

PRESIDENT'S MESSAGE

2021 was ushered with a sigh of relief with Covid 19 getting slow and the life coming back though with restrictions of the mask, social distancing, etc: I have not been to a coffee shop since March 2020 just like most of you reading this. The Association of Nurse Executives (India) has been quite busy since our annual general body meeting in Dec 2020.

As promised we have held our monthly EMPOWER hour with over 200 participants in each session. New chapter launches, webinars, ANEICON 2021 around the corner, we are super busy to have the best show going for nurses in India. With 6 international speakers and renowned Indian leaders in healthcare and outside healthcare, I am very happy that ANEI is hosting its first-ever conference though virtual, on a grand scale. Well, not sure if this scale would have been possible if the conference was not virtual. Some silver lining of the disaster that we have had and continue to fight.

As I write this Covid has returned with vengeance and we are again battling between younger patients getting sicker and feeling the scarcity of resources. I pray that healthcare and healthcare workers find the resilience to wade through these extremely difficult waters.

As the quote goes **"THE SHOW MUST GO ON"** ANEI will continue to work towards the empowerment of nurses in India and support nurses throughout their journey from learning nursing to learning nursing leadership.

Take very good care of yourself and let us know if we can be of any support.



Ms. Thankam Gomez

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NEWSLETTER COMMITTEE

The ANEI Newsletter and Media Committee was formed to plan, create, and distribute quarterly newsletters to disseminate important information to the ANEI members. Its purpose is to facilitate ongoing interaction between members, inform on various leadership and professional development programs conducted by the ANEI, and provide a forum to share ideas, research, and insights. The ANEI Newsletter serves to empower, inspire, and connect the nursing community to create a better and brighter tomorrow for nurses in India and provide a safer environment for our patients.

THE TEAM



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Buffer Stock Management During COVID Times



This project was implemented in the Triage Unit in August 2020 and is ongoing.

The project was carried out in view of the following:

- In the Triage Unit, medicine buffer was kept in a common area and every staff had access to the buffer, but during COVID-19, the risk of infection was a threat to everyone because of the common access.
- Owing to the common access, there was no record of medicines being used, and hence the buffer was not maintained in case of emergencies.

Initiatives taken during this project:

- Introduction of a Buffer Nurse
- Jobs and responsibilities of a Buffer Nurse were designed
- The Buffer Nurse was trained on handling the buffer stock
- Regular audits of the buffer stock
- Recognitions and awards

Objectives:

- To streamline the process of maintaining a buffer stock
- To achieve zero medication error
- To maintain the availability of stock round the clock
- To reduce complaints related to delay in drug administration
- To prevent contamination and mishandling of the stock

Pre-assessment Concerns:

- Inventories (medicines, consumables, high risk, narcotics, fridge, and PPE kits) were checked and maintained by different staff members in the three shifts
- Medicines or consumables were not available at the time of need, as different staff members managed the stock
- Random use of buffer stock without patient name entry led to incomplete inventory most of the time
- Further, inventory documentation was found incomplete most of the time
- During COVID, there was an increased risk of transfer of infection due to the common handling of the buffer stock
- There was no accountability for the buffer stock as different staff members were managing it
- There was an increased risk of medication errors as no counter checks were done
- Mishandling and contamination of supplies

Interventions:

- All buffer stock was managed by one nurse (Buffer Nurse) from 8:00 to 04:30 pm. This led to accountability in handling of the buffer stock
- Staff were allocated from the existing numbers only
- A separate dedicated area was allotted to keep a watch over the buffer stock and provide easy access to all
- **Duties of the Buffer Nurse:**
 - Takes over all inventory and documentation of the inventory folder
 - The other staff will approach the Buffer Nurse for medicines or consumables, who will issue the supplies and will indent and replace all used stock back into the

inventory

- Cross checks medicines or consumables and will function as a counter-check medication nurse
- The Buffer Nurse also checks supplies against expiry dates and maintains fresh stock

Post-intervention Assessment:

- Buffer stock found complete and well-maintained after this intervention
- The problem of expired medications or consumables was eliminated
- Medication errors were reduced
- One dedicated Buffer Nurse for buffer management lifted the burden of the other nursing staff and allowed more time for patient care
- Increased efficiency of staff in terms of patient care
- Auditing became easy with one-person handling
- Infection control – one-person handling will prevent cross infection during COVID times

Since post-intervention benefits outweighed the pre-intervention situation, a similar process was replicated for the remaining two shifts as well. Further process implementation and monitoring will continue.

Capt. Neelam Deshwal
Fortis Hospital, Mohali

Nurses' Perception About Use of Wearable Technology



Wearable technology has become a popular form of collecting human data. The enormous benefits of wearable technology could be related to long term monitoring of individuals at home and community settings results in the motivation for the Improvement of wearable sensors and systems. Wearable technology become more readily available, sophisticated and generally integrated into our daily lives. As a profession and as part of the wider health provider community nurses need to consider several key issues. Wearable technology could play an important role not only in avoiding health problems but also in strengthening social links.

As technology advances, health care has ever more access to data to understand patient behavior and improve care. The data or information the wearable devices can pick up

and transmit to providers could help transform health care from delivering reactionary care to preventive care. Mobile health (m-Health) used for the practice of medicine and public health is supported by mobile devices . The m-health has emerged as a sub –segment of e-health. It broadly encompasses the use of mobile tele- communication and multimedia technologies as they are integrated within increasingly mobile and wireless health care delivery system.

Wearable health devices (WHD) are an emerging technology that enables continuous ambulatory monitoring of human bodies' inner working during daily life in community or clinical settings with the advantage of minimizing discomfort and interference with normal human activities. These devices are remote, digital and mobile technologies that integrate with other systems so as to collect, access, and manage patient information.

One of the most challenging areas of health information technology is integrating it in to the workflow of the healthcare providers. Despite of increasing availability of health information technology applications, anecdotal evidence suggest that its use has not been well accepted by health care providers. The research studies provide the evidence of failed clinical

system implementations, due to lack of adoption by healthcare providers. 'An empirical study of wearable technology acceptance in health care' identified that consumer's decision to adopt healthcare wearable technology is affected by factors from technology, health and privacy perspectives.

The concept of m-health and e-health will have a radical impact on the future of health-care delivery system. Using wearable devices to effectively promote health behavior is a complex and multistep process. Nursing care are changing and Evolving every day. Wearable technology has gained the interest of nurses. Nurses are going to be increasingly responsible for patients who use wearable technologies. Nursing should capitalize on the wearable technology phenomenon by being visionary, vocal and pro-active because wearable technology is part of the future of nursing. The aim and objective of this study was to assess perceived benefits and barriers amongst nurses towards use of wearable technology in healthcare and to study its association with predefined demographic characteristics.

Materials and Methods

A quantitative approach and descriptive survey design was adopted for this study. This was a pilot study and was conducted among 48 nurses working in clinical settings and were selected using systematic random sampling technique. The inclusion criteria for selecting sample were as follows;

- Nurses in the age group of 21-50 yrs
- Nurses with more than one year of experience
- Nurses working in clinical areas
- Nurses who have experiences with wearable devices in providing patient care.
- Nurses who are willing to participate in this study.
- Nurses who were in the administrative post and were not providing direct patient care was excluded from the study.

Sample size calculated in this study was 461 and 10% of sample size was taken for pilot study. It was expected to have 20% non respondents and a final sample size of 60 was decided. Nurses were taken from a Whats App group of professional nurses. The total members of the group were 196. The sampling technique was explained in the flow chart given below.

A self developed opinionnaire was developed to assess the perceived benefits and barriers regarding use of wearable devices In healthcare settings by nurses. A five point Likert Scale was used to rate their opinion. Perceived benefit was assessed with a 12 item opinionnaire and was score as low (<36), neutral (36) and high (>36) perception of benefits. The scoring for perceived barriers was low (<48), neutral (48) and high (>48). The opinionnaire for perceived barriers had 16 items.

Informed consent was obtained from every participant. Descriptive statistics like mean, percentage and inferential statistics like Chi-square was used to obtain statistical inferences. SPSS 22.0 was used for statistical analysis.

Results

The collected data were tabulated, analysed and interpreted. Mean age of participants was 31.08 (SD + 6.73) yrs and most (60%) were females, graduate nurses (77%) . The perceived benefit was high compared to barriers . However there was no significant association observed with demographic variables and perception ($p>0.05$)

Discussion

Wearable health –monitoring systems gained the attention of health services. It comprises of various types of miniature sensors, wearable or even implantable. These biosensors are capable of measuring significant physiological parameters like heart rate, blood pressure, body and skin temperature, oxygen saturation, respiration rate, electrocardiogram etc. This was a pilot study adopted descriptive survey design conducted among 48 randomly selected nurses working in clinical areas and were using wearable technologies while providing patient care.

The first and second objectives of the study were to assess the perceived benefits and barriers about use of wearable technology. In this study it was observed that nurses perceived wearable devices as beneficial than barrier. Abeer Al-Habri conducted a study in Saudi Arabia to assess healthcare providers' perceptions towards health information applications showed that majority of healthcare providers perceived that the applications are valuable and beneficial. However some barriers identified were patients' refusal to wear, human assistance required, poor guidelines, system being down frequently and inertia towards changing previous practices. Studies support this finding. Few identified barriers of other studies are insufficient number of computers, frequent system down and time consuming.

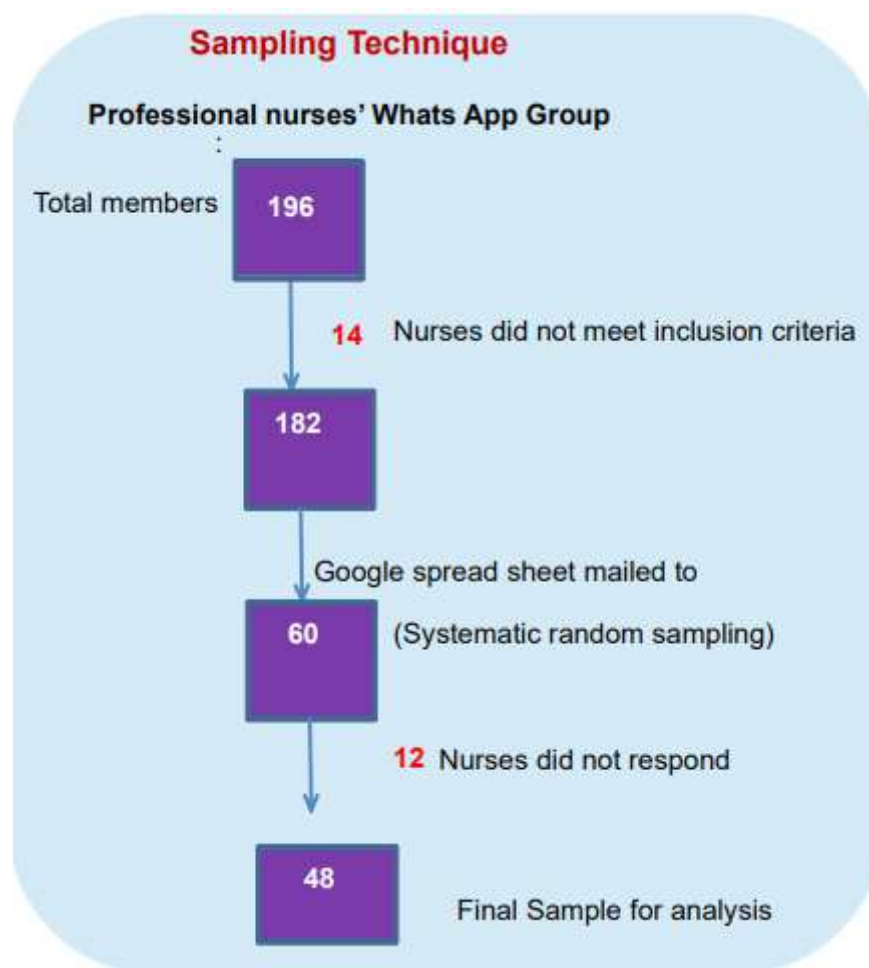


Table-1: Demographic characteristics n =48

S No	VARIABLES	FREQUENCY (f)	PERCENTAGE (%)
1	Age: 21-30 yrs	26	54
	31-40	14	29
	41-50	08	17
2	Gender: Male	19	40
	Female	29	60
3	Professional Qualification: GNM	06	10
	BSc / PBBSc (N)	36	77
	MSc (N)	06	13
4	Experience (yrs): < 5 yrs	10	20
	5-9 yrs	13	27
	10-14 yrs	10	21
	5-19 yrs	09	19
	> 20 yrs	06	13
5	Type of employer : Govt	12	25
	Private/ Mission	22	46
	Semi Govt	14	29
6	Geographical Region (India) : North	14	29
	South	16	33
	East	08	17
	West	10	21

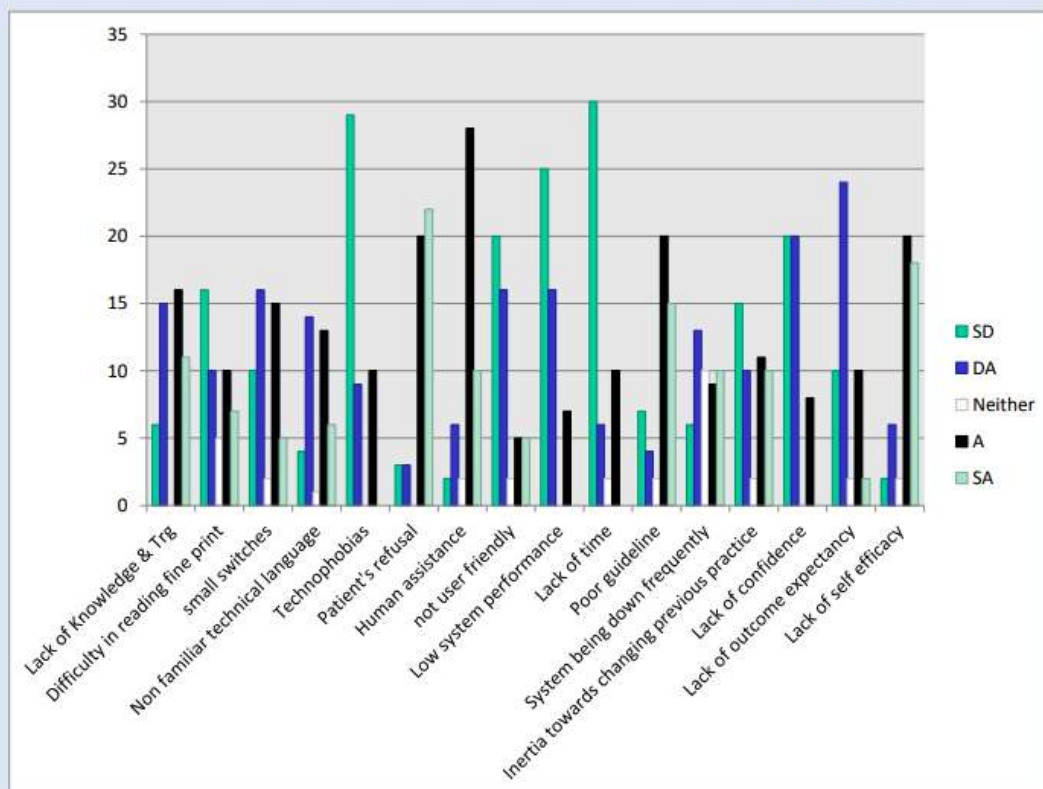
Table: 2 Association between demographic characteristics and perception of benefit

n = 48

S No	VARIABLES	(f)	Perception of Benefit			X ²	P (CI = 0.05)
			Low	Neutral	High		
1	Age: 21-30 yrs	26	06	05	15	3.4679	0.48 NS
	31-40	14	02	04	08		
	41-50	08	03	03	02		
2	Gender: Male	19	02	04	13	0.1874	0.90 NS
	Female	29	04	05	20		
3	Professional Qualification: GNM	06	02	02	02	1.564	0.81 NS
	BSc /	36	09	07	20		
	PBBSc (N)	06	02	02	02		
	MSc (N)						
4	Experience (yrs): < 5 yrs	10	02	02	06	1.7732	0.987 NS
	5-9 yrs	13	03	02	08		
	10-14 yrs	10	03	02	05		
	5-19 yrs	09	02	02	05		
	> 20 yrs	06	02	02	02		

Perceived barriers

n = 48



Perception of Benefit		n=48	
	No of Cases	Percentage	
Low Perception	08	17	
Neutral	06	13	
High Perception	34	70	

Perception of Barriers		n=48	
	No of Cases	Percentage	
Low Perception	17	35	
Neutral	13	27	
High Perception	18	38	

One of the objective of the study was to identify the association between demographic characteristics and perception of benefit and perception of barriers. In this study it was shown that there was no significant association between predefined demographic characteristics and nurses' perception about wearable technology. Studies shown that there were significant differences in the perceptions with respect to gender, occupation and training.

Conclusion:

The purpose of this study was to assess the nurses' perception about use of wearable technology in health care in terms of perception of benefit and perception of barriers. This study also illustrate the effect of gender, age, education and years of experience on the perceptions of nurses towards use of wearable technologies in healthcare.

Despite the perceived benefits and motives on the use of wearable technology there were some strong barriers also identified by the nurses. However there were no significant association between demographic characteristics and perceptions. Based on these findings the study recommends that the management or administration need to provide adequate technical support services and continue to motivate nurses to use these technologies in patient care.

Scope of the study is to have more researches on the use of wearable technology. The limitation of this study was a) using small sample size and b) using five point Likert scale to assess an actual practice. The neutral option does not support the purpose of a particular behaviour.

The investigator acknowledge that there were no conflict of interest in this study.

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“Learning from Errors and Prevention of Its Recurrence: An Important Step Towards Patient Safety”



An **Error** is an inevitable aspect of all professions, particularly in health care, and it should be acknowledged that errors are not absolutely preventable.

Not only do errors lead to patient harm and mortality but also result in high costs for hospitals. Nurses play a focal role in prevention of medical errors.

Nursing errors commonly revolve around patient falls, infections, medication errors, documenting errors, and equipment injuries. Delining of catheters and tubes, especially that of the endotracheal tube, is also a serious error.

Delining of the endotracheal tube, also known as **unplanned extubation**, occurs when patients pull their breathing tube out (self-extubation) or when an external force causes the breathing tube to be pulled out of the airway (accidental extubation).

A review of literature published in *Anesthesia and Analgesia* found that 7.3% of intubated adult ICU patients undergo unintentional, self, or accidental removal of their endotracheal tube.

The rates of unplanned extubation were alarming, as there was a significant rise, which called for a detailed analysis.

Let us have a sneak-peek into the incident that turned into an exploring learning experience.

WHAT HAPPENED?

Accidental Delining of Endotracheal Tubes
(Unplanned Extubation)

WHEN DID IT HAPPEN?

Factors that contributed to the error:

- Inadequate sedation administration
- Prolonged weaning-off time
- Inadequate use of restraints
- Inadequate handling and care during patient transportation
- Inadequate ET cuff pressure
- Inadequate counseling and communication to the patient

WHO WAS INVOLVED?

- Consultant
- Intensivist
- Assigned nurse
- Patient

WHAT ARE THE ACTUAL OR POTENTIAL HARMS?

- Airway compromise
- Hemodynamic compromise
- Possibility of reintubation
- Dislodgement of the tube
- Risk for trauma to the vocal cord
- Risk for patient to become restless, agitated, and frustrated, leading to biting or pulling out of tube

Based on the findings, a FAILURE MODE AND EFFECTS ANALYSIS (**FMEA**) was done.



F FAILURE
M MODE
E EFFECT
A ANALYSIS

“From the Errors of Others, a
Wise Man Corrects His Own”

- Publilius Syrus

WHAT WAS THE SEVERITY RATING?

The severity of error ranged from:

- (5-6) Moderate failure that may result in minor injury
- (7-8) Major failure that may generate high levels impact on patients health/perception
- (9-10) Safety issue, adverse impact on end user



WHAT IS THE LIKELIHOOD OF RECURRENCE?

It is an occasional occurrence

WHAT WERE THE CORRECTIVE ACTIONS?

- Training and reinforcement on the existing policies:
- Assessment and re-assessment of the patient for risk identification
- Sedation policy
- Restraint Policy
- Line reconciliation policy
- Adherence to Safe handling of all invasive lines

WHAT ARE THE PREVENTIVE MEASURES?

- Maintenance of adequate sedation score while on weaning
- Continuous monitoring by staff nurse
- Administration of bolus increments of sedative in discussion with duty doctor
- Use of anxiolytic infusion if the patient is restless even after counseling
- Attention to the infusion alarms and keeping the next sedation infusion ready
- Modification in the sedation break timings to early morning
- Privileging the on-duty clinical associate to extubate the patient, if all parameters are satisfactory
- Use of cuff pressure monitoring manometers

to ensure effective assessment and maintenance of cuff pressure

- Usage of soft bandage roll in the mouth to avoid tube biting

SUMMARY

- Healthcare error is a complex issue, but error itself is an inevitable part of the human nature
- Learning from an error is more productive if it is considered at an organizational level
- Root-cause analysis/FMEA is a highly structured system approach to incident analysis
- An error should not be punitive, rather a learning opportunity to the individual and the organization to prevent future errors



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Jupiter Hospital, Maharashtra



Few tips for adjusting to a new work environment

Transitioning into a new job can be a stressful time for anyone. Every organisation has its own culture that influences its work environment and staff dynamics. Settling into the new role requires time, but as a nurse administrator with decades of experience joining in a leadership role, it is more stressful when you are expected to perform your best from the beginning.

The following are few tips to achieve this:

- Communication is the key. Understanding the organisation's culture requires interacting with colleagues and other members at all levels. This is also the best way to grasp the organization's vision, mission, and core values and how those are translated to practice. It may take up to two to three months.
- A simple advice that goes a long way is to be humble; you can learn from everyone if you listen – even if that means identifying the

problem areas. Do not gossip and invest in growing healthy meaningful relationships with team members.

- Plan and execute processes meticulously, and measure outcomes always. Take sincere feedback, accept criticism or negative feedback positively, and implement new policies in an organized manner. Any sudden change may provoke a reaction.
- Be process oriented and understand that burnout is common among nursing professionals; taking care of oneself is important as well. Reach out to co-workers and ask questions.

If the benefit of experience has taught me anything, it is the futility of fearing the unknown. In the end, you can only give your best when you have confidence in your abilities, confront new situations with patience and an open mind and through proper planning, flexible goal adjustment, and timely execution of key initiatives.

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On 29th January 2021, the ANEI North East Chapter and the Asian Institute of Nursing Education (AINE) organized an International Webinar in collaboration with SSUHS, Guwahati, Assam, India, on the Topic of "Evidence to decision framework in health care". Dr Unmona Borgohain Saikia, Chapter Head, ANEI, delivered the opening address. The resource person was Prof. Ramesh Venkatesa Perumal, RN, M.Sc.(N), CCNE, CNCC (c), Centennial College, Toronto, Canada.



10th February 2021: The AINE and the ANEI NE chapter organized a Road Safety Awareness Program on the occasion of road safety month.



18th February 2021: The ANEI NE Chapter in collaboration with the AINE organized a Women Heart Wellness Session on the occasion of woman heart month. The resource persons were Dr. Biplab Paul and Mr. Raktim Deka. Dr Unmona Borgohain Saikia, Chapter Head and ANEI Founder Member, highlighted the risk of heart diseases and why women should take care of their cardiac health.



26th February 2021: The AINE and the ANEI NE Chapter organized a full-day offline workshop to upskill teachers with newer trends and technology in teaching.

A Nursing Handover Communication workshop was organized by the Bhagwan Mahavir MEDICA Super Speciality Hospital, Ranchi, on 21.02.2021.

A total of 61 nurses from Ranchi attended this workshop. The I-PASS communication tool was the tool of choice for the workshop.

The Indian Nursing Council gave five credit points for this workshop. The participants were awarded a certificate of completion.

Five members from the ANEI Jharkhand Chapter attended the workshop.



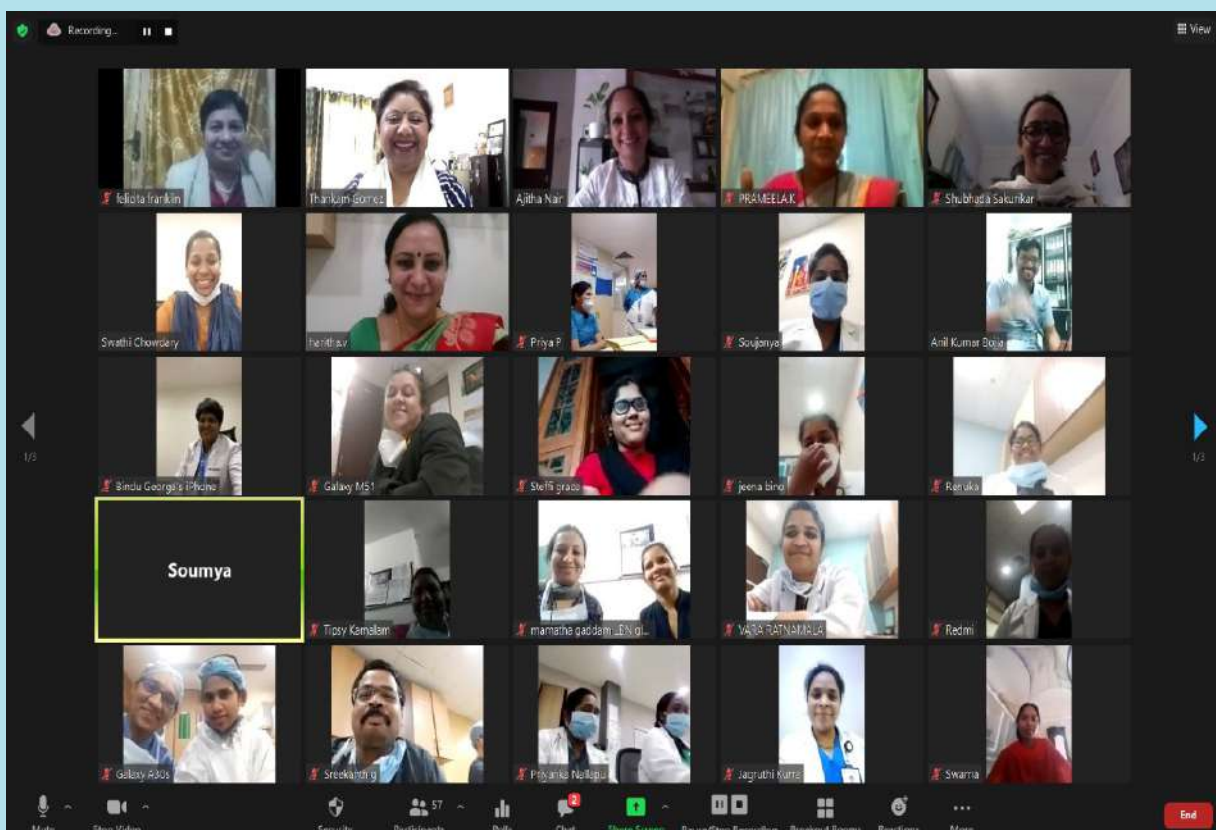
ANEI Telangana Chapter Launch

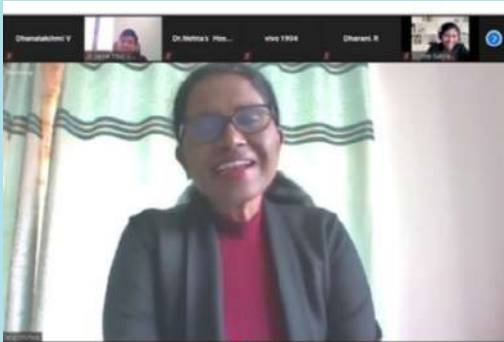
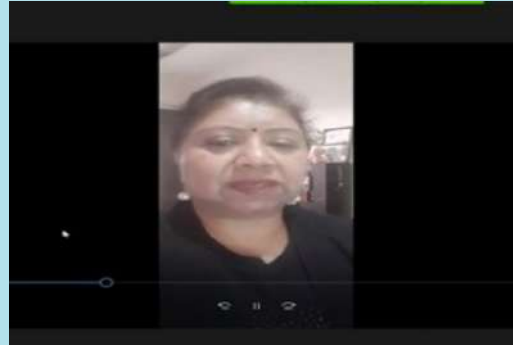
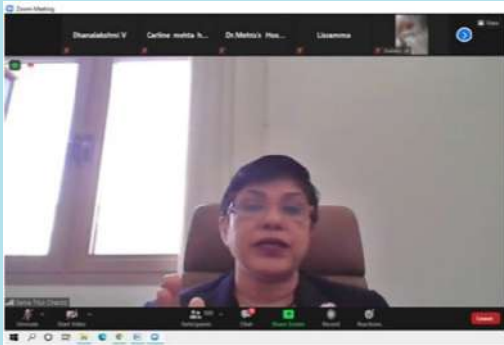
Yet another state was added to ANEIs growing family—Telangana. The occasion was graced by Ms. Vidyavathi, Registrar of Telangana Nurses & Midwifery Council, Auxiliary Nurse Midwives & Health Visitors Council, and by the nursing veteran, Dr Rafath Razia. The chapter launch was attended by more than 80 participants along with the ANEI national officials.

Ms. Thankam Gomez, President, ANEI, explained about the ANEI initiation process, launch of various chapters across India, and how it will be taken forward.

Dr. Jothi Clara, Vice President, ANEI, extended her support and guidance for the betterment of Nursing in India, with the help of various ANEI activities.

Ms. Shubhada Sakurikar, Secretary, ANEI, and Ms. Ajitha Nair, Treasurer, ANEI, gave valuable suggestions for the way forward and extended their continued support to the Telangana ANEI Chapter.





Report on Webinar Part 1- Road to Excellence - Patient Safety Goals by Tamil Nadu Chapter

Conducted on 20th Feb 2021 between 2 and 4 pm. The theme of the webinar was explained by Dr. Mehta's Hospital. The chief guest for the day was Dr. Selva Titus Chacko, Executive Committee Member, ANEI and Dean, College of Nursing, Gulf Medical University, Ajman, UAE. A total of 270 members participated in this webinar. Special address was given by Ms. Thankam Gomez, National President, ANEI, and Dr. Jothi Clara J Michael, Vice President, ANEI.

Ms. Divitha Subramanian, Course Coordinator, Post Graduate Students Institute of Health and Management, Western Australia, deliberated on Reducing Patient Harm Resulting from Fall. Ms. Sheela Durai, Professor and Head, Operating Room Nursing, CMC Vellore, spoke on Ensuring Safe Surgery and conducted a quiz through Slido.com, which was a part of the presentation.

Ms. Babylakshmi, Asst. Head, Nursing Operations, Dr. Mehta's Hospitals, Chennai, spoke about Medication Safety.

A post test was conducted via Kahoot by Ms. Thilagavathy, Deputy Nursing Operations, Mehta's Multi specialty Hospital, Chennai. Ms. Grace, Ms. Jaslina, and Ms. Carline won the quiz competition; winners were awarded with certificates.

The Vote of Thanks was given by Dr. Rosaline Rachel, Vice President, ANEI TN Chapter.

All three sessions have enriched the participants; certificates were sent to all those who attended the Webinar after filling the feedback. Overall, 69% and 31% of participants graded the webinar as excellent and good, respectively.