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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

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Prevalence of anemia among women in selected urban area.

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Abstract: Background: Anaemia is a prevalent nutritional deficiency and a major public health problem among women worldwide, particularly among women of reproductive age due to increased iron requirements during menstruation, pregnancy, and lactation¹. Inadequate dietary intake, poor nutritional practices, and socio-economic factors further contribute to the high burden of anaemia among women². Despite improved access to healthcare facilities, women living in urban areas remain at considerable risk due to unhealthy dietary patterns, increased consumption of processed foods with low iron content, sedentary lifestyles, and limited awareness of iron-rich diets³. Anaemia adversely affects women's physical and mental health, work capacity, and overall quality of life. Understanding its prevalence and association with socio-demographic factors among urban women is essential for developing effective, evidence-based preventive and interventional strategies^{1,2}. **Objectives:** The general objective of the study was to assess the prevalence of anaemia among women in a selected urban area. The specific objectives included: determining the prevalence of anaemia, assessing the socio-demographic profile of women (including age, education, occupation, marital status, income, and dietary patterns), and exploring the association between anaemia and selected socio-demographic variables. **Methods:** A descriptive cross-sectional study was conducted among 345 women aged 18–55 years residing in a selected urban area. Data collection involved a structured questionnaire to obtain socio-demographic information and dietary habits, and haemoglobin estimation to determine anaemia status. Descriptive statistics such as frequencies, percentages, and mean values were used to summarize the data, and the Chi-square test was applied to examine the association between anaemia and socio-demographic factors. **Results:** The study found that 40% of the women were anaemic. Higher prevalence was observed among illiterate women (59.4%) and housewives (41.5%). Women in the age group 26–35 years had the highest prevalence (42.1%). Married women had a slightly higher prevalence (42.6%) compared to unmarried (32.5%) and widowed women (41.2%). Education showed a marginally significant association with anaemia ($p = 0.06$), while other socio-demographic factors such as age, occupation, and marital status were not significantly associated. **Conclusion:** Anaemia is a prevalent health problem among urban women, particularly affecting those with lower education and poor dietary practices. The study highlights the need for community-based awareness programs, nutritional counselling, and periodic screening to reduce anaemia prevalence and improve women's health in urban areas. **Keywords:** Anaemia, Women, Prevalence, Urban Area, Socio-demographic Factors, Dietary Patterns.

I. Introduction:

Anaemia is a major global public health problem, particularly affecting women of reproductive age¹. It is characterized by a reduction in haemoglobin concentration, leading to decreased oxygen-carrying capacity of the blood⁴. Women are more vulnerable due to physiological factors such as menstruation, pregnancy, and lactation, along with nutritional deficiencies and socio-economic constraints². Globally, anaemia affects a significant proportion of pregnant and non-pregnant women and remains a major contributor to maternal morbidity and mortality^{1,5}. Rapid urbanization has resulted in unhealthy dietary habits, reduced intake of iron-rich foods, sedentary lifestyles, and limited nutritional awareness among urban women, further increasing the risk of anaemia^{3,6}. Anaemia adversely affects physical health, mental well-being, work productivity, and overall quality of life⁷. Therefore, understanding the prevalence of anaemia among urban women is essential for effective preventive and promotive health planning⁸.

Need for the study:

Anaemia is one of the most common nutritional deficiencies affecting women worldwide, especially in developing countries^{1,2}. Despite improved access to healthcare, urban women often experience dietary imbalances, lifestyle-related deficiencies, and inadequate awareness of nutritional requirements, increasing their susceptibility to anaemia³. Anaemia negatively impacts physical health, immunity, cognitive function, productivity, and overall quality of life⁷. Identifying the prevalence of anaemia and its association with socio-demographic factors among women in urban areas is crucial for generating baseline data. Such evidence is essential for planning targeted nutritional programs, awareness campaigns, and preventive strategies to reduce morbidity and promote the well-being of urban women⁸.

Objectives of the study:

General objective:

- To assess the prevalence of anemia among women in a selected urban area.

Specific objectives:

- To determine the prevalence of anemia among women in the selected urban area.
- To assess the socio-demographic profile of women in the selected urban area (age, education, occupation, marital status, income, and dietary pattern).
- To find the association between the prevalence of anemia and selected socio-demographic variables.

Hypothesis:

Null hypothesis (H₀):

- There is no significant association between the prevalence of anemia and selected socio-demographic variables (age, education, occupation, marital status, income, and dietary pattern) among women in the selected urban area.

Alternative hypothesis (H₁):

- There is a significant association between the prevalence of anemia and selected socio-demographic variables (age, education, occupation, marital status, income, and dietary pattern) among women in the selected urban area.

Assumptions:

1. Women in the selected urban area are willing to participate and provide accurate information.
2. Hemoglobin levels measured or reported reflect the current anemia status of the participants.
3. Socio-demographic factors such as age, education, occupation, marital status, income, and dietary pattern influence the prevalence of anemia.
4. The findings of the study can be generalized to similar urban populations.

II. Methodology:

Research design

The study adopted a descriptive research design to assess the prevalence of anemia among women in a selected urban area. Descriptive studies are used to systematically describe the characteristics of a population and the prevalence of health conditions without manipulating variables.

Research approach:

A quantitative approach was used to collect numerical data regarding hemoglobin levels, socio-demographic variables, and dietary patterns. This approach allows statistical analysis to determine prevalence and associations.

Study setting:

The study was conducted in a selected urban area [name of city/area], which represents typical urban living conditions. This area was chosen due to its accessibility, diversity in socio-economic status, and availability of women in the targeted age group (18–55 years).

Population:

The target population included all women aged 18–55 years residing in the selected urban area. These women were considered eligible if they were willing to participate and provided information about their socio-demographic characteristics and dietary patterns.

Sample size:

The sample size for the study was 345 women. This size was considered sufficient to estimate the prevalence of anemia with acceptable accuracy in the selected urban population.

Sampling technique:

A convenient sampling technique was used to select participants. Women who met the inclusion criteria and were

available during the data collection period were approached and included in the study.

Inclusion criteria:

1. Women aged 18–55 years.
2. Residents of the selected urban area for at least 6 months.
3. Women willing to participate and provide information about their health and diet.

Exclusion criteria:

1. Women with chronic illnesses or severe medical conditions affecting hemoglobin levels.
2. Pregnant women with complications that might influence anemia prevalence.
3. Women who were unwilling to participate.

Data collection tools:

- **Structured Questionnaire:** To collect socio-demographic data (age, education, occupation, marital status, income, dietary pattern).
- **Hemoglobin Estimation:** Hemoglobin levels were obtained from medical records or measured using a standardized method to determine anemia status.

Data collection procedure:

- Permission was obtained from local authorities and ethical clearance from the institutional review board.
- Women were approached in the selected urban area, and the purpose of the study was explained.
- Written informed consent was obtained from participants.
- Socio-demographic information and dietary patterns were collected using the structured questionnaire.
- Hemoglobin levels were recorded to identify anemia.
- Data were compiled, coded, and analyzed statistically.

Data analysis:

- Descriptive statistics such as frequencies, percentages, and mean values were used to describe socio-demographic variables and prevalence of anemia.
- Chi-square test was used to determine the association between anemia and selected socio-demographic variables.

III. Result:

Socio-Demographic Profile of Women

Table 1: Age-wise distribution of study participants

N = 345			
Variable	Category	Frequency (f)	Percentage (%)
Age (years)	18–25	86	25%
	26–35	121	35%
	36–45	86	25%
	46–55	52	15%

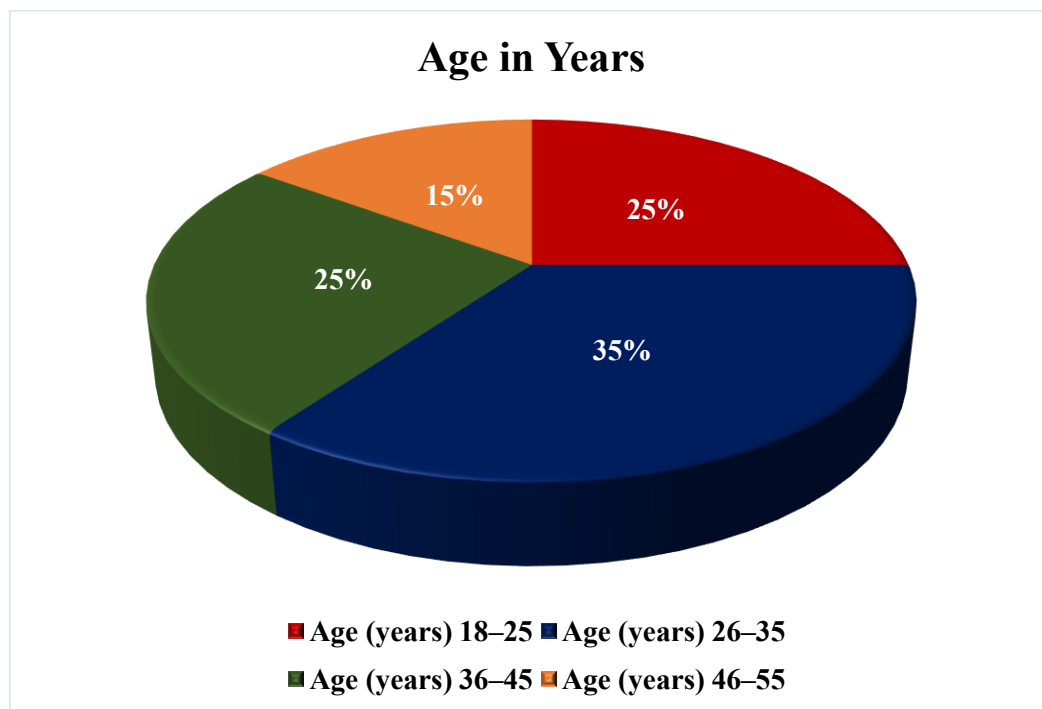


Figure 1: Age-wise distribution of women participants (N = 345)

The age-wise distribution of the women shows that the highest proportion of participants belonged to the 26–35 years age group (35%). This was followed by women aged 18–25, who constituted 25% of the sample. The findings indicate that the majority of the study participants were in the reproductive age group.

Table 2: Distribution of women according to educational status

N = 345

Variable	Category	Frequency (f)	Percentage (%)
Education	Illiterate	69	20%
	Primary	104	30%
	Secondary	121	35%
	Graduate & above	51	15%

**Table 3: Occupational distribution of women participants**70



Table 4: Distribution of women according to marital status

A 3D bar chart titled 'Percentage (%)' showing the distribution of marital status. The vertical axis represents the percentage, ranging from 0% to 70% in 10% increments. The horizontal axis is labeled 'Marital Status' and has three categories: 'Married', 'Unmarried', and 'Widowed'. The bars are dark blue. The 'Married' bar reaches 70%, the 'Unmarried' bar reaches 25%, and the 'Widowed' bar reaches 5%. Each bar has its percentage value displayed on top in white text.

Marital Status	Percentage (%)
Married	70%
Unmarried	25%
Widowed	5%

Figure 4: Distribution of women according to marital status

The marital status distribution indicates that most women were married (70%), followed by unmarried women (25%). A small proportion of participants were widowed (5%). This suggests that most of the study population had family responsibilities, which may influence their health and nutritional status.

Table 5: Income distribution of women participants

N = 345			
Variable	Category	Frequency (f)	Percentage (%)
Income	<10,000	104	30%
	10,001–20,000	173	50%
	>20,000	68	20%

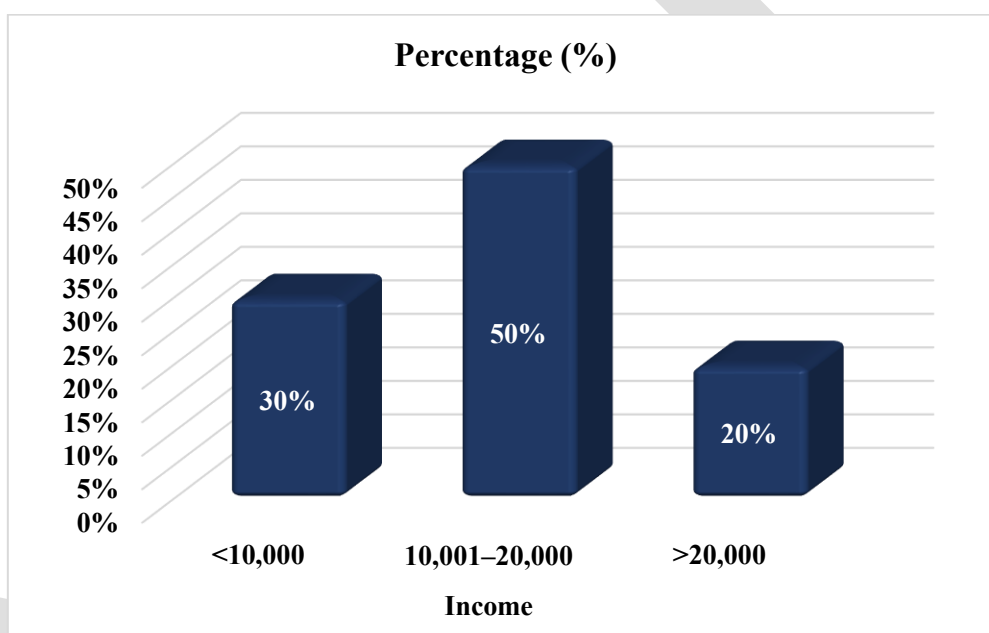


Figure 5: Distribution of women according to income

The income distribution shows that half of the participants (50%) had a monthly income between ₹10,001 and ₹20,000. About 30% of women earned less than ₹10,000, while only 20% earned more than ₹20,000. This indicates that the majority of the women belonged to low- to middle-income groups.

Table 6: Prevalence of anemia among women participants among 345 women, 40% were anemic, indicating a moderate prevalence in the selected urban area.

N = 345		
Sr. No	Condition status	Frequency (f)
1	Anaemic	138
2	Non-Anaemic	207
Total		345

Among the 345 women who participated in the study, 138 (40%) were found to be anaemic, while 207 (60%) were non-anaemic. This indicates a moderate prevalence of anaemia among women in the selected urban area, highlighting it as a significant public health concern.

Table 7: Distribution of anemia status according to socio-demographic variables among women participants
N = 345

Variable	Category	Anaemic (f)	Non-Anaemic (f)	Total
Age	18–25	34	52	86
	26–35	51	70	121
	36–45	34	52	86
	46–55	19	33	52
Education	Illiterate	41	28	69
	Primary	35	69	104
	Secondary	52	69	121
	Graduate & above	10	41	51
Occupation	Housewife	86	121	207
	Employed	52	86	138
Marital Status	Married	103	139	242
	Unmarried	28	58	86
	Widowed	7	10	17

Anemia prevalence was highest among illiterate women (59.4%) and married women (42.6%). Age group 26–35 years had the highest prevalence (42.1%).

Housewife women showed slightly higher anemia prevalence (41.5%) compared to employed women (37.7%).

Age: The prevalence of anaemia was highest among women aged 26–35 years (42.1%), followed by the 18–25 and 36–45 years age groups (39.5% each). Women aged 46–55 years had the lowest prevalence (36.5%). This suggests that women in the reproductive age group are slightly more vulnerable to anaemia.

Education: Anaemia was most common among illiterate women (59.4%), followed by women with secondary education (43%) and primary education (33.7%). Women with graduate-level education or above had the lowest prevalence (19.6%), indicating that lower educational status is associated with a higher risk of anaemia.

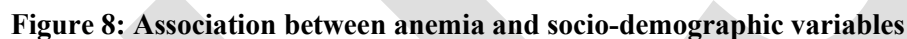
Occupation: Among the participants, housewives showed a higher prevalence of anaemia (41.5%) compared to employed women (37.7%). This may reflect differences in nutritional knowledge, dietary habits, and lifestyle factors.

Marital Status: Married women had a higher prevalence of anaemia (42.6%) compared to unmarried women (32.5%) and widowed women (41.2%). This may be influenced by reproductive responsibilities, family care, and associated nutritional demands.

No significant association was observed with age, occupation, or marital status.

Table 8: Association between anemia and socio-demographic variables among women participants education showed a marginal association with anemia, indicating women with lower education levels are at higher risk.

Variable	Chi-Square (χ^2)	p-value
Age	0.8	0.84
Education	7.2	0.06
Occupation	0.4	0.53
Marital Status	0.9	0.63



Overall, the findings indicate that education may influence anaemia prevalence, whereas age, occupation, and marital status did not show significant statistical associations in this urban sample.

The present study aimed to assess the prevalence of anemia among women in a selected urban area and examine its association with socio-demographic variables. A total of 345 women participated, and the findings revealed important insights into the burden of anemia in this population.

The study found that 40% of women were anemic, indicating a moderate prevalence. This aligns with national statistics, where anemia among women in urban areas ranges from 35% to 45%, reflecting a significant public health concern. The relatively high prevalence highlights the need for awareness, dietary interventions, and routine screening programs in urban communities.

The highest prevalence was observed in the 26–35 years age group (42.1%), followed closely by 18–25 and 36–45 years. This suggests that women in their reproductive and early working years are more susceptible to anemia, possibly due to

nutritional demands, menstrual blood loss, and lifestyle factors. Although the Chi-square test did not show a statistically significant association between age and anemia, the trend emphasizes the importance of targeting women in these age groups for preventive measures.

Education and Anemia:

Education was identified as a key factor influencing anemia prevalence. Women who were illiterate had the highest prevalence (59.4%), while those with graduate-level education was the lowest (19.6%). This indicates that education likely plays a crucial role in awareness about nutrition, health practices, and the importance of iron-rich diets. The marginally significant association ($p = 0.06$) reinforces the role of educational interventions in reducing anemia prevalence.

Occupation and Anemia:

Housewives showed slightly higher anemia prevalence (41.5%) compared to employed women (37.7%). While the association was not statistically significant, this may be attributed to differences in activity levels, dietary habits, and access to health information. Occupational status alone may not directly influence anemia, but it can interact with other socio-demographic factors.

Marital Status and Anemia:

Married women had a higher prevalence of anemia (42.6%) than unmarried (32.5%) and widowed women (41.2%). This could be linked to the demands of family responsibilities, pregnancies, and nutritional neglect. However, the association was not statistically significant, suggesting that other factors such as diet, education, and income may have a stronger impact.

Comparison with Other Studies:

The findings are consistent with several studies conducted in urban India and other developing countries, which report anemia prevalence among women ranging from 35% to 50%. Similar studies have also highlighted that low education and poor dietary habits are major contributors to anemia. These results emphasize the global relevance of anemia as a public health concern among women, particularly in urban settings where lifestyle and dietary changes influence nutritional status.

V. Implication:

1. Awareness programs on the importance of iron-rich diets and nutritional supplements.
2. Routine screening for anemia in urban women, particularly in reproductive age groups.
3. Educational interventions to empower women with knowledge about health and nutrition.
4. Community health strategies targeting women with low education and socio-economic status to reduce the burden of anemia.

VI. Discussion:

The prevalence of anaemia (40%) observed in the study is consistent with findings reported in national surveys and urban studies in India^{5, 6}. Women aged 26–35 years showed higher prevalence, possibly due to reproductive stress and nutritional demands². Education emerged as a key determinant, supporting previous research that links literacy with improved nutritional awareness^{8, 13}.

VII. Conclusion:

The study found that anaemia remains a significant public health issue among urban women, with a prevalence of 40%, indicating moderate concern per WHO criteria. Higher rates were observed among women with lower education and housewives, highlighting the role of limited nutritional awareness. While no significant associations were found with age, occupation, or marital status, trends were notable among women of reproductive age. The findings underscore the need for nutritional education, healthy dietary promotion, routine screening, and iron supplementation programs to improve women's health, productivity, and quality of life.

Key findings include:

The highest prevalence of anemia was observed among women aged 26–35 years, illiterate women, and housewives. Education appeared to be a major influencing factor, with lower educational levels associated with higher prevalence. No significant associations were found between anemia and age, occupation, or marital status, although trends suggested certain age and marital groups may be more vulnerable. Dietary patterns and awareness about nutrition emerged as important contributors to anemia prevalence. Overall, the study highlights that anemia continues to affect a substantial proportion of urban women, particularly those with lower education and limited awareness about nutrition.

VIII. Recommendations:

Based on the study findings, the following recommendations are suggested:

- **Nutritional Awareness Programs:**
Conduct community-based programs to educate women about iron-rich foods, balanced diets, and the importance of regular meals.
- **Routine Screening and Health Check-ups:**
Implement periodic hemoglobin screening for women in urban areas to identify and manage anemia early.
- **Educational Interventions:**
Focus on improving literacy and health education among women to empower them with knowledge about nutrition and health practices.
- **Iron Supplementation:**
Promote iron and folic acid supplementation, particularly among women with high-risk profiles such as illiterate or housewife women.
- **Policy and Community Support:**
Encourage local health authorities and NGOs to organize anemia prevention campaigns, workshops, and community nutrition programs targeting urban women.^{1, 8}
- **Further Research:**
Conduct longitudinal studies to explore dietary habits, lifestyle factors, and the impact of interventions on anemia prevalence among urban women.

Consent of participant:

Written informed consent was obtained from all participants prior to their inclusion in the study.

Conflict of interest:

The authors declare that there is no conflict of interest related to this study.

Acknowledgment:

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Individual author contribution statement:

All authors contributed substantially to the study. The authors were involved in the study conception and design, data collection, data analysis and interpretation, manuscript preparation, review, and final approval of the manuscript.

Declaration of AI:

Artificial Intelligence (AI) tools were used only for language modification and grammatical correction of the manuscript. All study design, data collection, analysis, interpretation, and conclusions were performed and verified by the authors, who take full responsibility for the content of this manuscript.

IX. References:

1. World Health Organization. Worldwide prevalence of anemia 1993–2005. Geneva: WHO; 2008.
2. Kalaivani K. Prevalence & consequences of anemia in pregnancy. *Indian J Med Res.* 2009;130(5):627-33.
3. Bentley ME, Griffiths PL. The burden of anemia among women in India. *Eur J Clin Nutr.* 2003;57(1):52-60.

4. Hoffbrand AV, Moss PAH. Essential Haematology. 7th ed. Oxford: Wiley-Blackwell; 2016.
5. Ministry of Health and Family Welfare. NFHS-5 (2019–21). Mumbai: IIPS; 2021.
6. Toteja GS, Singh P. Micronutrient deficiency disorders in India. *Indian J Med Res.* 2004;120(4):343-58.
7. Beard JL. Iron deficiency alters brain development and functioning. *J Nutr.* 2003;133(5):1468-72.
8. Pasricha SR, Drakesmith H. Iron deficiency anemia. *Lancet.* 2013;381(9869):1253-64.
9. Polit DF, Beck CT. Nursing Research: Generating and Assessing Evidence for Nursing Practice. 10th ed. Philadelphia: Wolters Kluwer; 2017.
10. Park K. Park's Textbook of Preventive and Social Medicine. 26th ed. Jabalpur: Banarsidas Bhanot; 2021.
11. Dacie JV, Lewis SM. Practical Haematology. 11th ed. London: Churchill Livingstone; 2011.
12. Daniel WW. Biostatistics: A Foundation for Analysis in the Health Sciences. 10th ed. New York: Wiley; 2013.
13. Rakesh PS, George LS. Prevalence of anemia among women. *J Family Med Prim Care.* 2019;8

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