

Colombo -Interactive Sessions with Nurses - *** denotes failure of subsequent plans.*

1. With official permission to commence, the Department of Continuing Education scheduled my first meeting with the Chief Nursing Officer and senior Nurses of National Hospital from 3.0-4.30pm The number of Nurses who stayed to talk, one until 6.0pm indicated the interest and response even though at that stage the modules had not been released from Customs.
2. The Infection Control Committee spent a whole morning going through the Modules before specifically asking me to have another session with them as well as with the Infection Liaison Control Nurses. The CNO gave her approval and set dates and times. ****
3. At my invitation the CNO and Matrons met the day the Modules were released. The thoughtful questions, comments and spontaneous discussion indicated the interest level of each Nurse. The two Male Nurses were the only ones in this category who did not accept/respond to my invitation.

Later I met each Matron in her/his area to discuss and plan sessions for Nurses within each unit.

4. Prolonged Strike Action by non-professional staff was a major cause for concern but with judicious management need not have curtailed our activities.

With hindsight it would not be surprising that the need to stymie my activity with the expectation of my giving up may have been one of the carefully orchestrated mitigating factors used to bring pain and shame into Nursing and the Health Services. *The 'Forces of Evil care not who is trampled.*

5. It was during this period that my patience and perseverance was commented on and opportunities literally thrown at me in at times the most off hand manner that led credence to the fact that Nurses really did want and were determined to gain as much as possible without *rocking the boat.*
6. After some weeks, the CNO said 'Go to the Matrons in the Wards'.
7. I went immediately, selecting the Medical Unit as the Matrons had both made an outstanding contribution on earlier occasions.

Within a few minutes these well organized Matrons had me spending many days going through the Modules with small groups of Nurses of every level in the their Office and presence; Thus both Matrons kept constant vigil on ward coverage and on how time was used. I was reminded in no uncertain terms each day that *I must help each Nurse develop critical thinking.*

On two occasions to maintain Ward surveillance, we met in the Ward Sister's office. With only three Nurses left the Ward Sister, responsible for the Continuing Education of the Medical Unit and with an unmistakable concern for recently qualified Nurses, requested me to meet these Nurses without her. I offered to come back later when she would be present.

NB Sadly, the Monday morning I returned to help these Nurses I was greeted with a summons from the Deputy Director of the Institution who prohibited any further interaction with Nurses in the National Hospital to the extent that I could not even return or thank the Matrons and Ward Sisters.

8. At the request of the CNO I was taking English classes for off duty Nurses in their Quarters. From 4pm on most days and according to specific requests on Sundays.
9. Using the Modules as a basis for interactive discussion, the interest level was evident with many sessions lasting up to 3 hours and almost every Nurse requesting a set of the Modules. *Language was not a problem.*
10. The Operating Theatre Matron was the next to invite me and as in the Medical Unit she brought all the Nurses into her office in manageable sized groups. The interaction and lively discussion by the Nurses in each of these groups is perhaps best expressed by one very Senior Nurse "*We understand and agree with all you are saying and in spite of the many unreasonable pressures and obstacles that we have to overcome; we would like to be able make much needed changes*".

Another senior Sister expressed concern on behalf of others that I was not continuing the English classes in their Quarters as those Nurses were disappointed and wanted more than just help in refining their English comprehension. Obviously the 'English Class' had shared when on duty.

10. Matron for Surgical Wards attached to the busy Accident and Emergency Centre was ‘too busy’ to help, chose not to receive the Modules, ***but amazingly gave me permission to meet the Ward Sisters*** who, in spite of the constant heaviness of the workload in each Ward arranged times for both group and individual interaction.
11. God’s grace is expressed in many ways as we help each other. I am confident He has special blessings for this Matron for He alone knows what pressures she was under. He knows the cost she paid in overcoming the compelling forces, presenting a negative picture of herself when deep within was a heart of concern for the Nurses in her area.
12. On my initial visit to one Surgical Ward, the Principal of the Post Basic SON and the Ward Sister unceremoniously hurried me to a patient. The urgency of their action and ***request that I prayed for him*** was due to this young relative requiring an above knee amputation. My response as they almost dragged me to the bed was ‘I am happy to pray with him but only if he really wants me to, after all he has never met me’.

As I talked with this young man and observed his family before asking him if he really would like me to pray – as it was his choice and he was under no obligation to say yes – he clung to my hand.

I then suggested to the family that he needed to rest quietly so that the pre-medication could work and asked him if he would like one family member to read quietly in Sinhala some words of comfort from the New Testament while he laid with his eyes closed.

10. Leaving a now peaceful bedside I pondered afresh the value of religion in contrast to a personal relationship with our Heavenly Father. Why did a Principal Tutor and Ward Sister, both devout Buddhist, recognizing their patient and loved one’s need and their own inability to meet that need, not automatically call ‘The Priest’?
11. I left them listening to the words of comfort the LORD Jesus Christ spoke in the Gospel of John Chapters 14, 15 and 16 and silently thanked God that The Lord Jesus Christ came to bring ***PEACE*** and ***HOPE*** to all peoples in every nation.

A precious reminder of the truth that in the constant demands of duty Nurses have an ever present ‘Helper’ and ‘Provider’ of wisdom and sensitivity for each situation. Each patient is precious in His sight and He waits to pour out His blessing into their lives through every facet of Nursing. We sow the good seed He gives us, He waters the seeds with faith and hope and brings forth the fruit of PEACE.

14. The Acting Principal of the School of Nursing invited me to share with her staff one Saturday morning, asking if 1 hour would be sufficient, I assured her I would use exactly the time she wished. Such was the interest and involvement of all the Tutors that we shared for just over 3 hours after which they laughingly reminded me that at the PGNF time could not be stretched.
15. The President of the Graduate Nurses Foundation invited me to address their 3rd gathering. I felt honored to be given ½ hour in a busy ½ day program that included such key issues as formulating the Constitution. I was impressed by these Nurse’s commitment, and obviously deep discussions even though I cannot understand Sinhala.

This was a priceless experience as a few days earlier, having completed my English class, I stopped on the stairs to talk with the Nurse Advisor (Medical Services) before deciding to see if Miss.KusumVithana was still in the building. Suddenly I was accosted by a somewhat distraught Matron who told me in no uncertain terms I must never enter the Nurses Quarters again as no one would be responsible for what would happen to me! I assured her I had official permission but she was distraught and adamant.

16. To arrive at the wrong venue for the Graduate Nurses Foundation with heavy bags of Modules plus the Nurses’ New Testaments gifted from the Gideon’s International, was somewhat distressing until a male Nurse appeared and helped me to the conference room in the Nurses Quarters! The Modules were distributed after the session in the conference room and the New Testaments in the corridor as Nurses departed. ***When the love of Christ constrains the Forces of Evil lack power.***
17. At the conclusion of the GNF the Deputy Principal of the Open University Nursing Program and four Male Graduating Nurses invited me to attend the Convocation next day and to distribute the Modules to 30 more graduating Nurses was a challenge. How to manage at a Convocation? Their assurance ***‘Just be at the entrance at 12.45 with the Modules and New Testaments!’***

Courage Precedes Laughter

As guests mounted the steps with decorum, a male Nurse helped me place box and bag onto the balustrade of the magnificent entrance to the BMICH Convocation Hall, the Nurses already 'Processing' came out of line to receive their gifts, each expressing his/her appreciation. A smoother execution of Module distribution with a brief word to each Nurse in an incredible situation could never have been imagined.

Thirty four more Nurses armed with Nursing With A Difference Modules and Gideon New Testaments left the University to return to their Institution better equipped to improve the quality of Nursing throughout the Provinces of Sri Lanka.

My prayer is that each of these many Nurses who demonstrated their commitment, desire and good will as he/she so readily took the set of Modules offered, will use and prove them to be tools of practical help and encouragement in their hands.

As we reflect on the above experiences can we identify with Sarah's words in a humanly impossible situation:

"God has made me laugh, so that all who hear will laugh with me". Genesis 21:3

5th CHALLENGE

***While annoying, one unjustly closed door need not spell disaster
Truth, Justice and Mercy if grasped will prevail.***

Fresh Fields Of Endeavour

Walking out of National Hospital Colombo some what shocked, on that historical day in my life, awed but undaunted at what lay ahead in completing the task entrusted to me and to meet the expectation of the Sri Lankan High Commissioner in India, my dependency need of human support resulted in my wasting two precious days on a wild goose chase for help from conventionally recognized sources.

When 'Vain is the help of man' and faith is stretched, the words of the Hymn 'No Never Alone' take on deeper meaning. Perseverance drew me closer to the rich resources that come from the hand of our gracious God to fulfill His purpose in and through Nursing.

Late on the second day I went to the Director of the Bible House – Never having met before, a few penetrating questions and within 10 minutes in a most professional manner she had mapped out the best route for me including more than what I had considered feasible in the time available. Calling two of her key men to contribute, I left within ½ hour armed with a clearly drawn route map complete with logistics of bus times and costs, and greatly relieved when one undertook to collect the Modules from Ceylinco House, re label and send by train or bus the required no of boxes to the YMCA Office in the various cities as with '**No Letter**' I could not send to Health Institutions.

Accommodation struggles in Colombo had led me to YMCA. Now my request for YMCA assistance throughout Sri Lanka came in most amazing ways, not the least by official letters of introduction and informing the General Secretary in each place by telephone as my arrival dates could not be confirmed.

How gracious has been the hand of God to thousands of Nurses in Orissa and Gujarat in India and now in Sri Lanka through the generosity and practical services of the YMCA to Nursing With A Difference.

Do We Take Time To Count Our Blessings?

**When upon life's billows you are tempest tossed,
When you are discouraged thinking all is lost,
Count your many blessings: Name them one by one,
And it will surprise you what the Lord hath done.
Count your many blessings, every doubt will fly,
And you will go singing as the days go by.**

HEALTH AND TEACHING INSTITUTIONS VISITED IN SRI LANKA

WITH

MODULE DISTRIBUTION from 22 AUGUST to 18 NOVEMBER 2003

| <u>CITY</u> | <u>INSTITUTION</u> <u>SERVICE</u> | <u>EDUCATION</u> | <u>ACCOMMODATION</u> |
|--|--|---------------------------------------|-----------------------------------|
| ANURADHAPURA | General Hospital | School of Nursing | Provided by Inst. |
| BADULLA | General Hospital | School of Nursing | Provided by Inst |
| BATTICOLOA | Teaching Hospital Eastern University | School of Nursing | Provided by Inst. |
| COLOMBO | National Hospital | School of Nursing Post Basic S.O.N | Nil |
| | Air Force Base Katanayake & Ratmalana | Included | Not required |
| | Military | Several Units brought to Base | |
| | Navy | 10 of 14 Units brought to Base | |
| | Police | | |
| | Nawala Open University | | |
| CHANKANAI | Peripheral Hospital | N/A | Not required |
| CHAVAKACHCHERE | District Hospital | N/A | |
| GALLE | Teaching Hospitals Karapitiya Mahomadura | Included | Nurse Educator Special Lunches |
| JAFFNA | Teaching Hospital S.P.H.M. – DPDHS | School of Nursing | YMCA |
| KANDY | Teaching Hospital | | YMCA |
| KILINOCHI | District Hospital | | With a Nurse |
| POINT PEDRO | Base Hospital | | Not required |
| TELLEPPAILI | District Hospital | | |
| TRINCOMALEE | General Hospital | | Dyke Corner Inn |
| VAVUNEYA | General Hospital | | YMCA (family) Hospital Staff |
| <u>Nurses Visiting Colombo (From other areas)</u> | | | <u>Modules Received</u> |
| BALANGODA | Base Hospital | | 1set |
| COLOMBO | Castle Street Hospital | | 1 set |
| | Lady Ridgeway's Hospital for Children | | 1 set |
| | Ass. Dir. Nursing | | 10 sets |
| KURANAGAR | Principal SON for Matrons and Tutors | | 22 sets |
| NUGEGODA | General Hospital CNO | | 3sets |
| PERODERMYN | Teaching Hospital | | 2 sets |
| RATNAPURA | CNO | | 1 set |

DISTRIBUTION OF MODULES IN SRI LANKA

National Advisors (Medical Services and Public Health)

All Chief Nursing Officers of Institutions Visited

Chief Nursing Officers who approached me in PBSON Colombo

All Principal Tutors of Schools of Nursing visited

All Matrons in National Hospital Colombo

*All Matrons in most of the Institutions visited.***

*All Ward Sisters and Charge Nurses ***

*All Wards and Units ***

Infection Control Nursing Officers

Health Education Nursing Officers

*Library –Nursing Service and Schools of Nursing ***

*Schools of Nursing Tutors – inequitable distribution ***

Post Basic School of Nursing – All Staff

Management Teaching Course >50% of 306 students

50% of the Midwifery Training Group of Nurses

Workshop on Curriculum Development

Workshop for Ward Management and Supervision

Open University – Nawala University Colombo – Principal and some Faculty

34 Graduates

Eastern University Batticaloa – Library

Nurses received Modules in employing Institution

Overseas Nurses in Sri Lanka

Australia 1 set

Japan 1 set

Netherlands 1 set

Pakistan 1 set

Philippines 1 set

UAE 1 set

***= Uneven Distribution due to guesstimation rather than estimations based on facts*

It would have taken ½ hour with the Nurse Advisors in the Ministry to plan for systematic distribution of Modules in all Health Service and Educational Institutions including the Community-Public Health Field in the entire Nation.

With the piece meal information gleaned and the constant need to make ad hoc decisions while in Colombo and throughout my travels, the above pattern of distribution was achieved.

Requests for Modules, obvious disappointment with diminishing supplies, enquiries as to how to order one/more sets of Modules with comments on clarity and the easy to understand English, left no doubt as to the desire of many Nurses to possess and use the Modules.

Due to no computer/VCR/direct telephone line, Nursing With A Difference Video-Film or Website could not be actioned in any Institution. In most Institutions at least one Nurse had a computer at home and either had or was in the process of getting an internet connection.

These Nurses were encouraged to action the Website, download and print and in so doing to become a key resource person for the CNO as well as by sharing with their colleagues. The YMCA General Secretary in two cities offered to introduce the CNO and Matron's to the Website until they were able to get their own facilities.

The above facts plus finding many Nurses taking regular English lessons and working towards getting a Computer, further indicated that Nurses in Sri Lanka had a vision and had no intention of letting language be a problem.

PROFILE OF TRAINING SESSIONS

Time duration and venue were determined by each CNO for Nursing Service Personnel and the P.T. for School or College of Nursing.

Individual and small groups of 4 to 6 Nurses ½ to 2 hours
Groups of 10-30+ Nurses 2 to 3 hours

The earliest group session commenced at 5.30am concluding 7.15am in O.T.

A number of group sessions commenced at 7am or 7.30am in OPD's or SON.

Many larger group sessions were held in Lecture Halls, In-service Training Units, small seminar rooms, Matron's Offices, Conference Rooms and Nurse's Quarters, for on duty Nurses and Schools of Nursing for Tutors. Occasionally Tutors joined with Nursing Services.

These sessions lasted from 2 to 4 hours as determined by the CNO or PT with one to four sessions per day according to need and time available. In the main evening sessions concluded by 6.30pm.

Special requests in some Institutions in the North East to interact with as many Nurses as possible in the limited time available added to the above:

Off duty Nurses met from 8.00pm to 10.30pm in the Nurses Quarters.

Night Supervisor from 6.0 to 8.0pm in their office.

In one Institution with acute staffing shortage, Ward sisters arranged sessions in their Wards and Units continuing with the Night Nurses from 8pm to 12.00 midnight to help as many Nurses as possible.

In one large Teaching Institution news spread – an invitation in the Duty Book for Nurses to meet me at the YMCA after 4. 0pm brought Nurses for 2 hour sessions with one returning early next day by Three wheeler Rickshaw to take me to his hospital for a half day session. In addition to meeting travel costs he also presented me with a supply of King Coconuts and milk.

One Senior Nurse who had already attended a lengthy session in her department came with her husband and a lovely home cooked meal for another 2 hour session in the evening.

Retired Nurses also need encouragement to continue using their gifts and abilities, it was a joy to meet as many as possible. One YMCA Officer invited me to his home to meet his sister a retired CNO thus helping fulfill our commitment of Nurses families helping Nurses to build a healthy Nation.

Outstanding features of the Training Sessions included the rapidity with which the CN or Deputy, with no prior intimation, organized sessions within a short period, often within one hour of my arrival.

At least one Matron or Ward Sister/in Charge was present at every session.

Much appreciated was the invitation in many Institutions to accompany Matron, depending on the size of the Institution and time available, on either a complete round of each Ward/Unit in the hospital or to special units and one of each type of Ward.

BEHAVIOURAL CONTRASTS BRING PAIN AND JOY

Obsession and Hunger

To witness Nurses in the PBS Management and Teaching Program lose all sense of propriety as they aggressively tore the cartons with no attempt to protect the boxed Modules while others disrupted professional activities by unceremoniously barging in to drag out additional cartons, tearing them open oblivious to the fact that they were blocking the doorway in their determination not to *'miss out'*, was disturbing and pathetic to see.

Shocked, I do not believe this behavior was greed-based merely to get something for nothing, but rather the demonstration of a deep inner hunger and eagerness for professional material.

For almost two months this group had been given opportunity to provide a list of who wished to have Modules – it was now apparent that 'fear of man' had prevented them putting pen to paper.

Sharing and Caring in the face of Personal Need.

Nurses in the North East who, having joyfully received the Modules, with sensitive understanding, voluntarily and spontaneously exercised self constraint while working out the best way to share what was available with Nurses in seven more Institutions not included in my schedule, but whom they insisted I must visit Later they apologized for not including a few more hospitals!

My prayer,; that the first group will ask for and receive a full and generous spirit to constantly share and use each Module to encourage and edify all Nurses in their Institution.

I have no doubt That God, who looks deep into the heart of each one, will honor and encourage the second group of Nurses with the riches of His storehouse to meet their every need.

Module-based Teaching Learning Programs

Offer with Justification

Having been repeatedly told by significant members of the Medical Profession that language was a major problem and that Nurses could not benefit from English, it was my responsibility to personally assess and decide whether the Nursing With A Difference Trust had launched a futile costly exercise doomed to failure.

Thus we set out to introduce as many Nurses as possible to the Modules that included demonstrating some ways of how best to use them to increase language facility and critical thinking skills that would increase their Nursing competence and job satisfaction.

Through the interactive process of teaching/learning, we examined different approaches Nurses as Educators could use to more effectively help the different categories of Health personnel including Doctors; Patients and their Families; as well as our own families, achieve much needed desirable behavioral changes through improved clinical and administrative management of the Health Services.

Joy in Seeing, Listening and Hearing

The joy of listening and hearing while reading with the

Ears and mind,

Eyes and mind,

Voice and mind

Heart and mind

Became a shared experience for us all.

Language Facility Findings and Outcome

Every Nurse could read English, a significant number with good diction, emphasis and meaning.

Many with one or two hesitations over unusual words quickly made 'self', or accepted 'group correction'. Group correction was spontaneous and showed that some who hesitated or mispronounced when reading aloud were accurate when listening and reading.

Subsequent opportunity to read was offered those having more difficulty with significant improvement noted in the clarity and confidence with which each Nurse read.

The very few who through shyness were hesitant to read, in most instances lacked confidence rather than an inability to read. This only rarely occurred and when encouraged, each Nurse readily responded, reading clearly and most often, fluently.

Variation in levels of comprehension are understandable with a second language, it was encouraging to watch some pause to think upon the meaning as he/she read while others asked the meaning of a word or statement thus indicating that they were reading with understanding –

Because of prevailing cultural and social values which enable male Nurses to be much more involved outside of the home and hospital I had expected a higher reading and comprehension level of English within this group. However, reality showed no appreciable difference in language facility exists between the many hundreds of male and female Nurses I met in Sri Lanka.

Nurses frequently commented on the need to refine his/her linguistic skills in the second and third languages of English and Sinhala or English and Tamil. Some were already involved in English classes while others welcomed suggestions as to how this might be done.

Nursing – Medical and Administrative Attitudes

On entering each Institution I went directly to the Chief Nursing Officer or Deputy informed him/her of the purpose of my visit and appraised them with the fact that I had '*No Letter from the Ministry*'.

Therefore, if it was inappropriate for me to meet the Nurses in his/her institution I would be willing to present a formal invitation from Nursing With A Difference Trust for me to meet the Nurses and to present those who were interested with a set of Modules. In this situation I would need him/her to guide me, a stranger to their city, to a near by neutral venue.

Nursing Response

In three institutions I was requested to accompany the CNO to the Medical Director. My reception in each instance was warm and the CNO was encouraged to arrange meetings with Nurses. The two MD's who suggested a large meeting of as many Nurses as possible, agreed that to facilitate interaction where English was not a first language smaller groups would be better. The CNO was asked if accommodation and Transport to collect the Modules from the YMCA had been arranged.

Checking on my subsequent plans one MD arranged for me to go to the next city in an ambulance that was scheduled to take patients. God alone knows just how much relief and blessing was imbedded in each of these contributions.

Language wrongly used feeds the ego and produces hypocrites.

Language mastered and used to enhance the quality and richness of life

Brings untold blessing in true service for all mankind.

Blessings All The Way

In one city I paid my first visit to a large Teaching Institution on Sunday. My reconnaissance paid dividends – The Senior Matron on duty gave me a lovely welcome, the CNO was in Colombo. I left after a brief introduction to the hospital with times set to meet the Deputy CNO and go to the SON next morning...

Taking a wrong turn caused me to traverse much of the hospital before finding the exit. Walking down the road I bit back the tears at what I had unintentionally been privy to see. My feelings and thoughts were put into words by a Clinical Tutor, the first Nurse to greet me in the SON next morning...With no formalities looking into my eyes while simultaneously putting her hand over her heart said 'I have just come from the wards and my heart is sad'

After introducing this Nurse to the modules she requested two further early morning sessions prior to going to the Wards. Referring to her special privilege in gaining so much sharpened the truth that we all have a priceless privilege in sharing – ***knowledge is not sacrosanct - when sanctified it will always produce good fruit and the privilege in sharing will cause a deep sense of fulfillment and joy.***

The Deputy CNO, already informed by the Matron was waiting for me, immediately rose to go to the Director. I insisted on telling her I had '***No Letter from the Ministry***' – she listened but did not answer.

Within ½ hour of her return I was sharing with a significant group of Senior Nurses.

Later these Nurses made suggestions for more sessions along with distribution of the Modules but this Matron in her wisdom knew how far to stretch to gain without losing. She never once made reference to the Medical Director but she did not have to. These Nurses were alert and determined.

BLESSINGS bring challenges and vice versa-One can only marvel at the ingenious way God intervenes

Repeated trips to the Hospital with heavy bags of Modules as the cheapest mode of transport was local bus one way and walking the return journey; the process was reversed when caring Nurses shared!

My invitation to meet Nurses in their off duty time was put into the Duty Book. This led to an email from a Senior Nurse from within the Institution on the same day thus opening up more opportunities!

The Deputy CNO and Matron in this Institution were a continuous fount of suggestions for meeting Nurses in other hospitals in the Province. The wonderful way in which they re-calculated to return as many Modules as possible so that Nurses in more institutions could benefit was a real and lasting joy.

On the 6th day I left with the Deputy CNO's apologies for not being able to do more, plus a request with clear instructions that to fulfill took me through an unknown area prior to leaving the Institution!

A Senior Nurse in one Institution insisted I go to the Medical Director before meeting the CNO who was on duty. I explained it was the CNO's responsibility to introduce me. Refusing to let me speak on the phone, it was with a degree of annoyance I pointed out that by going over the head of Nurse Leaders we not only showed a decided lack of professional courtesy but denigrated our own profession and as such was unacceptable. On receiving the CNO decided what he would like me to do before taking me to the Medical Director who in turn responded with interest, warmth and encouragement.

BLESSINGS

Sunday I had not expected to meet either the CNO or MD! With no accommodation arranged and having brought the Modules with me by bus I had no option but to leave the Modules in the Hospital while I organized myself. This CNO arranged for the collection of Modules and transport for me.

What an answer to prayer – I was exhausted and had only one day that I could give this Institution before leaving Sri Lanka, the CNO was fully committed out of the Office on Monday. Had we not met on Sunday and that after midday I could have had a most distressing and abortive time next morning.

What joy on arriving at the appointed time on Monday morning to find the Continuing Education team ready and waiting. What a privilege to help this key group who willingly took the responsibility to guide their Nurse Colleagues in how best to use the Modules to improve their competence.

The Gracious Hand Of God Was Surely Upon Us.

War and Peace

MYTHS – DECEPTION > CALCULATED OPPRESSION

The above facts show clearly that:

All categories of Nurses in Sri Lanka have basic skills in the use of the English language. My sessions included 2nd and 3rd year Student Nurses, Newly qualified and graduate Nurses to Chief Nursing Officers and Principal Tutors.

The well over a thousand Nurses I interacted with in Sri Lanka were aware of the need to actively develop; and refine their skills in the use English and Tamil or English and Sinhala.

English was seen as the common professional medium of choice because of the vast resources it opened up to enrich the professional input of each Nurse and therefore of the Nation.

A key weakness that undermined the ‘good’ in the PBS was identified by both Sinhala and Tamil speaking Nurses as the limitations of Sinhala with an uncaring obvious exclusion of the few Tamil Nurses admitted, giving credence to the deception of political rhetoric over reality that actively fosters and fuels segregation and communalism.

Nurses were encouraged as we discussed their Constitutional Rights and Duties; Government Authorization to practice as Nurses; and the implications of our Pledge; thus bringing fresh insight and understanding of the need and urgency to actively receive and fulfill, in order to affect much needed change in the practice of Nursing.

Using the Modules as a teaching tool revealed an inner desire and hopefully the encouragement gained will act as a catalyst to higher motivation.

These findings refute the generally held opinion of the Medical Profession and others.

They refute the uninformed and unjustified accusation of the Medical Lecturer who discredited the ability of younger Nurses by stating “that I was only interacting with very Senior Nurses”.

But what joy in a hospital that had been devastated during the war, to have a Doctor on two consecutive days insist that the Nurse in each area spend time with me that he could manage, stating that of all the people who visit I was the very first to come to encourage Nurses.

I have every confidence that as each Nurse thinks through and renews her Pledge before the God of Truth who is a righteous judge and from whom nothing can be hidden, He will look with mercy and Nurses of Sri Lanka will be encouraged and strengthened in ways they had not realized possible.

IMPRESSIONS versus REALITY

My first impression on entering the Nurse’s Quarters in Colombo was the lovely flowers and well stocked library. I was soon to discover everywhere, offices, Wards and Units even the Accident and Emergency entrance were brightened with vases of colorful flowers.

Then came the millions of wee white flowers floating in small and large, simple or ornate vessels of water symbolizing peace and purity.

The heart and mind said “How lovely”, “How wonderful if this were a universal practice in Health Institutions”.

Truth brings reality

Apart from wee white flowers that were replaced daily or destroyed by the burning tapers of the symbolic “Lamp of Knowledge” leaving a dejected mess of ash as the flickering tapers died as the oil was burned up; all other flowers were artificial

Fear, deception and constant busy-ness coupled with evidence of severe physical and mental distress including ‘burn-out’ were deeply ingrained undeniable factors that characterized and limited each Nurse’s freedom to contribute to the health services individually and collectively as he/she desired and knew should, ought and could be.

***Locks on Libraries and Cabinets of books
Reflect
The more powerful obstructive locks on the minds
Designed
To Actively destroy Nursing.***

From within the Nursing Profession due to lack of understanding and appropriation of each one's constitutional right of Freedom to use his/her faculty of reading, thinking and acting as responsible citizens of the Nation and of the world.

From the Medical Profession as was clearly demonstrated by the Deputy Director of the National Hospital when she confiscated the Modules that were the rightful property of Nurses.

Having 'read' the Modules she proceeded to contend - "They are very well written professional books that are a thinly veiled cover to push a religious view"

This highly qualified Doctor in a top administrative post revealed her own inability to read with understanding; her own spiritual insecurity demonstrated in obsessive religious bias; and her conformity to the self righteous view of the 'right and possession of intellectual superiority by the Medical Profession'; as well as her whole hearted subscription to the suppression of Nurses and Nursing by what so ever means.

Had she read the Foreword - as could any one with even limited ability to comprehend, let alone those skilled in the art of comprehension?

Herein clearly stated are the categories of Nurses who previewed the Modules and their recommendations; had she then gone on to read 'The basis for each decision and the outcome' and in particular 4-a to h that deal with References to the Bible and Jesus Christ; to 'Burn Out' and to Rights and Responsibilities as defined in the Indian Constitution and which I ascertained were equally relevant to that of Sri Lanka for each citizen which automatically includes each Nurse, she could never have made a public spectacle of her ignorance and hunger for power at all costs.

Furthermore, without renouncing her own personal freedom to religious conviction, in her position of authority she would have been constrained to counsel with wisdom and understanding the specific Surgeon and other members of the Medical fraternity who were so deluded.

Perhaps the two saddest aspects were:

- (1) ***Her 'Public Denigration*** of Nurses freedom under the Sri Lankan Constitution' and in so doing to impose upon all Nurses in the most prestigious Health Institution in Sri Lanka – The National Hospital - the stigma of 'Imbeciles i.e., Mentally deficient' and therefore lacking the ability to make their own choices.
- (2) ***'Her need'*** to act as a guardian to what she perceived as '**a threat to her chosen religion'**

5th CHALLENGE

That 'The blind cannot lead the blind without both falling into the ditch' is a truism well demonstrated in the above that all Nurses need to heed well and be alert, to ensure that no Nurse is drowned in the sludge by being blindly drawn into the 'ditch'.