ❖ Nurses play a key role in collecting and interpreting both quantitative and qualitative data.
- ❖ Training in communication and narrative listening is essential for accurate interpretation.
- ❖ Incorporating parental narratives supports family-centered and culturally competent care.

- ❖ This approach enhances early intervention and continuity of care.
- ❖ Encourages nurses to advocate for the child’s voice and family participation in care planning.

Considerations

- ❖ Time constraints in clinical settings may limit narrative collection.
- ❖ Documentation systems must support mixed data entry.
- ❖ Cultural and linguistic differences can affect narrative interpretation.
- ❖ Training is needed to reduce bias and improve consistency in assessment.

Policy and Practice Recommendations

1. Develop national or institutional guidelines for integrating parental narratives into pediatric records.
2. Include narrative-based assessment training in nursing and medical curricula.
3. Adopt electronic systems that allow both numerical and narrative data entry.
4. Promote interdisciplinary teamwork for holistic child assessment.
5. Ensure child and family participation as a standard ethical and rights-based practice.

Limitations

- ❖ Limited time and resources in busy clinical settings.
 - ❖ Potential subjectivity and bias in parental reports.
 - ❖ Lack of standardized frameworks for integrating narratives with growth data.
 - ❖ Difficulty in measuring outcomes of narrative-based interventions.
 - ❖ Need for further research on long-term effects of this integrated approach.
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Innovative Technologies and Clinical Applications in Oncology Nursing

*Mrs. Naina Tagde Mandal, Senior Nursing Tutor, Dept. of Medical
Surgical Nursing, Indira Gandhi School and College of Nursing,
Munshiganj, Amethi, Uttar Pradesh, India*



Abstract

Technology and digital health are transforming oncology nursing by offering innovative solutions to manage cancer care. This abstract summarizes the integration of key technologies, their impact on practice, and the vital role of oncology nurses. The rapid evolution of digital tools, including telehealth, MHealth apps, wearable devices, electronic health records, and artificial intelligence—supports remote patient monitoring, enhances communication, improves symptom management, and enables data-driven clinical decisions.

Oncology nurses use these tools for tasks such as guiding patients through remote symptom tracking, coordinating complex care using centralized data, and educating patients on technology use. These innovations reduce patient burden by minimizing clinic visits and empowering patients in their self-management. The ultimate outcome is the delivery of more efficient, personalized, and high-quality care that improves patient outcomes and the overall quality of life for individuals undergoing cancer treatment. The successful implementation of these technologies' hinges on the nurse's expertise in patient education, ethical practice, and advocacy for evidence-based digital health solutions.

Introduction:

The landscape of cancer care is undergoing a profound transformation, driven by the rapid integration of technology and digital health solutions. Oncology nursing, at the forefront of patient care, is uniquely positioned to leverage these innovations to address the growing complexity and burden of cancer. Historically reliant on traditional in-person interactions, the practice is now evolving to embrace a hybrid model that incorporates telehealth, mobile health (mHealth) applications, wearable devices, and data analytics. These digital tools are not merely supplementary; they are becoming essential components of the care continuum, enabling proactive symptom management, enhancing communication between patients and providers, and delivering care beyond the confines of the clinic walls. The central challenge and opportunity lie in harnessing this technology to improve patient outcomes, enhance quality of life, and ensure equitable, patient-centered care, all while maintaining the critical human connection that defines nursing practice.

Technology and digital health are revolutionizing oncology nursing by providing tools for remote monitoring, enhanced communication, symptom management, and data-driven decision-making. These innovations help manage the growing cancer burden and improve patient outcomes, quality of life, and access to care.

Technologies and Applications in Oncology Nursing

Oncology nurses leverage various digital health tools across the entire cancer care continuum:

- **Telehealth and Virtual Care:** The use of video conferencing and phone consultations has expanded rapidly, accelerated by the COVID-19 pandemic. This allows nurses to provide timely support, conduct remote assessments, and manage patient concerns without the need for frequent in-person visits, which is especially beneficial for patients in rural areas or those with compromised immune systems.
- **Patient-Reported Outcomes (PROs) and Symptom Monitoring:** Mobile apps and web-based platforms allow patients to report symptoms and side effects in real-time from home. These systems alert nurses to concerning changes, enabling prompt intervention, improved symptom control, fewer unplanned hospitalizations or emergency department visits, and even improved survival rates in some cases.
- **Wearable Devices:** Fitness trackers and biosensors passively collect data on patients' activity levels, sleep patterns, heart rate, and other vital signs. This continuous monitoring provides objective measures of functional status and helps nurses detect early signs of deterioration or treatment complications.
- **Electronic Health Records (EHRs) and Data Analytics:** Digital health facilitates the centralization of patient data in EHRs, which enhances communication and care coordination among interdisciplinary teams. Nurses use this information to track care trajectories, inform decision-making, and ensure continuity of care.
- **Artificial Intelligence (AI):** AI is used in diagnostics, personalized treatment planning, and workflow optimization. In nursing, AI algorithms can help identify high-risk patients, predict potential adverse events, and streamline documentation, allowing nurses more time for direct patient care.
- **Mobile Health (mHealth) Applications:** A wide range of mobile apps provide educational materials, medication reminders, and self-management support, empowering patients to take an active role in their care.
- **Virtual Reality (VR):** VR is explored as a therapeutic tool to help manage symptoms such as pain and anxiety through distraction, and for patient rehabilitation programs.

Role of the Oncology Nurse in a Digital Ecosystem

Oncology nurses are pivotal in integrating digital health into patient care, acting as the primary point of contact and ensuring technology is used effectively and ethically. Their role involves:

- ***Remote Monitoring and Triage:*** Nurses use apps and online platforms to monitor patient-reported outcomes (PROs) in real time. When a patient reports symptom that cross a pre-set severity threshold (e.g., severe nausea or high temperature during chemotherapy), the system triggers an immediate alert to the nurse, who can then intervene promptly, often avoiding a hospital visit.
- ***Patient Education and Support:*** Nurses provide education on how to use digital tools, manage side effects, and adhere to complex oral chemotherapy regimens. The written format of electronic

communication can be particularly advantageous, allowing patients and caregivers to review instructions as needed at home.

- **Data Interpretation and Decision Support:** Nurses interpret vast amounts of patient-generated health data (PGHD) from wearables and PROs to gain a holistic view of the patient's condition. They use this information to inform clinical decision-making, identify high-risk patients who need proactive intervention, and coordinate care among the interdisciplinary team.
- **Advocacy and Leadership:** Oncology nurses are essential stakeholders in the design and implementation of digital health platforms to ensure they are user-friendly, address patient needs, and integrate seamlessly into existing workflows.

Specific Examples of Digital Health in Symptom Management

Several digital solutions have shown promise in managing specific chemotherapy side effects:

- **Symptom Monitoring Apps:** Applications like ASyMS and others allow patients to rate symptoms (nausea, fatigue, pain, etc.) via mobile phone. The system provides automated self-care advice and alerts nurses to severe symptoms, leading to improved symptom control and less distress.
- **Text Messaging (SMS) Interventions:** Automated text messages providing tailored advice on diet, hydration, hygiene, and physical activity can help patients manage various side effects (e.g., less nausea) and feel more supported during treatment.
- **Wearable Devices:** Fitbits and other biosensors passively monitor activity levels and sleep patterns. This data helps nurses objectively assess functional status and detect early signs of deterioration, which can be correlated with symptom scores.
- **Automated Voice Response (AVR) Systems:** Patients can report symptoms through automated phone calls, which can then trigger alerts or provide pre-recorded self-management advice.

Challenges and Ethical Considerations

Despite the advancements, the integration of digital health presents challenges:

- **Digital Divide:** Disparities in access to technology (e.g., broadband internet in rural areas) and digital literacy among older or disadvantaged patients can exacerbate health inequalities.
- **Data Security and Privacy:** Protecting sensitive patient data collected through various digital platforms is paramount and requires adherence to strict regulations like GDPR.
- **Workflow Integration and Training:** New technology can increase the nursing workload and disrupt existing workflows if not properly integrated into the EHR system. Comprehensive and ongoing training for nurses is essential to ensure competent and confident use.
- **Maintaining the Human Element:** There is a concern that increased reliance on technology may dehumanize care or interfere with the crucial nurse-patient relationship. Hybrid models that combine virtual and in-person care are emerging as a balanced approach.
- **Algorithmic Bias:** AI algorithms used in clinical decision support systems must be rigorously evaluated to ensure they are not biased against underrepresented populations, which could lead to disparities in care.

Conclusion

Technology and digital health have firmly established their roles as powerful allies in oncology nursing. By enabling remote monitoring, data-driven decision-making, and personalized support, these innovations are reshaping the nurse's role, making care more efficient, accessible, and responsive to the real-time needs of patients. While challenges such as ensuring data privacy, addressing the digital divide, and integrating new workflows persist, the benefits in terms of improved symptom control, reduced hospitalizations, and enhanced patient empowerment are undeniable. The future of oncology nursing lies in a balanced, integrated approach where human expertise is augmented by intelligent technology. Oncology nurses, as key leaders and patient advocates, will continue to play a vital role in navigating this digital evolution, ensuring that technology remains a tool for delivering compassionate, high-quality, and truly patient-centered cancer care.



Respectful Maternity Care: Bridging Human Dignity and Clinical Excellence



Mrs. Ajita Pathak, Nursing Tutor, Indira Gandhi School & College of Nursing, Munshiganj,
Amethi, Uttar Pradesh, India

IMPACT NURSE ID - 26

“In the rhythm of childbirth, respect is the heartbeat that sustains both mother and caregiver.”

Abstract

Respectful Maternity Care (RMC) has emerged as a global priority in maternal and newborn health, emphasising that every woman deserves dignity, privacy, and compassion during childbirth. Despite advances in obstetric technology and clinical standards, instances of disrespect, neglect, and abuse continue to occur in healthcare settings, compromising both outcomes and trust in the system. This article explores the principles, global standards, and nursing responsibilities underpinning RMC. It highlights the need to integrate human rights-based care with evidence-based clinical excellence to create safe, supportive, and empowering birthing environments for all women.

Introduction

Childbirth is not only a physiological process but also a deeply emotional and transformative experience for every woman. While healthcare systems worldwide have made remarkable progress in reducing maternal and neonatal mortality, the *quality of the birthing experience* often remains overlooked. Respectful Maternity Care (RMC) is grounded in the fundamental recognition that women have the right to be treated with dignity, compassion, and autonomy during labour and childbirth.

According to the **World Health Organisation (WHO, 2018)**, disrespect and abuse during childbirth—such as verbal humiliation, non-consensual care, neglect, or denial of companionship—are violations of basic human rights. Promoting RMC is therefore not just a clinical goal, but a moral, ethical, and professional obligation.

Defining Respectful Maternity Care

The **White Ribbon Alliance** defines Respectful Maternity Care as “the universal human right of every childbearing woman to receive care that maintains her dignity, privacy, confidentiality, and autonomy, and ensures freedom from harm and mistreatment.”

RMC includes key principles such as:

- Freedom from abuse and neglect

- Privacy and confidentiality
- Informed consent and choice of care
- Companion of choice during childbirth
- Equitable and discrimination-free care
- Continuous emotional and physical support

These elements are designed to ensure that clinical excellence is delivered alongside empathy, communication, and compassion.

Global Frameworks and Standards

The **WHO Framework for Quality Maternal and Newborn Care (2016)** identify *experience of care* as one of its core components of quality. It emphasises that safe, effective, and people-centred care must coexist.

Additionally, the **Respectful Maternity Care Charter (2011)** outlines seven universal rights of childbearing women, including the right to:

1. Be free from harm and ill-treatment
2. Information, informed consent, and refusal
3. Privacy and confidentiality
4. Dignity and respect
5. Equality and freedom from discrimination
6. Healthcare and timely interventions
7. Liberty and autonomy

These rights form the ethical foundation for modern obstetric nursing and midwifery.

The Role of Nurses and Midwives

Nurses and midwives stand at the frontline of maternity care. Their attitudes, communication, and advocacy directly shape the childbirth experience. Practising RMC involves:

- ***Establishing trust and rapport*** with the woman and her family.
- ***Providing continuous presence*** during labour, offering reassurance and comfort.
- ***Encouraging informed decision-making*** by explaining procedures and obtaining consent.
- ***Respecting cultural and personal preferences*** in childbirth practices.
- ***Advocating against institutional mistreatment***, ensuring accountability and ethical conduct.

Through empathetic listening, emotional support, and professional advocacy, maternity nurses become the true custodians of respectful and humane care.

Bridging Human Dignity and Clinical Excellence

The essence of RMC lies in balancing **technical proficiency with emotional intelligence**. While clinical excellence ensures safety and quality, human dignity ensures satisfaction and trust. A healthcare environment that prioritises both results in better maternal and neonatal outcomes, reduced trauma, and increased service utilisation.

Training programs that combine **clinical skills with communication, ethics, and empathy** have shown measurable improvements in women’s experiences of care. The integration of RMC principles into nursing education and institutional protocols fosters a culture of compassion, accountability, and respect.

Challenges and Way Forward

Despite global advocacy, barriers persist in implementing RMC—such as staff shortages, burnout, inadequate privacy infrastructure, and lack of awareness. Overcoming these challenges requires:

- ***Policy-level commitment*** to include RMC in quality improvement standards.
- ***Continuous professional development*** for nurses and midwives on communication and ethics.
- ***Monitoring and evaluation mechanisms*** to track respectful care indicators.
- ***Community engagement and feedback systems*** to amplify women’s voices.

Institutional reforms and leadership commitment are essential to make RMC a sustainable part of the healthcare culture.

Conclusion

Respectful Maternity Care is not merely an aspiration but a *fundamental right* and a *hallmark of quality healthcare*. By merging clinical competence with compassion and respect, healthcare professionals can transform childbirth into a safe, positive, and empowering experience.

Nurses and midwives, through their unique position in maternal care, hold the power to bridge the gap between human dignity and clinical excellence—ensuring that every birth is not only safe, but also celebrated with honour, empathy, and respect.

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Mixed-Method Research in A Socio-Ecological Perspective



*Dr. Vasanthakumari Sundararajan, Assistant Professor,
Dep. of Paediatric Nursing, College of Applied Medical Sciences, King Faisal University,
Al-Ahsa, Kingdom of Saudi Arabia, Email: vsundarar@kfu.sa , vasanhar@yahoo.com*

Abstract

Mixed-method research in a socio-ecological perspective uses both quantitative and qualitative data to provide a more complete understanding of complex human-environment interactions, as the social and ecological systems are intricately linked. The complex interactions between individual, social and environmental factors, providing a more holistic view. This approach is particularly effective for studying issues like community health, environmental sustainability, and resource management by examining phenomena across multiple levels of a system, from individual behaviors to broader social and ecological contexts. The combination of methods allows researchers to quantify patterns while also exploring the nuanced reasons and experiences behind them. Socio-ecological framework describes the field of mixed methods within three nested and interacting levels: the mixed methods research process, content, and contexts. This accounts for different perspectives, issues, and debates found within the field. Social-ecological perspective helps to characterize community impacts from a specific intervention, and better understand the complexities of social-ecological decision processes. By unravelling how social-ecological perspectives monitors and implements the change over time, lessons are learnt which can guide to decide on the best practices that can be deployed to other social-ecological perspectives experiencing change. It includes the key aspects like integrative methods, complex systems examination, information on practical application, anchoring in a theoretical framework, adaptability to specific contexts. Application of this approach includes health research, urban planning and environmental science. This socio-ecological perspective approach helps researchers successfully understand and navigate the complexity and nuances of the mixed methods field, and develop foundational knowledge for designing and implementing a mixed methods study using this practical focused approach.

Key words: Mixed-method research, Socio-ecological perspective, Community health, Environmental sustainability, Resource management, Social-ecological decision processes

**Effectiveness of an Educational Interventional Study
on New Born Care Among Primi Antenatal Mothers
Attending Clinics in Selected Maternity Hospitals**



*Dr. Bharathi M., Principal,
Karnataka College of Nursing, Bangalore, India*

Abstract

A quasi-experimental study, to assess the "effectiveness of an educational interventional study on newborn care among primi antenatal mothers attending clinics in selected maternity hospitals, at Bangalore.

The objectives of the study were to:

1. To assess the knowledge of primi antenatal mothers attending maternity hospitals regarding newborn care before intervention.
2. To evaluate the effectiveness of the educational interventional module on newborn care among primi antenatal mothers attending maternity hospitals.
3. To find the association between the socio-demographic variables of the primi antenatal mothers and their knowledge on newborn care (prior to the intervention).
4. To find out the influence of socio-demographic variables of primi antenatal mothers on their knowledge of newborn care. (After the intervention).

The conceptual framework selected for the present study was based on Pender's Health Promotion Model. In view of the nature of the problem, selected objectives to be accomplished, a quantitative approach with a quasi-experimental design (one-group pre-test and post-test design) was adopted in this study. Simple random sampling technique. (Lottery method) was used to select the samples. The sample size was 300.

The data was collected using the structured questionnaire for knowledge regarding newborn care from May and June 2011. The pre-test was conducted on day one, and after administration of the educational interventional module using the same questionnaire, the post-test was conducted on the seventh day. The pre-test and post-test were evaluated.

The major findings of the study:

- ❖ The pre-test level of knowledge regarding newborn care among the primi antenatal mothers, the results show that there were 293 (97.6%) of the mothers who had inadequate knowledge, 05 (1.7%) of mothers had moderately adequate knowledge, and only 02 (0.7%) of the mothers had adequate knowledge regarding newborn care.
- ❖ The post-test level of knowledge regarding newborn care among Primi antenatal mothers, there were about 279 (93%) of the mothers who had adequate knowledge, 18 (06.0%) of the mothers had moderately adequate knowledge, and 03(1.0%) of the mothers had inadequate

knowledge regarding care of the newborn.

- ❖ The overall enhancement of the knowledge is present, and the scores were depicted as a mean score of enhancement was 50.497, and the standard deviation was 11.986. Thus, the table shows that in the post-test, there is an increase in the level of knowledge regarding the care of new-borns when compared with the pre-test level of knowledge.
- ❖ The paired test value of the comparison of the pre-test knowledge regarding the newborn care and post-test knowledge regarding the newborn care among Primi antenatal mothers was found to be 72.971. The table value notified at the level of 299 is 2.575, where the $P < 0.001$. It indicates that it is highly significant.
- ❖ Overall there is no significant association between the between the pre test knowledge regarding newborn care among the primi antenatal mothers and the selected socio demographic variables like age of the mothers, religion, educational status, occupational status, monthly income, marital status, age at the time of marriage, type of the family, area of residence and source of the information are all not significant. Hence hypothesis stated before that there will be a significant association between the pre-test knowledge regarding the newborn care among the Primi antenatal mothers and the selected socio-demographic variables of the Primi antenatal mothers was rejected.
- ❖ The overall socio-demographic variables, age at marriage, and the area of residence are significant. Thus, the Hypothesis stated that there would be a significant association between selected demographic variables with the post-test knowledge of the Primi antenatal mothers regarding the care of the newborn was accepted.
- ❖ When considering the other sociodemographic variables like age of the mothers, religion, educational status, occupational status, monthly income, marital status, and type of family. The source of the information is not significant.
- ❖ There will be a significant association between the post-test level of knowledge regarding newborn care among the primi antenatal mothers and the selected socio-demographic variables of the primi antenatal mothers was rejected.
- ❖ The overall findings of the study showed that there is a significant difference in the level of knowledge of the primi antenatal mothers regarding newborn care after the educational intervention.



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“The Hands That Welcome Life”

By a Nurse Teacher

In the silence of the birthing room,
A cry breaks through the gloom,
Tiny fingers grasp the air,
A miracle — beyond compare.

We guide with skill, with steady grace,
Every tear, a sacred space.
For every mother's trembling breath,
We stand between new life and death.

Teaching hearts to care and hold,
Stories of strength, quietly told.
OBG nursing — tender and true,
The art of life begins with you.



MS. DIVYA PANDEY

NURSING LECTURER,

DEPARTMENT OF OBSTETRICS & GYNECOLOGICAL NURSING

🌸 माँ-सी नर्स 🌸

सफेद वर्दी, कोमल मन,
हर पीड़ा में ढूँढे कारण।
नर्स नहीं—एक माँ-सी छाया,
हर आह में दुआ समाया।

रातों जागे, थामे हाथ,
हर रोगी को दे अपना साथ।
ममता उसकी मरहम बन जाती,
थकान में भी मुस्कान खिलाती।
सगे न सही, पर प्यार अपरम्पार,
हर जीवन उसका परिवार।
आँसू पोछे, हिम्मत दिलाए,
नन्हा मन भी फिर मुस्काए।

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”

December 04 - 06, 2025

नाम भले “नर्स” कहा जाए,
सेवा ही उसका सच्चा उपहार बनाए।
धरती पर ईश्वर का एक स्वरूप—
जहाँ जाए, फैलाए सुकून और रूप।

— Mrs. Pratibha Chaurasiya
Nursing Tutor

NURSING TUTOR

She teaches with patience, gentle and true,
A nursing tutor with a heart that shines through.
By day she guides students with knowledge to share,
By night she’s at home giving family her care.

She balances both with strength in her stride,
A caring heart she never hides.
For students and family, she gives her best—
A housewife, a mentor, truly blessed.

Kirti Mishra, Lecturer, Medical surgical Nursing

🏥 ✨ Medical–Surgical Department: A Short Tribute ✨

In silent halls where hope moves slow,
They stand with hands that heal and glow.

They greet each dawn with steady grace,
Carrying pain no one can trace.

They close each wound, they calm each fear,
Their gentle voice says, “We are here.”

Each chart they read, each life they guide,
Shows strength and skill standing side by side.

And when the day feels dark and long,
Still they rise—resilient, strong.

O Med–Surge team, ever apart—
Healing hands, a healing heart.

Ms. Vandana
Nursing Tutor, Medical Surgical Department

Nurses of Light

In quiet rooms where heartbeats sigh,
 A nurse brings calm as she/he walks by.
 With gentle hands and a steady pace,
 She/he fills the air with warmth and grace.

She/he offers hope through every smile,
 And stays beside us all the while.
 Through sleepless nights and endless care,
 Her/his watchful presence lingers there.

When fear is strong and strength is thin,
 She/he stands with courage from within.
 A guiding light in darkest days,
 She/he lifts our spirits in quiet ways.

With every breath and every beat,
 She/he helps the fragile and the weak.
 A hero in a simple coat,
 Carrying kindness note by note.

For nursing is a noble art—
 A healing touch, a giving heart.
 And every day the world can see
 They shape our lives with dignity.

हर कदम पर चुम्बीती है, पर रुकना नहीं है,
 अपने सपनों की राह में, खुद को लगाना है।

तूफानों से डरकर न रुक, आगे बढ़,
 क्योंकि जीत तेरी, तेरे अंदर है!

**MS. AKANKSHA
 NURSING TUTOR**

Community Health Nurse

In busy streets and quiet lanes,
 She/he walks where every life remains;
 A gentle nurse with steady grace,
 A caring smile on every face.

Not tied to clinics or their walls,
 She/he answers when the community
 calls;

From little cries to elders' fears,
 She/he guides with care across the
 years.

She/he knows each home, each hidden
 pain,
 She/he brings back hope like gentle
 rain;

She/he listens well, she/he understands,
 With kindness in her/his healing hands.

With skill and heart in all her/his deeds,
 She/he teaches ways to meet health
 needs; She/he helps each family stay
 strong,
 So illness doesn't linger long.

Through camps afar and visits near,
 She/he works with calm, she/he works
 with cheer;

She/he brings good health where
 people stand—
 A trusted guide throughout the land.

Not guarding beds or wards alone,
 But every heart in every home;
 A brave, devoted nurse we see—
 A hero in the community.

Ms. Harshita Tripathi

***Lecturer, Department of Community
 Health Nursing, IGSCON***

“Health Begins in the Community”



In lanes and homes, where people stay,
Health and hope must find their way.
Not in hospitals far and wide,
But in the hearts where we reside.
A mother learns to wash her hands,
A farmer knows how hygiene stands.
A child is taught what good food means,
Clean water flows through village streams.
Nurses walk with caring grace,
Teaching health from place to place.
Vaccines, habits, love, and care
They spread awareness everywhere.
For health's not built in walls of stone,
It thrives where people stand as one.
Community's strength, both kind and wise,
Makes wellness bloom beneath the skies.
So let us teach, and let us share,
For every life, we truly care.
Education — the light we sow,
To make our community healthy and glow.

MS. NEHA PANDEY
MSC NSG-2ND YEAR
IGSCON, AMETHI

Journey of Research

The search for truth begins with a single spark —
a curious question that leads us forward.

Through books, facts, tests, and trials,
we explore, compare, and uncover the unseen.

Mistakes shape us; failures guide us.
With clarity, method, and determination,
we create knowledge that adds meaning to the world.

And when results finally shine,
a dream becomes discovery —
bringing light, learning, and possibilities for all.

Ms. Swati Mishra
M.Sc. Nursing, 1st Year (2025–26)

मानवता की मशाल - हमारे डॉक्टर

जब संकट ने सबको घेरा और उम्मीदें टूट गईं, तब कोई देवदूत आया –
सफेद वर्दी में, मौन पर अडिग खड़ा।

मानवता की मिसाल हो तुम, ईश्वर के धरती पर वरदान हो तुम।
कभी मुस्कान बन सुकून देते, कभी आँसू बन करुणा बहाते तुम।

जाति-धर्म से ऊपर उठकर, सेवा को पूजा मानने वाले तुम।
कितनी रातें जागकर, कितनी सांसों को जीवन दिया –
अपनी थकान भूलकर हर दिल को नया सवेरा दिया।

अपने ज्ञान से जीवन तारते, हर घाव का मरहम हो तुम।
घने अंधेरों के बाद की पहली किरण, किसी बेसहारा की लाठी हो तुम।

तुम रणभूमि के महारथी, सेवा के सच्चे सैनिक हो।
औजार तुम्हारे गांधीव समान, समर्पण तुम्हारा श्रीकृष्ण धैर्यवान।

हर घड़ी, हर पल संघर्षों में डटे रहते,
दूसरों की मुस्कान के लिए अपनी नींद और चैन त्यागते।

तुम कभी डॉक्टर, कभी नर्स बनकर हर पीड़ा का अंत कराते हो –
सचमुच, तुम ईश्वर का आकार और मानवता का साकार रूप हो।

तुमसे बड़ा न कोई वरदान, न कोई सेवा का प्रमाण।

तुम रहो सदा स्वस्थ, सशक्त, अमर – मानवता का सबसे सुंदर सम्मान।

— श्रद्धांजलि : तरुणा केशरवानी

(Batch M. Sc Nursing, 1st YEAR)

Batch (2025-2026)

RESEARCH METHODOLOGY

In a room full of books and endless curiosity,
Lives a student chasing truth and authenticity.

With a topic selected and objectives clear,
She writes her problem statement—steady, no fear.

A review of literature, page after page,
Theories and citations fill her research stage.

Methods designed with sample and tool,
Data collection follows every ethical rule.

Tables and graphs begin to take form,
Analysis reveals patterns—some rare, some norm.

Finally, conclusion whispers in pride,
“You sought the truth—and the truth replied

Ms. Anjali Singh

Msc. Nsg. 1st Year Batch (2025-26)

“Mixing Methods, Healing Hearts”

Nursing is caring, both heart and mind,
Searching for answers, seeking to find.
Numbers show facts, clear and true,
But stories reveal the feelings too.
When both combine — data and voice,
The mixed method becomes our choice.
It helps us learn, it helps us see,
How care can grow through inquiry.
In practice and research, side by side,
Innovation becomes our guide.
For healing is more than charts and art—
It's science and soul working from the heart.

Ms. Mansi Tiwari

Msc. Nursing 1st year Batch (2025-26)

❖ आधुनिक व संक्षिप्त रिसर्च नर्स कविता ❖

रिसर्च—यानी फिर से सच को खोज पाना,
अंदर छुपे दीपक को फिर जगमगाना।
असफलता भी सीख बनकर संबल देती है,
हर संदेह नई दिशा का रास्ता लेती है।
धैर्य की धागों से बुनती वह हर विचार,
खोलती नए संसार, करती ज्ञान का विस्तार।
डेटा, चार्ट और तथ्यों की रोशनी में,
सच ढूँढ लाती है हर छोटी सी बारीकी में।
यही है रिसर्च नर्स का अनमोल काम—
अनजाने से उभरता नया ज्ञान, नई पहचान।

Apoorva Verma
BSc Nursing, 8th Sem Batch(2021-2025)

तू है प्यारी बेटी और बहन है।
शिफा देती हूँ तू निराले से फन से ॥
तू आती है हमको ऐसे जगाने ।
हवा आती है जिस तरह की चमन से ॥
जो तू बीमार की करती है खिदमत ।
वह मिलती नहीं है दौलत ना धन से ॥
जहां रखना है मरहम रख रही है।
नहीं आती घिन तुझको बदन से ॥
कमी करती पूरी तू बेटी है मां की ।
तेरा यह पद है ऊंचा वतन से
मरीजों पर है तेरे बहुत सारे एहसां।
अदा कर नहीं सकता उसको ज़बान से
यह सारे शेर हैं तेरे ही खातिर।
जो उभरे हैं मेरे अंदर से मन से।

Reena Gupta
B.sc Nursing 6th semester Batch (2022-2026)

❖ नर्स व शोधकर्ता ❖

वो नर्स है... पर सिर्फ नर्स नहीं,
सेवा की मधुर लय है,
करुणा की शांत धारा है,
ज्ञान की अनगिन रोशनी है।

लोग कहते— “नर्स तो ऐसी ही होती हैं”

पर कौन जाने,
उसके भीतर हर दिन
सत्य की नई खोज चलती है।
वो सिर्फ देखभाल नहीं करती—
सोचती है हर पल,
आज कैसे बेहतर बनूँ,
किस तरह किसी का दर्द हल्का करूँ।

साफ-सफाई, संक्रमण, व्यवस्था—
हर छोटी क्रिया में
वो सीख ढूँढती है,
और यँ ही एक नया शोध जन्म लेता है।

उसका रणक्षेत्र— वार्ड का छोटा कोना,
उसकी जीत— किसी मरीज की नई उम्मीद।
उसकी साधना— ज्ञान की लौ,
उसका वरदान— किसी की शांत नींद।

स्टेथोस्कोप से वो धड़कन नहीं—
ज़िंदगी की पूरी सरगम सुनती है,
हर राग, हर वेदना को
शोध की रोशनी से समझती है।

वो शोध लिखती नहीं— उसे जीती है।
वह पढ़ती नहीं— अनुभवों को पीती है।
वो लड़ती नहीं— सत्य का दीप जलाती है।

ऐसी होती है वो—
नर्स, शोधकर्ता और मानवता की
शांत, उजली ज्योति।

— Anuradha

BSc Nursing, 8th Sem Batch (2021-2025)

सफ़ेद पोशाक में फरिश्ते

कभी गुस्सा है आता, कभी चुप हो जाते हैं,
ये सब मानसिक बीमारी के, छोटे-छोटे नाते हैं।
अंदर मन के भंवर में, हम खुद को उलझाते हैं,
तब अपनों को भी हम, बेगाने नज़र आते हैं।
जब नर्सिंग के मेंटल हेल्थ डिपार्टमेंट में हम आते हैं,
जहाँ उम्मीद की किरण, धीमी सी जलाते हैं।
यहाँ सफ़ेद पोशाक में, मरहम लगाने खुद फरिश्ते आते हैं,
जो दिल के घावों पर, प्यार की पट्टी लगाते हैं।
क्योंकि यहाँ, दवा नहीं, करती असर बातें हैं,
जो मन के अँधेरे में, नई रोशनी लाते हैं।
हाथों का स्पर्श और, आँखों का भरोसा,
धीरे-धीरे हर दर्द को, हम हमेशा के लिए सुलाते हैं।
वह सुनना, समझना, और साथ देना,
यही तो है सच्ची सेवा, जो जीवन जीना सिखाते हैं।
यह नर्स का काम नहीं, यह तो फ़रिश्ता है,
जो टूटे हुए हर मन को, फिर से हँसाना सिखाते हैं।

Ayushi Saxena
B.sc Nursing 8th Semester
Batch (2021-2025)

सफेद वर्दी की कहानी

सफेद वर्दी में सजी
एक ममता की मिसाल होती है,
हर दर्द को छूकर भी
वो कमाल होती है।

ना ताज, ना शोहरत की
उसे कोई चाह होती है,
बस किसी की धड़कन चलती रहे—
यही उसकी राह होती है।

हर दर्द की वो मुस्कान होती है,
अरे!! वो नर्स हैं जनाब,
जो नर्सिंग की जान होती है।

— J. S. Neha Maurya Batch (B. Sc Nursing, 1st Sem)

The Silent heroes

In hospitals filled with machines,
medicines that heal,
and doctors who diagnose,
there lies a quieter,
gentle yet powerful healing force —
“The Nurse’s Touch.”

Can you ever feel
or experience the gushing anxiety, fear,
and nervousness while holding
the hand of a person during
their hardest moment?

That’s
where nursing begins.
In my opinion, as Florence
Nightingale once said,
“Nursing is an art,
and if it is to be made an art,
it requires an exclusive devotion.
”Nurses are the true artists,
full of power to create miracles
with their touch, served with strong
intentions of creating **“Rainbows and Sunshine”**
in their patients’ lives.

But being a nurse is not that easy.
Behind every calm nurse is a heart that
carries stories of patients recovered,
of lives lost, and of lessons learned.
They witness life in its most fragile
and powerful forms.

As I entered this profession,
I strongly started believing that
resilience and compassion form the
core of nursing, and we are the silent
heroes believing in the thought
— **“Care beyond cure”** —
to change the dynamics of lives.

— Vanshika Dwivedi
B. Sc Nursing, 1st Semester
(Batch 2025-2026)

स्नेह और सौहार्द की मूरत – नर्स

नर्स की छाँव तले
जीवन को मिलता सहारा,
हर साँस में बसती
उसकी ममता का नज़ारा।

रातों की नींदें त्याग
करती सेवा निराली,
दर्द छुपाकर मुस्कुराती—
हर मर्ज की रखवाली।

उसके हाथों में दवा नहीं,
दुआओं का भी बल,
हर घाव पर बरसती
उसकी मुस्कान का जल।

संवेदना की मूरत,
कर्तव्य की मिसाल,
नर्स की गाथा रहती
हर दिल में कमाल।

उम्मीद की लौ जलाती,
अँधेरो में रोशनी फैलाती,
हर रोगी दिल से कह उठता—
“भगवान इसे खुश रखे।”

सेवा उसका व्रत,
ममता उसका गहना,
नर्स का दिल होता
सागर जैसा गहरा।

— Arpita Yadav | GNM 1st Year Batch (2025–2028)

The First Touch of Care

Ah, the legendary first touch—when a nursing fresher meets their first patient and silently prays the thermometer doesn't fly off! Confidence hides behind a mask, and the stethoscope suddenly feels five kilos heavy. You smile, they stare, and both wonder who's more nervous. Yet, between shaky hands and mixed-up gloves, care takes over. The first touch may be clumsy, but it's real, human, and hilariously unforgettable. Because in nursing, perfection can wait—it's the courage, compassion, and a bit of comic timing that makes every fresher a future hero.

Name: Mansi Upadhyay

Course: B.Sc Nursing 1ST Sem

Batch: 2025-2026

अनुसंधान की भावना

विचारों के अनुगमन में
जागती है जिज्ञासा मन के कोनों में।
ज्ञान की खोज में चलता मन,
सत्य की राहों पर पड़ता भ्रमण।

पुस्तकों के संग प्रयोग के बीच,
रातों की नींदें करती हैं खींच।
हर प्रश्न नया, हर उत्तर पास—
ज्ञान का दीप करे प्रकाश।

राह कठिन, मंज़िल अनजान,
फिर भी चलता है मनुष्य महान।
धुंध में ढूँढे रोशनी की कड़ी,
साहस बने उसका अधीर प्रहरी।

अविरत प्रयास जिसकी क्षमता बताती,
हर घर में जीत की राह दिखाती।
प्रयोगशाला हो या खेत का द्वार,
यहीं बसता है प्रगति का सार।

अनुसंधान केवल काम नहीं,
यह तो नव-सृजन का प्रमाण सही।
पुराने से नए तक बने जो सेतु,
वह शोध का ही अद्भुत हेतु।

आओ प्रश्न करें, सोचें जानें,
सत्य की ज्योति से जग को भानें।
जहाँ हो साहस, वही हो ज्ञान—
वही चमकता है अनुसंधान।

AKANKSHA

GNM 3RD YEAR Batch (2023-2026)

आतंकवाद

एक रात इतनी खौफनाक,
चारों तरफ़ डर छाया था।
नीचे तरफ़ अंधेरा था घना,
मौत का मातम छाया था।

उधर छतों को चीरकर,
एक आवाज़ आई थी।

आज फिर किसी पिता ने
अपने बेटे की लाश उठाई थी।।

सुनना हॉसिल नया लिखा चौखट का,
आज फिर कोई बच्चा अनाथ हुआ।
माँ ने देखा अपना ताज,
आज फिर कोई पिता बेगुनाह हुआ।।

कब तक कोई पिता रोएगा,
बेटे की लाश उठाएगा।
तूने हुए इंसाफ़ को,
कब वापस कौन दिलाएगा।।

ग़म के इस मौसम में,
कौन खुशियों के बीज बोएगा।
बंदूकें ये जलजला,
कौन रोक सकेगा।।

नफरत क्यों सर चढ़कर बोले?
इंसान ही इंसान को
खौफ़ में क्यों पाले?

Name – Sakshi Pandey
Course – GNM
Batch – (2024-2027)

चलो, फिर से उड़ चलें

कभी दिखते झूठे लगते हैं,
कभी सपने अपने से लगते हैं,
पर याद रखना—
हज़ार “न” मिलने के पीछे है,
तुम्हारे “एक हॉ” के खूबसूरत रंग।

वो नहीं की आँखों का अंधेरा,
वो पिता की बोझी जिम्मेदारी,
हर उम्मीद की चुप पुकार है,
हर जीत में है उसका अक्स अनजाना।

कभी कम मिल कर नहीं होगा,
कोई कदम तब बढ़कर जाना,
आँखें बंद कर, दिल से चिल्लाना—
“मैं कर सकता हूँ, सबको कर दिखाना।”

राहें अंधेरी होंगी, मंज़िल दूर होगी,
पर हौसला हर पल तुम्हारा साथ निभाएगा।
जो थक कर गिरता नहीं हार मानकर,
वो ही समय में सबसे खास कहलाएगा।

ना कोई फिर कभी रोके तुम्हें,
चलो आज हम उड़ चलें वहाँ—
मेहनत का हर फल सच्चा होगा,
अब तुम सफलताओं के और करीब बढ़ते रहो।

—

— Ayushi Pal
GNM 2ND Batch (2024-2027)

त्याग और समर्पण की प्रतिमा हैं- "नर्स"

हमें माँ का बड़ा स्वरूप नर्स ही लगती है,
हम कह सकें जुबानी नर्स जैसी कोई नहीं!
रह जाती हैं हर ख्वाहिश अधूरी उसकी,
मगर वह कभी न थकने वाली नर्स होती!

कभी अगर हम चार कदम दूर हो उससे,
समझ लें हमें भी ख्याल नहीं उसके अपनों का,
मगर नर्स के लिए तो
सबका दर्द ही उसका होता रहा!

जब समझो न समझो तुम पर टूट पड़े हों मुश्किलें,
वह नर्स ही है –
जो हर पल तुम्हारी रही।

कभी न उसने हमें छोड़ा अकेला,
तुम्हारे पीछे आने पर या उससे आगे।

वो तुम पर दिन रात नज़र बनाए रखे,
तुम्हारे परिवार को छोड़कर बन जाए पहरेदार,
नज़र अपनी आँखें झुकाए रखे।

तुमने तो सिर्फ़ जुबानी नर्स का अवतार देखा!
पर उसकी दुनिया में, उसके समय में
कई रातें उसने ही त्याग कर बिताई होंगी।

वो भी करती होगी कई बार शिकायतें,
हर दर्द आगे बढ़ तुम्हारे लिए
रात भर जागा करती रही!

जीती है नर्स भी संवेदनाओं से,
वो नहीं है, कैद में पड़ी कोई गुलाम—
वो नर्स है!!

नाम - शुभांगी चौहान

कक्षा - जनरल नर्सिंग (प्रथम वर्ष)(2025-2028)

स्नेह और सौहार्द की प्रतिमूर्तियाँ हैं – वो एक नर्स है

नर्स की छवि वही,
जो दर्दों का इलाज समझे,
हर लोरी में माँ जैसी ममता का
प्यार लुटा समझे।

रातें बेचैन करवटों में कटें,
मगर नर्स फिर उदास,
दिल में छुपाए मुस्कुराए,
भर आए हर दिल में आस।

उजाले द्वारा ही है
धड़कन की दवाई,
हर पल भर रहकर
उसकी कोमल मुस्कान बरसाई।

संवेदनाओं की वो मूर्ति,
कर्तव्य की वो प्रतिमूर्ति,
नर्स का ही सहारा—
हर दर्द में देती मजबूती।

दर्द हुए बीमार के,
तो नर्स ही होती उपाय,
आँधियों सी मुश्किलों में भी
हिम्मत न हार पाए।

हर रोगी के दिल में
बस एक दुआ निकलती है—
“भगवान, उसे खुश रखे...
जो हर दर्द में साथ चलती है।”

ममता उनका गहना,
समर्पण उनका सहारा,
रातें भी दिन बन जाएँ
अपने कर्तव्य को प्यारा।

नींद को दे दान
ताकि रहे हर रोगी आराम से,

— Arpita Yadav | GNM 1st Year
Batch (2025–2028)

दर्द का पहरा वह नर्स
निगहबान बन निभाती तन्मय से।

हर द्वार खटखटाए,
कभी न बदले अपनी डगर,
हर दुख-सुख की साथी,
हर घायल की रखती खबर।

जीवन हो चाहे जैसा,
रोग चाहे जितना घना,
नर्स की ममता और समर्पण
हर दर्द को कर देते हल्का।

Name of the Student: *Arpita Yadav*

Course: *GNM 1st Year*

Batch: *2025–2028*

“नर्स का जीवन”

ड्यूटी की घड़ी चले,
दिल की घड़ी न रुके,
दर्द में रोते चेहरों पर
वो उम्मीद बनके थमे।

नर्स का जीवन सरल नहीं—
पर हर धड़कन में नई आस जगे।

Ms. Mansi
Bsc Nursing 6th Semester
Batch (2022-2026)

“टेक्नोलॉजी के संग चलती- वो आधुनिक नर्स है”

स्क्रीन की रोशनी में
धड़कनों की कहानी पढ़ती,
बीप करती मशीनों के बीच
ममता की भाषा गढ़ती।
डिजिटल चार्ट, स्मार्ट अलार्म,
सब पलों की रखती खबर,
पर छूकर दर्द मिटाने का
तरीका वही-दिल से असर।
रिमोट मॉनिटरिंग से
रोगी का हर संकेत समझे,
AI की मदद से अब
नए उपचार के द्वार रचे।
वीआर से दर्द हराती,
रोबोटिक हाथों को मार्ग दिखाती,
तकनीक के संग कदम मिलाकर
नई दुनिया को स्वास्थ्य सिखाती।
परिभाषाएँ बदल गईं,
समय की चाल तेज हुई,
पर नर्स की संवेदना
आज भी उतनी ही विशेष हुई।
डेटा, डियाइस, डायग्नोस्टिक-
हर साधन उसका साथी बने,
पर इंसानी स्पर्श की गर्माहट
सिर्फ नर्स के हाथ ही दें।
मशीनें कर सकती हिसाब,
एल्गोरिदम बता सकता निदान,
पर दिल को दिल से जोड़ने का
कला सिर्फ नर्स का है सम्मान।
आज की नर्स-
टेक्नोलॉजी की शक्ति से सुसज्जित,

दया से परिचालित,
ममता से प्रज्वलित,
और हर जीवन में
नई उम्मीद का संकेत।

DIVYA MAURYA
BSC NURSING 6TH SEMESTER
Batch (2022-2026)

भागती ज़िन्दगी"

सुबह से शाम तक दौड़ रहे,
सपनों को हम टाल रहे।
रुक कर देखें ज़रा कभी,
जीना भी है – बस काम नहीं।

Arpita Yadav
B.sc Nursing 6th Semester
Batch (2022-2026)

नर्स की व्यस्त दुनिया"

सुबह से रात, बस भागमभाग,
दवा, रिपोर्ट, मरीजों की झाँक।
फिर भी हर चेहरे पर उजियारा,
नर्स का दिल - सबसे न्यारा।

SHIVANI CHAUHAN
BSC NURSING 6TH SEMESTER
Batch (2022-2026)

ज़िन्दगी के पहरेदार"

कभी इमरजेंसी, कभी वार्ड की राह,
हर जगह नर्स का दिल है साथ।
दर्द में भी देती उम्मीद की आस,
उनसे ही चलता जीवन का साँस।

HIMANSHI VERMA
BSC NURSING 6TH SEMESTER
Batch (2022-2026)

The Nurse’s Smile”

Tired eyes, yet smiling bright,
She works through day and endless night.
Hands that heal, hearts that care,
Angels in white, always there.

ARTI JAISWAL
BSC NURSING 6TH SEMESTER
Batch (2022-2026)

Self-Reflection

What were those secrets,
whispered softly
in the heart’s quiet corners?
Are these the same emotions
that return in silence,
wearing new faces?
By knowing them,
will I finally find my voice—
or lose it
to the weight of memory?
Will we ever gather again
these fragments
of what we once were?
Moments drift by softly,
like shadows fading at dusk.
My only grievance with time is this:
it forgets too easily
the very things
we ache to remember.
Will the dreams of better days
ever open their eyes
and become real?

Shristi Mishra
ANM 2nd year
Batch (2024-2026)

देवियों की भूमिका निभाती है नर्स,
स्वास्थ्य की रक्षा में अपना जीवन बिताती है नर्स,
मरीजों का दर्द समझती है नर्स,
सबको अपना समझती है नर्स,
उनके हाथों में होता है चमत्कार,
दिल में नहीं रखती किसी के प्रति विकार,
दिन-रात सेवा में लग के करती वो सबका उद्धार
दे सकती है सबको स्वस्थ जीवन का उपहार
कहते हैं सेवा में ही है जीवन का सुख
हर दिल में बांटे वो हंसी का मुखर मुख
ऐसी नर्सों को प्रणाम हमारा
जो है चलता फिरता प्यारा नजारा।
सचमुच, नर्सें हमारी सच्ची देवियां हैं!

The Real

Meaning of Nurses A nurse is much more than a healthcare professional. She may be a daughter, sister, or mother who selflessly dedicates her life to caring for others. Nurses sacrifice their nights, comfort, and personal time to serve humanity and protect lives. Despite great progress in society, many still fail to give nurses the respect they deserve, especially in rural areas. People often believe only men can be doctors, forgetting that nurses are the heart of hospitals while doctors are the brain. Just as Maa Durga symbolizes strength and Lord Nataraj represents grace, nurses embody compassion, dedication, and humanity.

...Swastika Shukla

Bsc (N) 5th Semester

Batch : 2023-27

“My Pulse in Every Patient’s Breath”

As a nurse, my days are woven
with both pain and purpose,
and I feel every thread of it deeply.
I carry the weight of suffering in
my heart—watching tears fall,
hearing fears that people cannot
share with anyone else,
and standing strong even when
my own energy fades. There are
moments when exhaustion sinks into
my bones, when the long nights feel endless,
and when the pain of others becomes
my silent burden.

Yet, in the middle of all this, there is
a quiet satisfaction that rises like
light—when a trembling hand relaxes in mine,
when a patient smiles after days
of struggle, or when a life regains
strength because I didn’t give up.
My role is not easy, but every breath
I help stabilize, every fear I soothe,
and every hope I rebuild reminds me why
I chose this path. I may feel tired, but
I never feel empty—because in the lives
I touch, I find my own strength,
my own meaning, and my own peace.



Piyush Gunjan Yadav
Lecturer, Department
of Community Health Nursing,
IGSCON

नर्स की भी शान होती है
हर हॉस्पिटल की ये जान होती है
अपने जीवन से ये भी थोड़ी परेशान होती है
पर जनाब ये नर्स बड़ी महान होती है
विनम्रता ही इनकी पहचान होती है
हाँ हर हॉस्पिटल का ये अभिमान होती है
नर्सिंग की पढ़ाई समझो न आसान होती है
मेहनत की जानों नम्बरों पे पूरी कमान होती है
लोग समझते हैं ये परिचारक का हम पर कर्ज है
पर असलियत में ये मरीजों की सेवा ही इनका फर्ज है
अगर डॉक्टर के हाथ में मरीज के जीवन की कमान होती है
तो नर्स ही उस धनुष का बाण होती है
कभी दुआ तो कभी बहूआ ये पाती है
फिर भी ईमानदारी से अपना फर्ज ये निभाती है
हाँ नर्स की भी शान होती है
हर हॉस्पिटल की ये जान होती है

Aadya Shukla
BSc (N) 5th semester
Batch : 2023-27

2nd International Conference: “Nursing research beyond boundaries: Research methodological integration for universal well being”

December 04 - 06, 2025



Ms. Divya Panday
Nursing Lecturer



Ms. Divya Panday
Nursing Lecturer



B. Sc Nursing
Batch (2022-2026)



Tanya Dwivedi
M. Sc Nursing 2nd Year (Batch: 2024-2026)

2nd International Conference: "Nursing research beyond boundaries: Research methodological integration for universal well being"

December 04 - 06, 2025



ANUSHRA SHARMA
BSC NURSING 1ST SEMESTER BATCH (2025-2026)



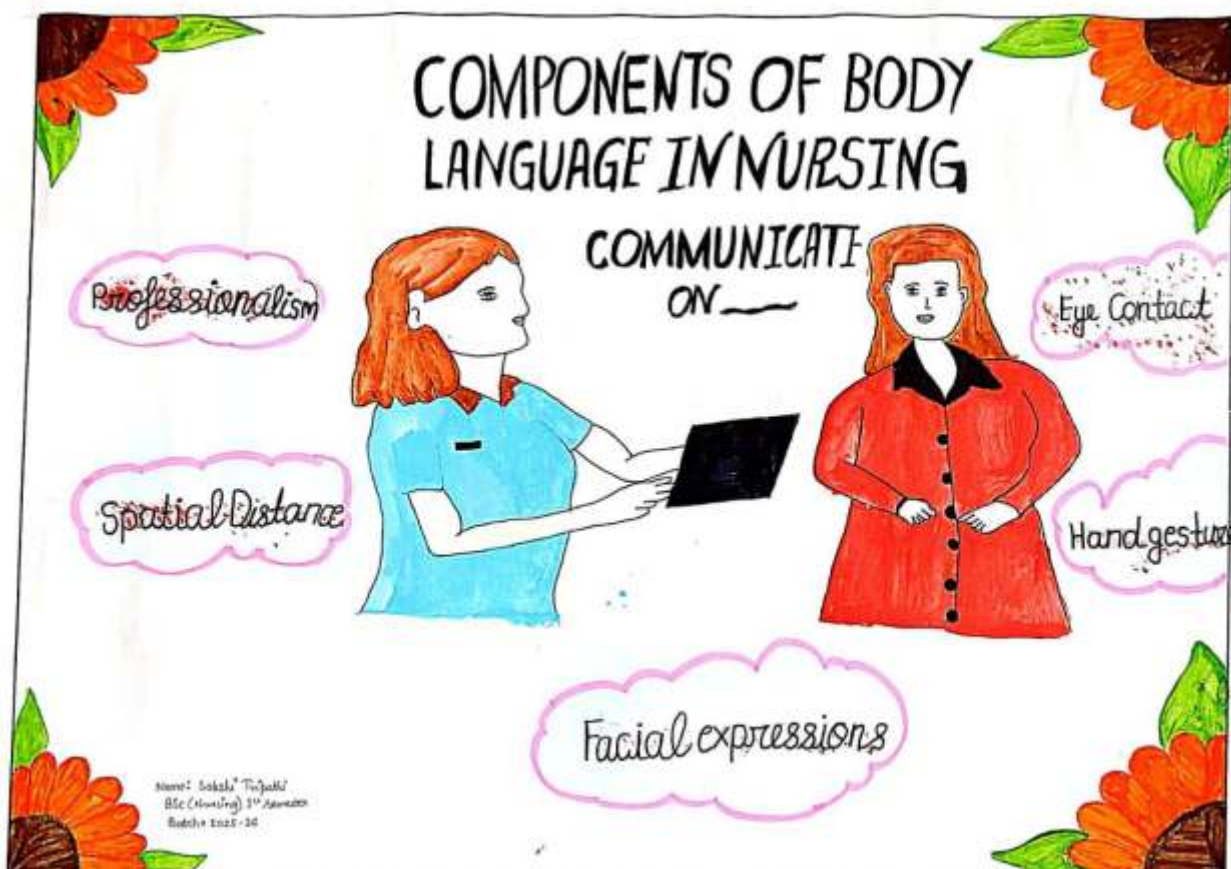
APOORVA VERMA
8TH SEMESTER BATCH (2021-2025)



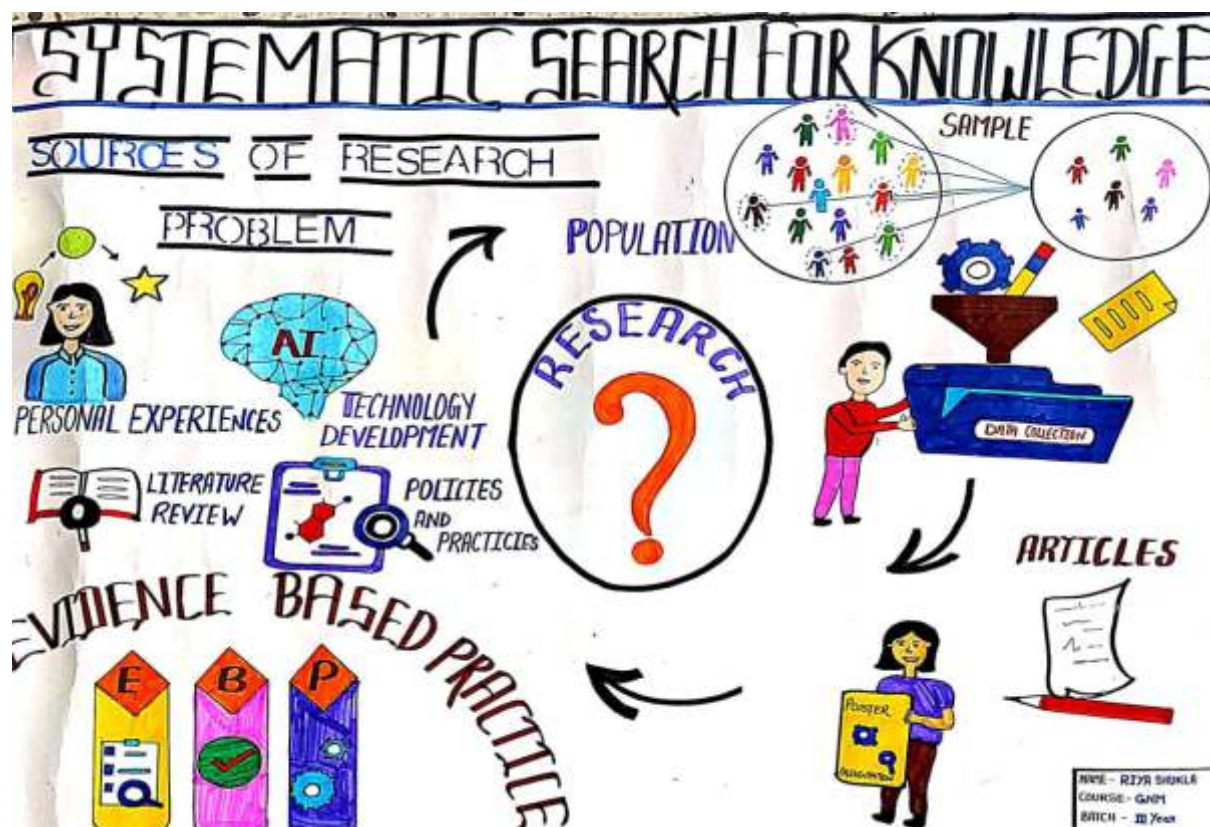
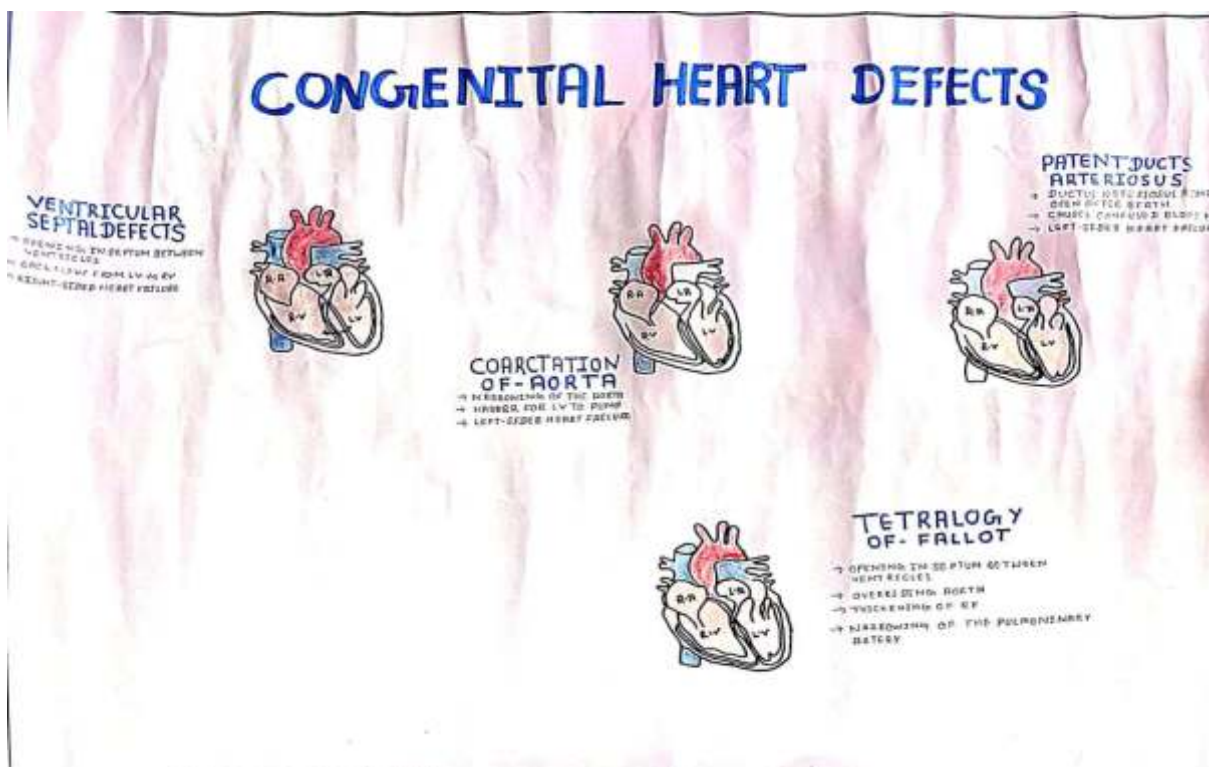
B.sc Nursing 6th Sem batch (2022-2026)



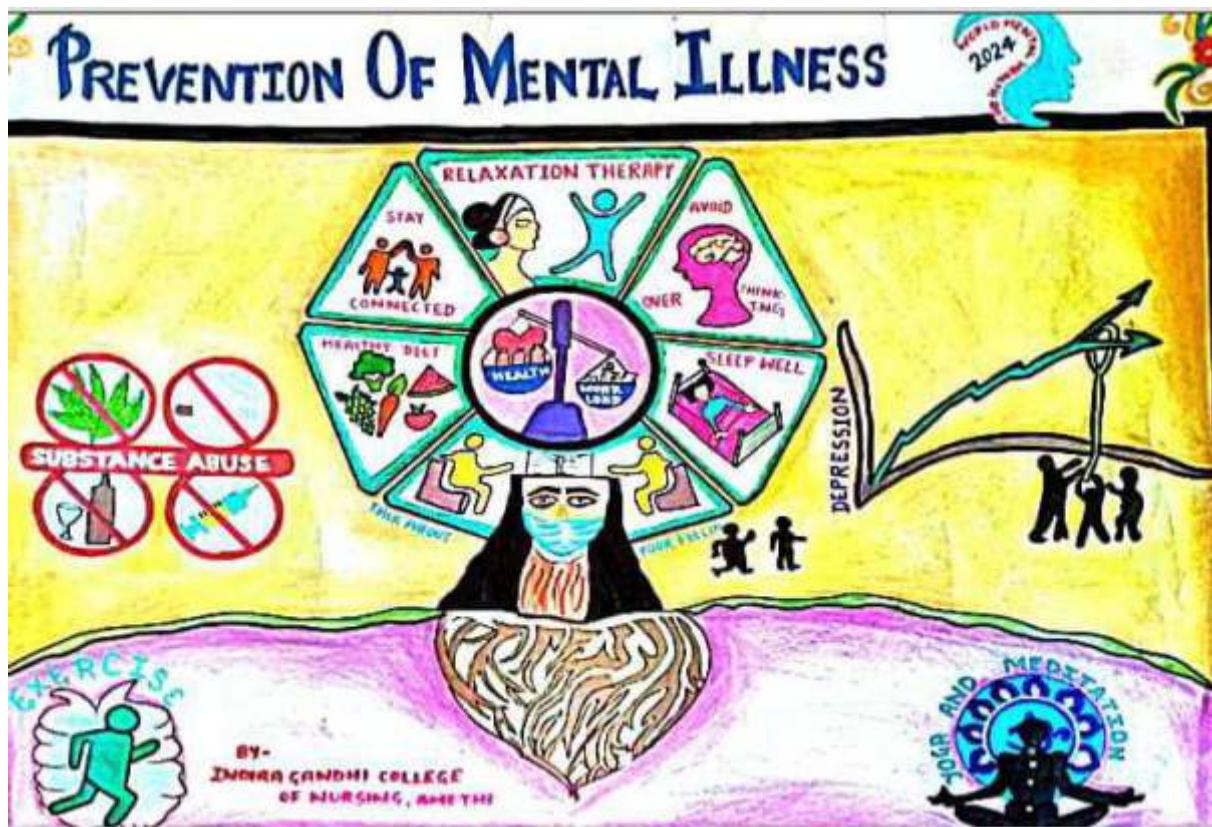
SANDHYA
BSC NURSING 1ST SEMESTER BATCH (2025-2026)



SAKSHI TRIPATHI
BSC NURSING 1ST SEMESTER
BATCH (2025-2026)



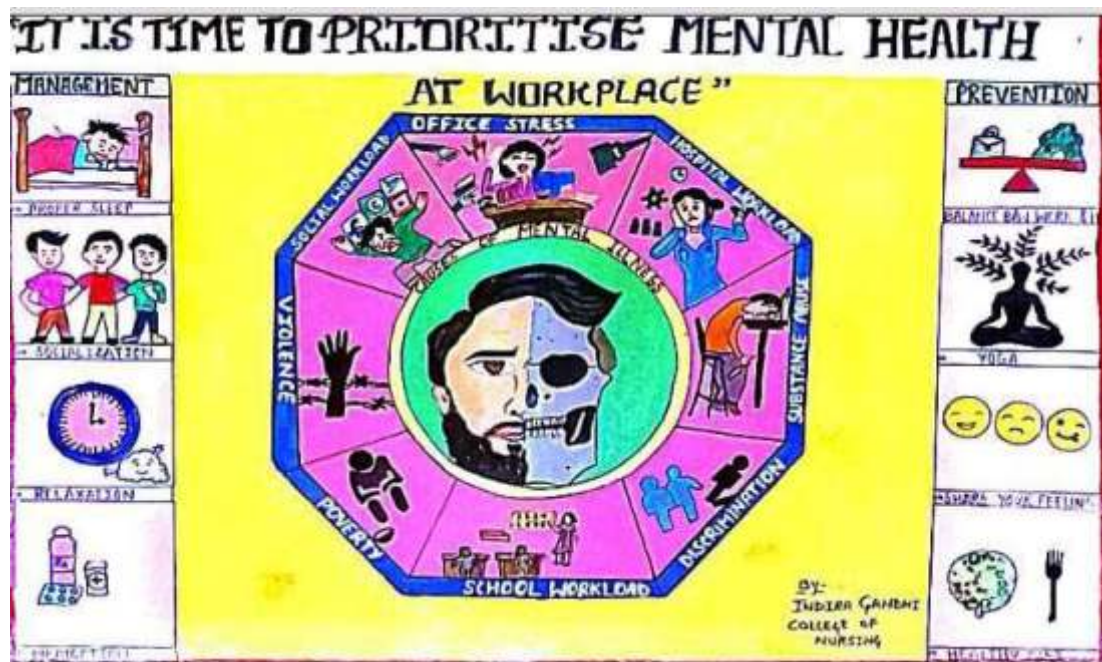
Priya Shukla
 GNM 3rd Year Batch (2023-2026)



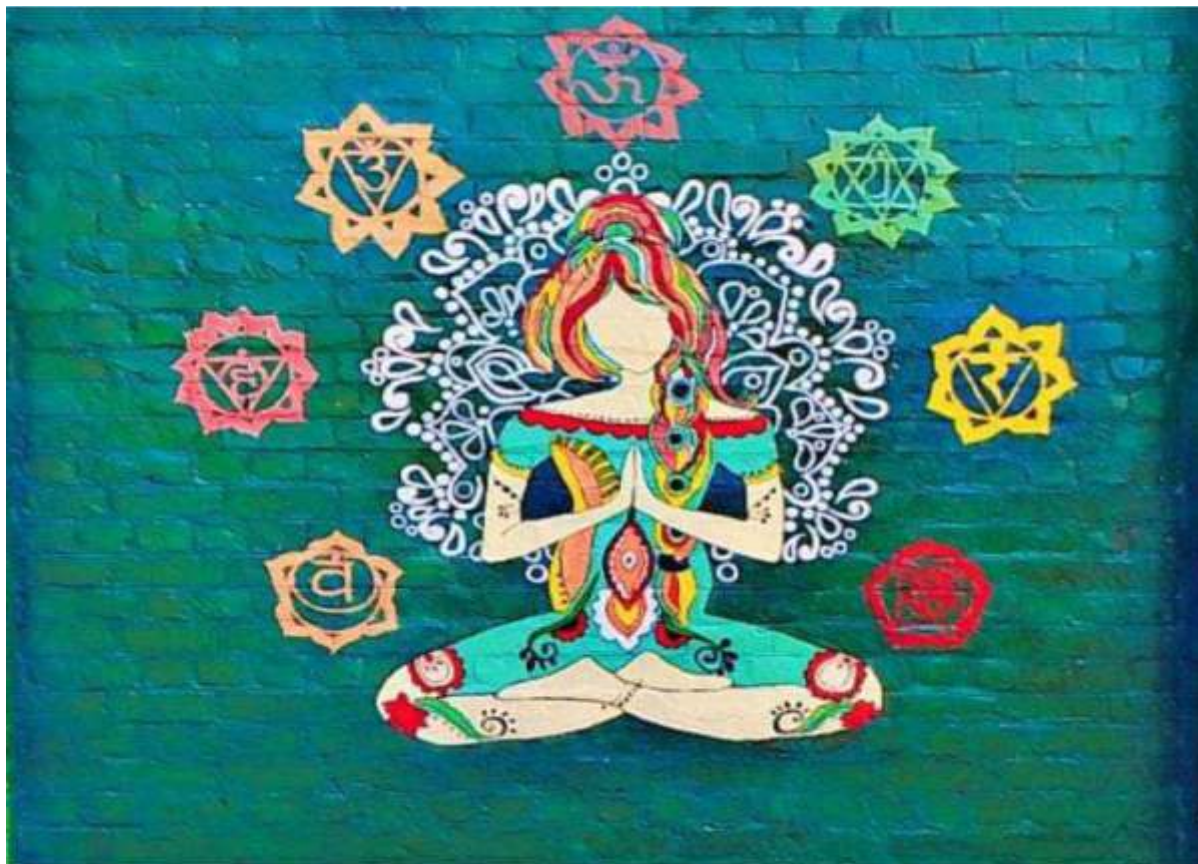
Poornima, Alka, Mantasha
B.Sc. Nursing 8th semester (2021-2025)



Anchal, Samreen
B.Sc. Nursing 8th Semester (2021-2025)



Apoorva, Anuradha
B.Sc. Nursing 8th Semester (2021-2025)



B.Sc. Nursing 8th Semester (2021-2025)

INDIRA GANDHI SCHOOL AND COLLEGE OF NURSING



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PRE-CLINICAL

Anatomical
Models
Physiology Labs
Microscopes and
Histology
Stations
Interactive
Learning Tools



COMPUTER LAB

- Hardware
- Software
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- Security



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FOUNDATION LAB

- Clinical Simulators
- Medical Equipment
- Anatomical Models
- Patient Beds
- Nursing Stations
- Integration with Clinical Placement

ACN LAB

- Safety and Accessibility Considerations
- Faculty and Student Support
- Debriefing and Reflection Rooms
- Infection Control and Sterile Techniques Stations
- Mock Hospital Unit
- Clinical Skills Lab

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- SAFETY PROTOCOLS
- NUTRIENT ANALYSIS EQUIPMENT
- FOOD SAFETY TESTING EQUIPMENTS
- REGULAR SAFETY TRAINING

- ORGANISED AND PROPER VENTILATION
- MODERN EQUIPMENTS
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- QUALITY CONTROL AND ASSURANCE

1

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EDUCATIONAL VISITS



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TNAI VISIT



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IMPACT-NURSE 2025: Mixed methods research creates **IMPACT** in nursing





INDIRA GANDHI INSTITUTE OF PARAMEDICAL SCIENCES

The Indira Gandhi Institute of Paramedical Sciences was set up in 2012. It was another step towards providing healthcare education to rural students, empowering them to seek and secure employment opportunities in the future.

The courses are designed to offer the latest and most updated education in their respective fields. This helps transform raw students into informed and confident professionals.

All related examinations are conducted in accordance with the norms set by the UP State Medical Faculty (UPSMF) & Atal Bihari Vajpayee Medical University, Lucknow.

The institute currently offers the following courses:

- B.Sc in Optometry
- Diploma in Physiotherapy
- Diploma in OT Technician
- Diploma in Optometry
- Diploma in Dialysis Technician
- Diploma in CT Scan
- Diploma in Emergency & Trauma Care
- Diploma in lab Technician



OUR SUPER SPECIALITY DEPARTMENTS

- Department of Oncology
- Department of Cardiology
 - A. Invasive & Non Invasive Procedures
 - B. Cardiac Surgery (CTVS)
- Department of Nephrology
- Department of Urology
- Department of Neurology
- Critical Care (ICCU, MICU, SICU, NICU)



MULTI SPECIALITY DEPARTMENTS

- Department of Dermatology
- Department of Orthopaedics
- Department of General Surgery
- Department of Dentistry
- Department of Pulmonology
- Department of Obstetrics & Gynaecology
- Department of Pediatrics
- Department of Radiology
- Department of Pathology
- Department of Blood Centre
- Department of Physiotherapy
- Dialysis Unit
- C.T. Scan

OUR COMMITMENT TO CARE

All the above services are rendered effectively with the help of a team of skilled and dedicated doctors who are committed to serving the community with love, patience, and tenderness.



INDIRA GANDHI SCHOOL & COLLEGE OF NURSING

Sanjay Gandhi Hospital Campus,
PO - HAL Korwa, Munshiganj
Dist- Amethi, Uttar Pradesh-227412



05368 256021
93361 04587



indiragandhischoolcollegeofnur@gmail.com



www.indiragandhinursing.org.in

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