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VOLUME 2 ISSUE 1

JANUARY - JUNE 2026

SR. NO.	CONTENT	PAGE NO.
1.	Editorial note	01
2.	Florence Nightingale and the ICN Theme of 2026: Our Nurses. Our Future. Empowered Nurses Save Lives.(Special edition)	02
3.	Knowledge and perception regarding stroke prevention among the high-risk patients in tertiary care hospital: A cross-sectional study.	09
4.	Artificial intelligence readiness among nursing students: A cross-sectional study.	15
5.	Effect of lactation practice on breastfeeding techniques and the level of maternal satisfaction among post-cesarean primipara mothers.	19
6.	From bedside to safer care: Impact of an Integrated Digital Safety System on patient awareness.	29
7.	Exploration and description of sports-specific cognitive and somatic anxiety in collegiate women aged 18–25 years.	33
8.	Efficacy of music therapy on alleviating level of pain among pediatric cancer patients receiving chemotherapy.	46
9.	Level of mindfulness among nursing students and faculty in nursing educational institutes: A comparative study.	59
10.	Prevalence of anemia among women in selected urban area.	66

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

Efficacy of music therapy on alleviating level of pain among pediatric cancer patients receiving chemotherapy.

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Abstract: ***Introduction:** Pain is a distressing and common symptom experienced by pediatric cancer patients undergoing chemotherapy, often affecting their physical, psychological, and emotional well-being. Music therapy, a non-invasive intervention, has been increasingly recognized for its potential in pain reduction and psychological comfort. **Objectives:** 1) To assess the level of pain among pediatric cancer patients receiving chemotherapy both in Experimental & control groups. 2) To assess the post level of pain among pediatric cancer patients receiving chemotherapy after intervention in the experimental group only and nothing in the control group. 3) To evaluate the effectiveness of music therapy on the level of pain among pediatric cancer patients receiving chemotherapy by comparing the pre & post level of pain between the experimental & control group. 4) To find out the association between selected demographic variables & level of pain among pediatric cancer patients receiving Chemotherapy both in the experimental & control group. **Methodology:** A quasi-experimental design was adopted. Pediatric cancer patients undergoing chemotherapy were selected by using a purposive sampling technique and assigned to two groups: 30 in experimental and 30 in control. The experimental group received music therapy sessions- recorded instrumental music (Veena and Flute, which had a combination of the traditional Indian raga Ananda Bhairavi, which is believed to have therapeutic effects) and modern contemporary tunes music session for 30 minutes during chemotherapy on 3 consecutive days, while the control group continued with routine care. Pre and post-level of Pain were assessed using numerical pain scales in both groups. **Results:** The results indicate a substantial reduction in pain among the experimental group, with mean pain scores decreasing significantly from 4.8 to 1.03 ($p < 0.00001$). In contrast, the control group showed no significant change in pain levels {pre-test mean 4.9, post-test mean 5.13, (p -value 0.2106)}. **Discussion and Conclusion:** The study supports the hypothesis that music therapy is effective in reducing pain among pediatric cancer patients receiving chemotherapy. As a safe, cost-effective, and child-friendly intervention, music therapy can be incorporated into routine care to improve the overall treatment experience.*

Keywords: Music therapy, pediatric cancer, chemotherapy, pain management, quasi-experimental study

I. Introduction:

Childhood cancer remains a major public health challenge, with an estimated 400,000 new cases diagnosed globally each year in children and adolescents (0–19 years). In India, pediatric oncology services report 50,000–60,000 new childhood cancer cases annually, with many concentrated in tertiary centers in large cities creating high procedural and treatment-related symptom burdens.^{1,2}

Pain is among the most frequent and distressing symptoms during chemotherapy, with studies showing 40–70% of pediatric patient's experience moderate to severe pain during treatment and procedures, which adversely affects adherence, heightens anxiety, and worsens overall quality of life³

II. Methodology:

- Research Approach- Quantitative Approach
- Research Design- “Quasi-Experimental Design”
- Setting- Selected Cancer Hospitals of the City
- Population- Paediatric Cancer Patients Receiving Chemotherapy
- Sample And Sample Size- 60 Patients (30 Patients in Experimental & 30 Patients in Control Group)
- Sampling Technique- Non-Probability Purposive Sampling Technique
- Tools/Instruments- Numerical Pain Scale

Sampling criteria:

A. Inclusion criteria:

2. The gender included (Male, Female & Transgender) with age group 7 years to 18 years.
3. Paediatric Cancer Patient's receiving chemotherapy cycle 1 to 4
4. Paediatric Cancer Patients willing to participate in the study

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B. Exclusion Criteria:

1. Paediatric Cancer patients with severe other health conditions
2. Paediatric Cancer patients with hearing deficits.
3. Paediatric Cancer patients with cognitive impairments
4. Those patients receiving concurrent pain management therapies

III. Results:

- a) **Section i:** Demographic variables distribution
- b) **Section ii:** Assess the pre-level of pain among pediatric cancer patients receiving chemotherapy in both the experimental & control groups
- c) **Section iii:** Assess the post level of pain among pediatric cancer patients receiving chemotherapy both in experimental & control group
- d) **Section iv:** Evaluate the effectiveness of music therapy on the level of pain among pediatric cancer patients receiving chemotherapy by comparing the pre & posttest level of pain between experimental & control group.
- e) **Section v:** Association between selected demographical variables & level of pain among pediatric cancer patients receiving chemotherapy both in experimental & control group

SECTION-I					N=60	
Table 1 Demographic variables distribution						
Demographic variables	Experimental group		Control group			
	f	%	f	%		
1. Age of Child in years						
a. 7 years- 10 years	13	43.33	11	36.67		
b. 11 years-14 years	11	36.67	13	43.33		
c. 15 years-18 years	6	20.00	6	20.00		
2. Gender						
a. Male	16	53.33	14	46.67		
b. Female	14	46.67	16	53.33		
c. Transgender	0	0.00	0	0.00		
3. Education status of participants						
a. No formal education	5	16.67	6	20.00		
b. Primary education	19	63.33	19	63.33		
c. Secondary education	4	13.33	3	10.00		
d. Higher secondary	2	6.67	2	6.67		
4. Area of living						
a. Rural	18	60.00	15	50.00		
b. Urban	12	40.00	15	50.00		
5. Duration of illness						
a. 1 month- 6 months	11	36.67	12	40.00		
b. 6 Month- 12 months	18	60.00	16	53.33		
c. > 12 Months	1	3.33	2	6.67		
6. Stages of Cancer						
a. 1st stage	8	26.67	5	16.67		
b. 2nd stage	14	46.67	14	46.67		
c. 3 rd stage	5	16.67	8	26.67		

d. 4th stage	3	10.00	3	10.00
7. Chemotherapy cycle				
a. 1-2	17	56.67	15	50.00
b. 3-4	13	43.33	15	50.00
8. Type of cancer				
a. Blood cancer	21	70.00	24	80.00
b. Other cancer	9	30.00	6	20.00

The demographic distribution of participants in both the experimental and control groups was fairly comparable across all variables. In terms of age, the majority of children in both groups fell in the 7–14 years range, with 43.33% in the experimental group and 36.67% in the control group aged 7–10 years. With respect to gender, the experimental group had a slightly higher proportion of males (53.33%) compared to the control group (46.67%), while females were more represented in the control group (53.33%). Regarding education, most participants in both groups had primary education (63.33%). In terms of area of living, the majority of the experimental group resided in rural areas (60%), whereas the control group showed an equal distribution between rural (50%) and urban (50%) areas. The duration of illness indicated that most children had been ill for 6–12 months (60% experimental, 53.33% control). Analysis of cancer stages showed that most children were in the 2nd stage in both groups (46.67). Chemotherapy cycles were nearly evenly distributed, with a slight majority in the 1–2 cycle category in the experimental group (56.67%), while the control group had equal distribution. Finally, the type of cancer revealed that blood cancer was predominant among participants, affecting 70% of the experimental group and 80% of the control group.

N=60

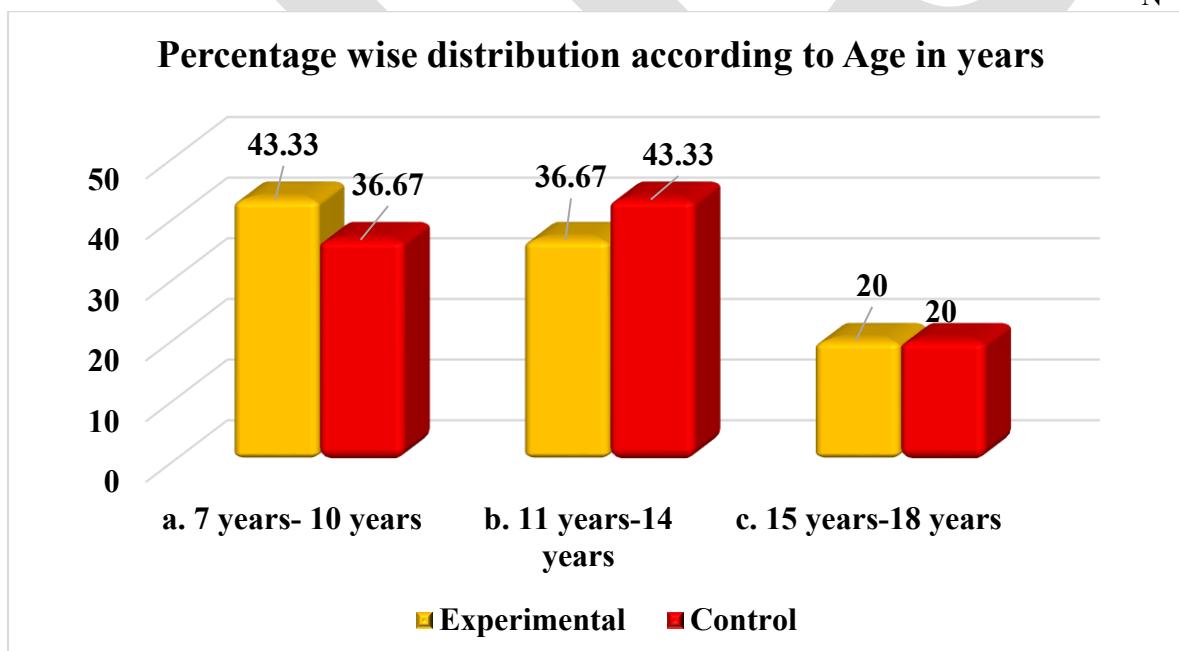


Figure 1: Percentage-wise distribution according to Age in years

In the 7–10 years category, the majority of participants belong to the Experimental group (43.33%) compared to the Control group (36.67%). In the 11–14 years category, the Control group has a higher proportion (43.33%) than the Experimental group (36.67%). In the 15–18 years category, both groups have an equal proportion (20%)

N=60

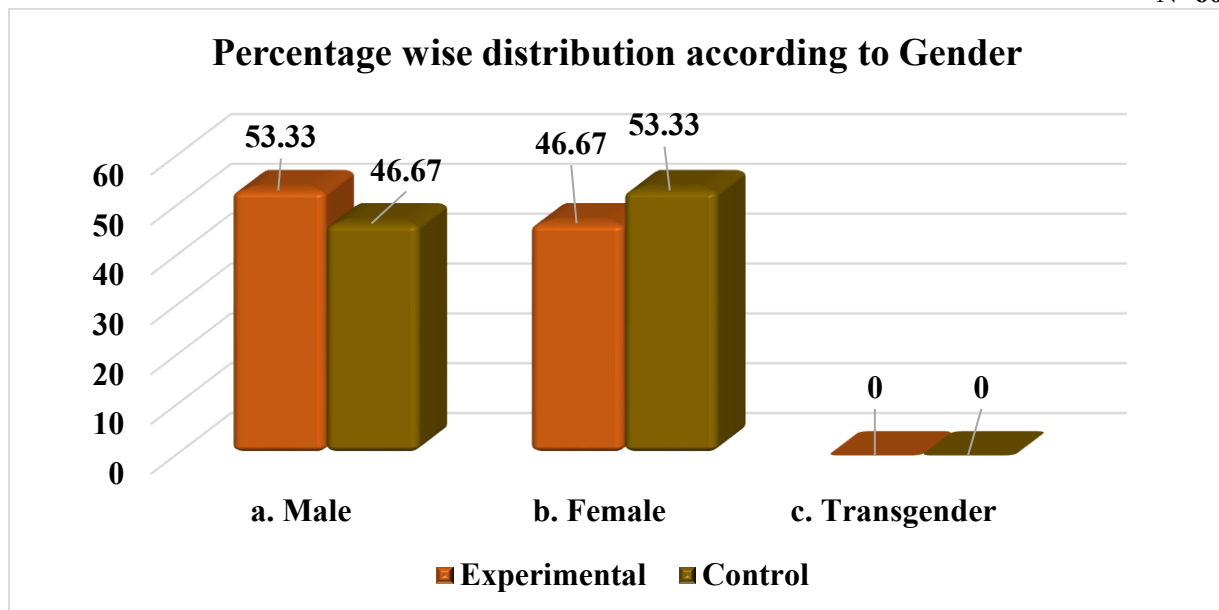


Figure 2: Percentage-wise distribution according to Gender

In the experimental group, males (53.33%) were slightly higher than females (46.67%), while in the control group, females (53.33%) outnumbered males (46.67%).

N=60

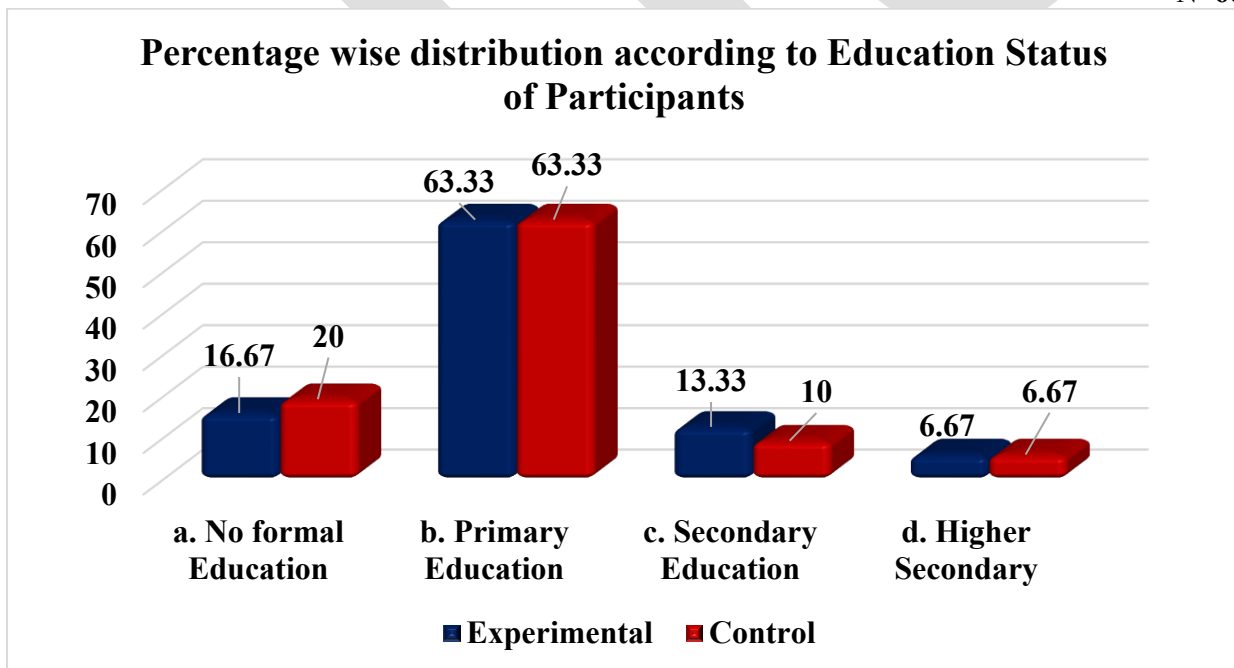


Figure 3: Percentage-wise distribution according to Education Status of Participants

The majority in both experimental and control groups had primary education (63.33%). A smaller proportion had no formal education (16.67% experimental, 20% control), followed by secondary education (13.33% experimental, 10% control). Only 6.67% in each group had higher secondary education.



The majority were from rural areas (60%), while 40% were from urban areas. In the control group, participants were equally distributed between rural (50%) and urban (50%) areas.



The majority in both groups had illness for 1–6 months (60% experimental, 53.33% control). Around 36.67% (experimental) and 40% (control) reported illness less than a month. A small proportion had illness for 6–12 months (3.33% experimental, 6.67% control).



6: Percentage-wise distribution according to Stages of cancer

6: Percentage-wise distribution according to Stages of cancer



Percentage-wise distribution according to Chemotherapy Cycle.

Percentage-wise distribution according to Chemotherapy Cycle.

N=60

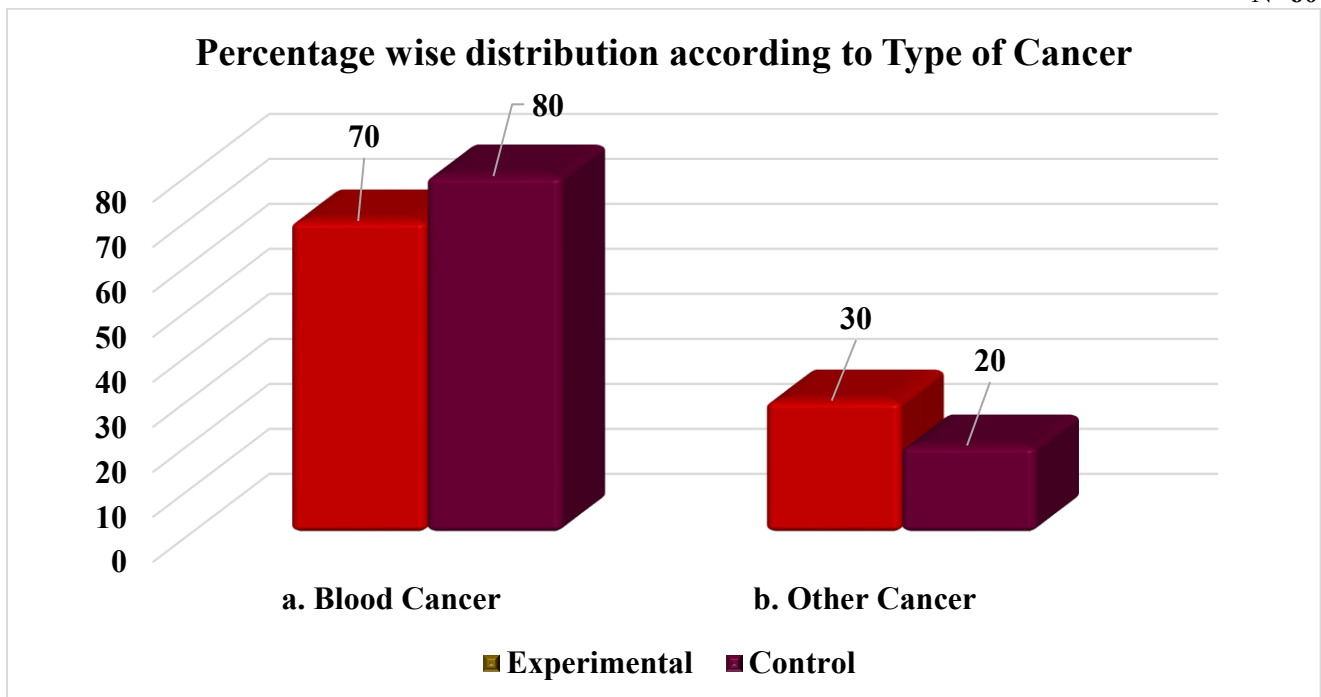


Figure 8: Percentage-wise distribution according to Type of Cancer

In the experimental group, 70% had blood cancer, and 30% had other cancers, while in the control group, 80% had blood cancer and 20% had other cancers.

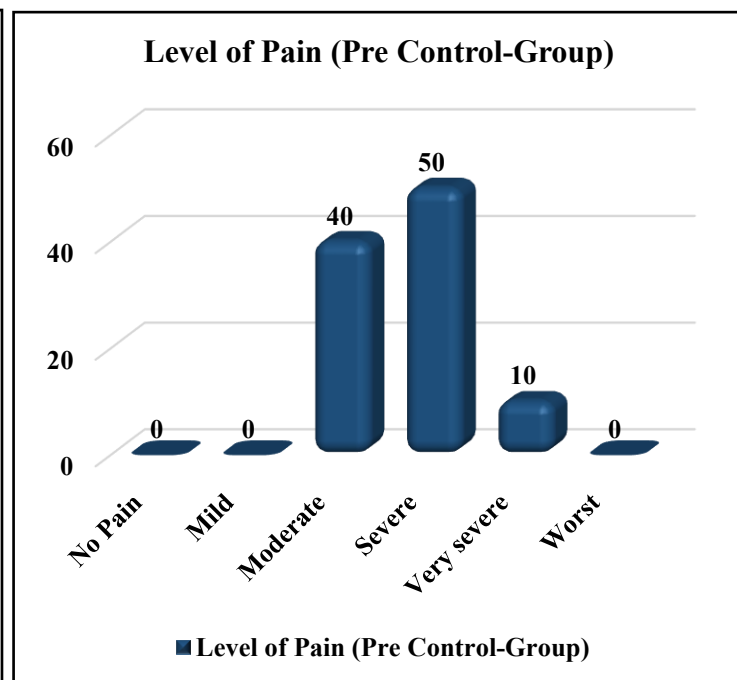
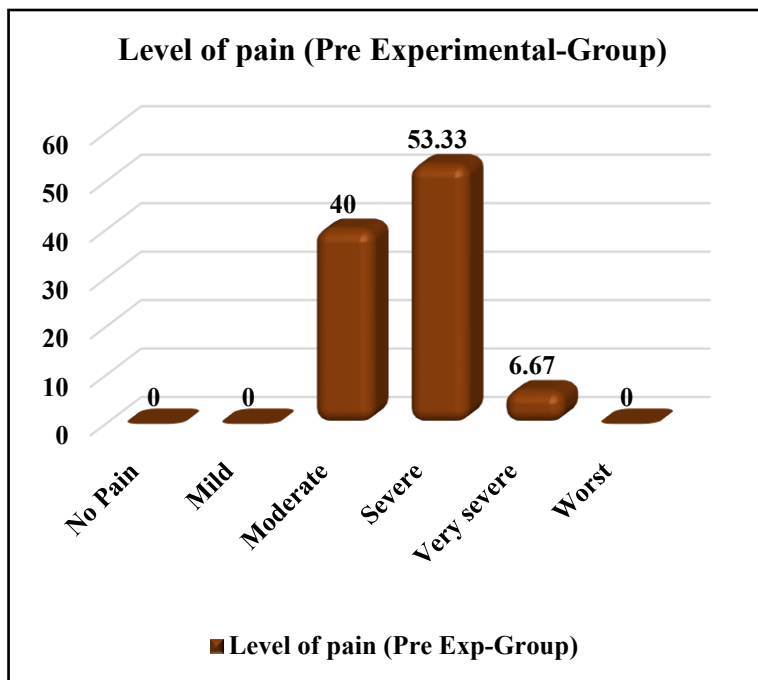
SECTION II

Table 2 Assess pre-test level of pain among pediatric cancer patients receiving chemotherapy in experimental group & control group

N=60

Pre-test of level of pain	Experimental group				Control group			
	f	%	Mean	SD	f	%	Mean	SD
No Pain (0)	0	0	4.8	1.19	0	0.00	4.9	1.21
Mild (1-2)	0	0			0	0.00		
Moderate (3-4)	12	40			12	40.00		
Severe (5-6)	16	53.3			15	50.00		
Very severe (7-8)	2	6.67			3	10.00		
Worst (9-10)	0	0			0	0.00		

In both experimental and control groups, the majority reported severe pain (53.3% and 50%), followed by moderate pain (40% each). A small proportion experienced very severe pain (6.67% experimental, 10% control). The mean pain scores were almost similar in both groups (4.8 experimental, 4.9 control), indicating comparable baseline pain levels.

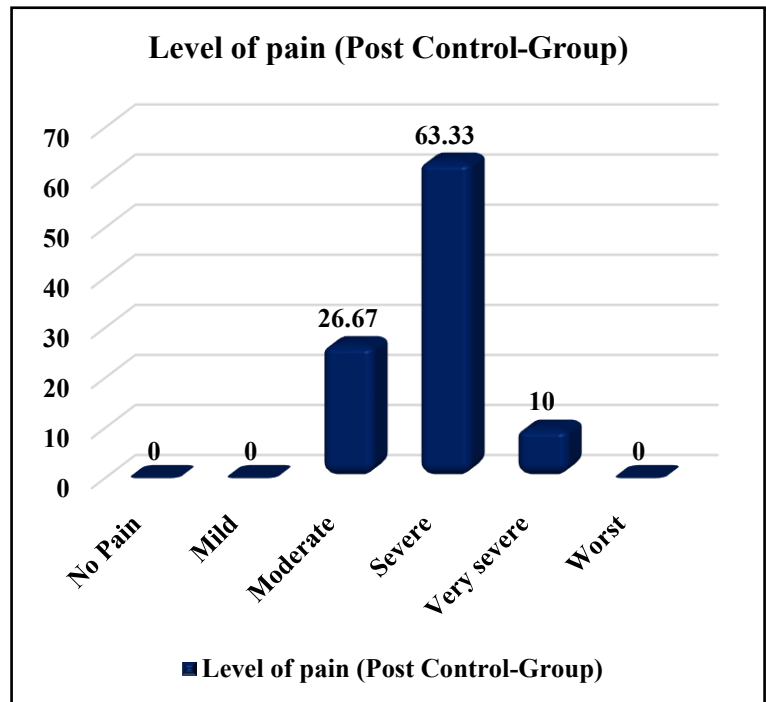
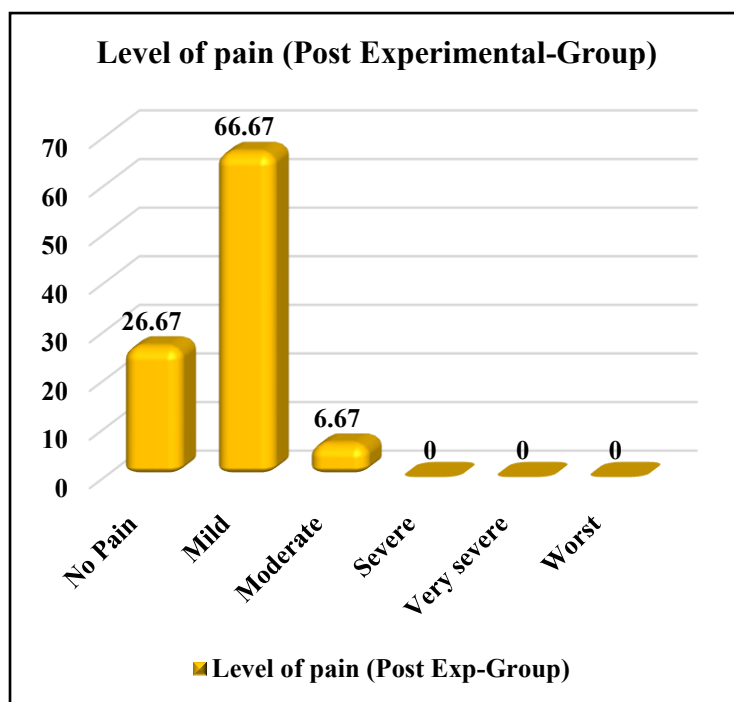


SECTION III

Table 3: Assess post-test level of pain among pediatric cancer patients receiving chemotherapy in experimental group & control group

POST TEST Level of Pain	Experimental group				Control group			
	f	%	Mean	SD	f	%	Mean	SD
No Pain (0)	8	26.67	1.03	0.85	0	0.00	5.13	1.01
Mild (1-2)	20	66.67			0	0.00		
Moderate (3-4)	2	6.67			8	26.67		
Severe (5-6)	0	0.00			19	63.33		
Very severe (7-8)	0	0.00			3	10.00		
Worst (9-10)	0	0.00			0	0.00		

In the experimental group, most participants reported mild pain (66.67%), and 26.67% had no pain, with a mean pain score of 1.03 ± 0.85 . In contrast, in the control group, the majority experienced severe pain (63.33%), followed by moderate pain (26.67%) and very severe pain (10%), with a higher mean score of 5.13 ± 1.01 . Overall, the experimental group showed markedly lower pain levels compared to the control group.



SECTION IV

Table 4. Effectiveness of music therapy on the level of pain among pediatric cancer patients receiving chemotherapy by comparing the pre & posttest level of pain between experimental group

N=30

Effectiveness of Music Therapy (Experimental Group)	Mean	SD	DF	T test calculated value	P value	Remark
Pre-test experimental	4.8	1.19	29	14.14	<.00001	Significant
Post-test experimental	1.03	0.85				

The table presents the results on the effectiveness of music therapy in the experimental group. The findings indicate that the mean pain score before intervention (pre-test) was 4.8 (SD = 1.19), reflecting a moderate to severe level of pain among participants. After the administration of music therapy, the mean pain score reduced sharply to 1.03 (SD = 0.85), indicating that most participants experienced very mild or no pain levels post-intervention. The paired t-test value of 14.14 with 29 degrees of freedom was found to be highly significant ($p < .00001$), confirming that the observed reduction in pain was statistically significant.

Table 5: Effectiveness of music therapy on the level of pain among pediatric cancer patients receiving Chemotherapy by comparing the pre & posttest level of pain between control group

N=30

Effectiveness of Music Therapy (Control Group)	Mean	SD	DF	T test calculated value	P value	Remark
Pre-test Control	4.9	1.21	29	-0.81	0.2106	Not significant
Post-test Control	5.13	1.01	29			

The table shows the effectiveness of music therapy in the control group, comparing pre-test and post-test pain scores. The mean pain score in the pre-test was 4.9 (SD = 1.21), while in the post-test it slightly increased to 5.13 (SD = 1.01). The calculated t value was -0.81 with a p value of 0.2106, which is greater than the conventional significance level ($p > 0.05$).

Table 6: Effectiveness of music therapy on the level of pain among pediatric cancer patients receiving chemotherapy by comparing the posttest level of pain between experimental & control group

						N=60
Effectiveness of Music Therapy	Mean	SD	DF	T test calculated value	P value	Remark
Post Test Experimental	1.03	0.85	29	17.03	<.00001	significant
Post test Control	5.13	1.01				

The post-test mean pain score was much lower in the experimental group (1.03 ± 0.85) compared to the control group (5.13 ± 1.01). The calculated t-value (17.03) with $p < .00001$ indicates a highly significant difference. This shows that music therapy was highly effective in reducing pain among participants compared to the control group.

SECTION V

Table 7: Association between selected demographical variables & level of pain among pediatric cancer patients receiving chemotherapy in experimental group

				N=30				
Experimental Group	Moderate Pain	Severe Pain	Very Severe Pain	DF	Chi square table value	Chi square calculated Value	P value	Remark
1. Age of Child in years				4	9.488	4.325	0.364	NS
a. 7 years- 10 years	5	8	0					
b. 11 years-14 years	3	6	2					
c. 15 years-18 years	4	2	0					
2. Gender								
a. Male	7	7	2					
b. Female	5	9	0					
c. Transgender	0	0	0					
3. Education Status of Participants				6	12.592	3.549	0.737	NS
a. No formal Education	1	4	0					
b. Primary Education	7	10	2					
c. Secondary Education	2	2	0					
d. Higher Secondary	2	0	0					
4. Area of Living				2	5.991	0.139	0.933	NS
a. Rural	7	10	1					
b. Urban	5	6	1					
5. Duration of Illness								
a. 1 month- 6 month	5	5	1					
b. 6 Month- 12 Month	6	11	1					
c. > 12 Months	1	0	0					
6. Stages of Cancer				6	12.592	5.954	0.428	NS
a. 1st Stage	3	4	1					
b. 2nd Stage	4	10	0					
c. 3 rd Stage	2	2	1					
d. 4th Stage	3	0	0					

7. Chemotherapy Cycle				2	5.991	0.475	0.789	NS
a. 1-2	6	10	1					
b. 3-4	6	6	1					
8. Type of Cancer				2	5.991	0.536	0.765	NS
a. Blood Cancer	9	11	1					
b. Other Cancer	3	5	1					

The findings from Table 4.7 indicate that there is no statistically significant association between selected demographic variables and the level of pain among pediatric cancer patients receiving chemotherapy in the experimental group.

Table 8 Association Between Selected Demographical Variables & Level of Pain Among Pediatric Cancer Patients Receiving Chemotherapy in Control Group

N=30								
Control Group	Moderate Pain	Severe Pain	Very Severe Pain	DF	Chi square table value	Chi square calculated Value	P value	Remark
1. Age of Child in years				4	9.488	1.649	0.8	NS
a. 7 years- 10 years	5	4	2					
b. 11 years-14 years	5	8	1					
c. 15 years-18 years	2	3	0					
2. Gender				4	9.488	3.817	0.431	NS
a. Male	3	9	2					
b. Female	9	6	1					
c. Transgender	0	0	0					
3. Education Status of Participants				6	12.592	2.65	0.851	NS
a. No formal Education	4	2	0					
b. Primary Education	6	10	3					
c. Secondary Education	1	2	0					
d. Higher Secondary	1	1	0					
4. Area of Living				2	5.991	0.4	0.819	NS
a. Rural	6	7	2					
b. Urban	6	8	1					
5. Duration of Illness				4	9.488	6.381	0.172	NS
a. 1 month- 6 month	8	4	0					
b. 6 Month- 12 Month	3	10	3					
c. > 12 Months	1	1	0					
6. Stages of Cancer				6	12.592	2.667	0.849	NS
a. 1st Stage	2	2	1					
b. 2nd Stage	6	8	0					
c. 3 rd Stage	3	4	1					
d. 4th Stage	1	1	1					
7. Chemotherapy Cycle				2	5.991	5.1	0.078	NS
a. 1-2	3	9	3					
b. 3-4	9	6	0					

The findings from the chi-square analysis in the control group reveal that there was no statistically significant association between pain levels and any of the selected demographic variables.

- **Nursing practice:** -

- **Nursing Administration: -**

- **Nursing Education: -**

Incorporating evidence-based practices, like music therapy, into education can encourage innovative approaches to pediatric pain management.

- **Nursing Research: -**

The study provides a foundation for further research on the effectiveness of music therapy in paediatric oncology settings.

Researchers can explore the long-term effects of music therapy on pain, anxiety and quality of life.

Ethical consideration:

- The study was evaluated and approved by the ethics committee of the institution.
- The formal Permission obtained from the hospital authority
- Participants have right to withdraw from the study at any time.
- A written informed consent/Assents was obtained from each participant/parent of both the groups before commencement of the study.
- Anonymity and confidentiality of the participants was ensured by coding the data.
- Information acquired from the participants was used only for the purpose of the study and was kept confidential.

V. Recommendation:

- Provide training for nurses and healthcare providers on music therapy and other non-pharmacological interventions.
- Encourage family participation in music therapy sessions to support the child emotionally.
- Conduct further studies with larger samples across multiple hospitals for better generalizability.
- Explore combined effects of music therapy with other complementary interventions.

VI. Conclusion:

This quasi-experimental study demonstrates that music therapy is an effective, non-pharmacological intervention for reducing pain in pediatric cancer patients undergoing chemotherapy. The significant reduction in pain scores in the experimental group, compared to the control group, highlights the therapy's potential to complement medical treatments and enhance patient comfort.

About MKSSS BTINE:

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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