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Aim of NIJ

To publish high-quality original research articles in the field of nursing that are novel and innovative in their findings that make substantial theoretical and practical advances in the nursing profession.

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The Nursing Innovators Journal (NIJ) publishes authors' views, which do not necessarily reflect the editorial board's or affiliated institutions' official stance.



From the Editor's desk. "Charting New Horizons in Nursing Research and Practice"

It is with great pleasure to present the January-June issue 2026 of the Nursing Innovators Journal (NIJ), an open-access, double-blinded, peer-reviewed international journal.

As an open-access e-journal, we are committed to providing quality nursing research content that drives innovation in the nursing profession. Each article has gone through rigorous editorial review, including a plagiarism scan, an AI detection scan, double-blinded peer reviews, and final editing. In this issue, we also commemorate International Nurses Day 2026 by recognizing the enduring legacy of Florence Nightingale and aligning with the global vision of empowering nurses to lead transformative changes in healthcare.

This January-June 2026 Volume 2, Issue 1, highlights the contemporary priorities in the field of nursing practice, education, patient safety, community health, and AI in nursing practice. Themes such as stroke prevention, breastfeeding promotion, anaemia awareness, pain management, mindfulness, patient safety, sports-related anxiety, and artificial intelligence readiness reflect the expanding scope of nursing research in addressing emerging healthcare challenges. Together, these contributions underscore the nursing profession's commitment to innovation, compassionate care, health promotion, and the advancement of quality healthcare delivery across diverse populations.

In this era of rapid technological advancement, rising global health emergencies, economic crisis, climate-related health risks, and growing mental health concerns, researchers must be prepared to undertake issues that are forward-looking, informed, resilient, and innovative, and health care practices adaptable to the changing landscape. Nurse research needs to chart a new horizon of care that is adaptive, evolving in scope, and humane in approach. Finding the right balance within this kaleidoscope of human needs is the fundamental question that nurse researchers must seek to answer. It is time to chart a new horizon.

NIJ and its editorial board are committed to providing genuine content for the readers that is based on authentic and original research and academic expertise. We ensure this commitment through our double-blinded peer-reviewed process and stringent SOP editorial process to bring out issues of high-quality academic research based on methodological rigor and its findings for the profession and public at large.

The views and opinions expressed in the published articles are solely those of the authors and do not necessarily reflect the views of the editor, editorial board, publisher, or affiliated institutions. The journal assumes no responsibility for any consequences arising from the use of the published content. On behalf of the editorial team, I extend our sincere appreciation to all contributors and readers for their continued support.

Warm regards,

Prof. Laishangbam Bijayalakshmi Devi

Editor, Nursing Innovators Journal, MKSSSBTINE, Pune

Florence Nightingale and the ICN Theme of 2026: Our Nurses. Our Future. Empowered Nurses Save Lives.

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Abstract: International Nurses Day is celebrated on 12th May every year on the birth anniversary of Florence Nightingale, who professionalized nursing. Her self-empowerment and the journey of empowering nursing are foundational for every nurse. This year's theme is *Our Nurses. Our future.* The phrase "Empowered Nurses Save Lives" is very apt and aligns with Florence's development as a nurse. This paper delves into the growth of Florence as an empowered nurse and gives insight to young nurses as to how, individually and collectively, we can empower ourselves and save lives every second, sometimes dramatically and generally gently.

I. Introduction:

The International Council of Nurses (ICN) officially established this observance of Nurses Day on May 12th in 1974, recognizing the need to spotlight the critical contributions of nurses across the globe. Over the decades, this day has become much more than a historical tribute; it now serves as a platform to raise awareness, advocate for better working conditions, and inspire future generations to take up the profession with pride and purpose. The theme "*Our Nurses. Our Future.*" reminds us that nurses are not just part of the system—they are its heartbeat.¹

This theme is not aspirational for nurses but foundational. It reflects reality, responsibility, and most importantly, possibility. This paper is a personal reflection on Florence Nightingale and how she shaped modern nursing, so that today's nurses can honor this theme by empowering themselves, individually and collectively.

II. Florence Nightingale's early life before nursing:

"I attribute my success to this; I never gave or took any excuse." This was Florence's response to her success. In that one sentence, we witness conviction, discipline, and an uncompromising attitude toward purpose. Ms. Nightingale was born in 1820 to an English aristocratic family in Florence, Italy, and was named after the city. The Nightingales owned several homes: a country home called Lea Hurst in Derbyshire; a townhouse in London; and Embley Park, a large and lavish home located in Hampshire, outside of London.² Brought up among such advantages, it was only natural to suppose that Florence would show a proper appreciation of them by doing her duty in that state of life unto which it had pleased God to call her—in other words, by marrying, after a fitting number of dances and dinner-parties, an eligible gentleman, and living happily ever afterward.³

Florence learned languages, Greek, Latin, German, French, and Italian, as well as history and philosophy, mathematics, and statistics. Her life revolved around reading, traveling abroad, and enjoying the aristocratic life. During this time, she was described as restless, strange, passionate, obstinate, and miserable.³ As a child, Florence was very close to God. She would write that she had conversations with God. But she had no clarity as to what her calling was.

Florence and Marriage:

Though she was engaged to be married to Richard Monckton Milnes, an aspiring politician and poet from an aristocratic family, from ages 21 to 30, Florence was not convinced of the regular aristocratic wifely duties. At the age of twenty-five, she wrote about her desire for meaningful work instead of wasting time on trivial pursuits. Later in life, she reflected: **"Unless there is someone who is discontented with what they have, the world would never reach for anything better."**

This idea is powerful. It tells us that progress towards purpose begins with a sense of restlessness- a desire to do more, to be more, and to improve the world around us.

She broke off her nine-year engagement to pursue a career in nursing.

“I have an intellectual nature which requires satisfaction, and that would find it in him. I have a passionate nature that requires satisfaction, and I would find it in him. I have a moral, an active nature which requires satisfaction and that would not find it in his life.”⁴

Florence Nightingale wrote the following tortured note upon her final refusal of Richard Monckton Milnes's proposal of marriage: "I know I could not bear his life," she wrote, "that to be nailed to a continuation, an exaggeration of my present life without hope of another would be intolerable to me- that voluntarily to put it out of my power ever to be able to seize the chance of forming for myself a true and rich life would seem to be like suicide."²

Florence and her Calling:

Florence liked caring for sick people and animals. She would visit hospitals to understand how care was provided to patients. It is important to note that, in the culture of the time, nursing the sick did not have the noble connotation it has in modern day. It was one of the lowest possible professions when not attached to a religious institution. Nevertheless, encounters with sickness and death within her own family, coupled with her observations of the deplorable conditions in hospitals and workhouses, ignited her fervent commitment to improving the standards of healthcare and sanitation. These experiences laid the foundation for Nightingale's lifelong crusade for healthcare reform and her unwavering dedication to the welfare of the sick and infirm.

A profession, a trade, a necessary occupation, something to fill and employ all my faculties, I have always felt essential to me; I have always longed for it, consciously or not. The first thought I can remember, and the last, was nursing work... Florence Nightingale, cited in Cook (1913).⁵ Her mother and sister were so repelled by her interest. At 30, she left her home after a conflict with them to train as a nurse at Kaiserwerth in Germany for three months. At 31, she became a matron in an institution caring for sick governesses. There, she realized that unorganized self-sacrifice was not enough—what was needed was structured effort, knowledge, and systemic improvement. She observed sharply, ***“People sacrifice themselves without purpose. Their sacrifice makes the selfish more selfish, the lazy lazier, and the narrow narrower.”***

The Scutari Transformation

Crimean War: In 1854, Britain, France, and Turkey declared war on Russia, beginning the Crimean War. In September, during one of the struggles in Alma, Russia was defeated, but England suffered heavy casualties. There was a lack of medical facilities and high mortality in British military camps. Sydney Herbert, the minister of war, was a friend of Florence; so, she took advantage. It would take 15 long, torturous years, from 1837 to 1853, for Nightingale to actualize her calling as a nurse. At the age of thirty-four, Florence Nightingale was sent to the Barrack Hospital in Scutari, Turkey, during wartime. What she encountered there was unimaginable.

There were no proper beds. Patients lay on filthy floors, wrapped in blood-stained blankets. There was no food, no kitchen, no sanitation, and barely any medical staff. Only a few doctors were struggling with patient care. The rest of the administration was managed by the military staff, including hygiene, drugs, linen, equipment, and rations. The environment was filled with disease, insects, and rats. It was, in every sense, a place of despair.

And yet, she accepted the challenge, believing it was an opportunity to prove the value of nursing.

With just thirty-eight nurses, she transformed that hospital within six months. She arranged supplies, improved sanitation, organized food preparation, ensured proper documentation, and advocated for systemic reform by presenting data to authorities. Then Florence's interventions were simple. She tried to provide a clean environment. She provided medical equipment, healthy food, clean water, and fruits. With this work, the mortality rate decreased from 60% to 42%, then to 2.2%. Drawing on her background in mathematics and statistics, Nightingale collected and analysed data on patient outcomes, mortality rates, and healthcare practices. Her statistical analyses provided critical insights into the effectiveness of medical interventions and the impact of environmental factors on patient health. Nightingale's use of statistical analysis is notably shown in her work during the Crimean War. In her seminal report titled "Notes on Matters Affecting the Health, Efficiency, and Hospital Administration of the British Army," Nightingale presented statistical data on mortality rates among wounded soldiers in military hospitals. Specifically, through careful analysis of this data,

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The First Pillar is Conscientiousness: A Clear Moral Purpose.

During the COVID-19 pandemic, one of our alumnae was assigned to ICU duty while her 15-year-old daughter was preparing for her board exams. Her husband was also on COVID duty elsewhere. With no support system available due to lockdown restrictions, she faced a difficult choice: stay back for her family or step forward for her patients.

She chose to serve.

She prepared her daughter to manage independently, stocked the house, and reported for duty. For the first two days, there was no food or water due to logistical failures. She worked long hours in PPE, feeling physically exhausted and dehydrated, yet she continued caring for patients, even feeding them when she herself had nothing. When asked why she accepted the assignment, **she said: "I was fortunate to be chosen."**

This is conscientiousness, a main ingredient for empowerment. That is ownership. This is professional pride.

The Second Pillar is Confidence, which is supported by Knowledge, Skill, and Attitude.

Consider a nurse with a six-month-old baby, working night shifts in a COVID ward. Despite the challenges, she continued her duty with confidence, supported by her knowledge and training.

Or the Diploma nursing student to conduct a safe home delivery during lockdown, when no help was available. Two lives were saved because someone chose to act with knowledge and responsibility.

Continuous learning is not optional in nursing- it is essential. Healthcare is constantly evolving. Empowered nurses stay updated, adapt, and lead.

The Third Pillar is Competence: The Courage to Act

Four nursing students once encountered a man in cardiac arrest while traveling on a bus. They identified the emergency, initiated CPR, and insisted that the bus be diverted to a hospital despite passengers' resistance. Their actions saved a life. They had a choice: to stay silent or to act. They chose courage. Empowerment means creating an environment where nurses feel safe speaking up, asking questions, and acting in patients' best interests.

The Fourth Pillar is Compassion: The Soul of Caring, which sustains us in this stressful profession.

If conscientiousness is the heart, confidence is the mind, and competence is the strength, compassion is the soul. During the pandemic, nurses held phones so patients could say goodbye to loved ones. They comforted frightened children, stayed beyond shifts, and brought humanity into moments of isolation. These are not just duties- they are acts of deep empathy. Empowered nurses do not just treat diseases- they care for people.

Empowerment of nurses as a collective responsibility:

Leaders play a crucial role in ensuring nurses' empowerment.

Nurse leaders, Nursing Organizations, Hospitals, Health Ministries, and healthcare planners play an important role in ensuring authority, protection, and resources. If governments praise nurses on 12th May, but ignore staffing ratios, workplace violence, occupational safety, skill development, and migration ethics, the celebration becomes performative.¹

It can now start with a simple step, such as in one hospital, where nurse-led rounds were introduced. Initially, they resisted, but they eventually improved communication, patient outcomes, and team collaboration. When nurses are included in decision-making, healthcare improves.

Technology and the future:

Technology is transforming healthcare- from electronic records to AI diagnostics. India is trying to expand access through Ayushman Bharat, health and wellness centers, digital health infrastructure, and insurance coverage. But these schemes need trained human resources at the last mile. Nurses make the system human and functional. The workplace should ensure that nurses are trained to work with technology. Nurses should keep in mind that technology must enhance, not replace, the human touch.¹

An empowered nurse uses technology wisely- to detect early warning signs, reach remote patients, and improve care delivery.

IV. Challenges we must address:

We must acknowledge challenges: staffing shortages, burnout, workplace stress, limited authority, and lack of recognition. Empowerment requires systemic support- safe environments, fair policies, mental health care, and continuous training.

Impact on patient outcomes: Research consistently shows that empowered nurses lead to lower mortality rates, reduced infections, better patient satisfaction, and faster recovery. Empowered nurses think critically, act proactively, and advocate strongly.

Nurses as-

Advocates: Nurses are advocates, not just for patients, but for communities. A nurse addressing malnutrition through awareness and collaboration is practicing true empowerment. Empowered nurses do not just respond-they prevent.

Building the Future: “Our Nurses. Our Future” is a vision. We must invest in education, research, leadership, and policy involvement. Nurses must not just implement decisions-they must help shape them, as Florence shaped nursing professionally.

A Call to Action: Every nurse should believe in their knowledge, trust their instincts, speak their voice, continue learning, and support one another. Every leader should create empowering environments, recognize contributions, and listen actively. Every society should respect nurses and value their sacrifices. Every time a nurse checks a pulse, administers medication, or offers comfort, they are saving a life. Sometimes dramatically. Sometimes quietly. But always meaningfully.

V. Conclusion:

“Our Nurses. Our Future. Empowered Nurses Save Lives.” This is not just a theme- it is a lifelong commitment. Let us build a future where every nurse is empowered, every voice is valued, and every life is cared for with dignity. Because when nurses are empowered, healthcare transforms. And when healthcare transforms, lives are saved. Florence advanced nursing education by establishing nursing education standards, laying the foundation for the nursing profession as we know it today. She used data analysis in healthcare, and her establishment laid the foundation for nursing research. She empowered us professionally and let us empower ourselves, individually and collectively, carrying on her legacy of saving lives.

Conflict of Interest: None to declare.

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The Maharshi Karve Stree Shikshan Samstha's Smt. Bakul Tambat Institute of Nursing Education started on the campus of the Samstha in Pune in August 2000. The institute is Committed to Developing "Conscientious, Confident, and Caring quality professionals of International repute". The Institute is recognized by the Indian Nursing Council, Delhi, Maharashtra Nursing Council, Mumbai, Maharashtra State Board of Nursing and Paramedical Education (MSBNPE), Mumbai, and affiliated to Maharashtra University of Health Sciences, Nashik. The Institute is accredited with NAAC 'A' Grade. The institute has around 600 girl students pursuing various courses i.e. GNM, B.Sc. Nursing, P.B.B.Sc Nursing, M.Sc. Nursing and Ph.D. in Nursing. Clinical learning is conducted in the parent hospitals i.e. Deenanath Mangeshkar Hospital and Mai Mangeshkar Hospital, Pune.

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Our NIJ Aim:

- To publish high-quality original research articles in the field of nursing that are novel and innovative in their findings that make substantial theoretical and practical advances in the nursing profession.

Our NIJ Objective:

- Provide an online platform for publishing original nursing research.
- Encourage innovative articles submissions from nursing academicians, researchers, scholars and practitioners.
- Publish up-to-date research for professionals and the public.
- Serve as a reference for cutting-edge nursing innovations.



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