

FUTURE NURSING 2022



PROCEEDINGS OF

VIRTUAL EVENT

4TH INTERNATIONAL
CONFERENCE ON

**JANUARY
18-19
2022**

THE FUTURE OF **NURSING** & NURSING EDUCATION

**Theme : Advancing Healthcare Transformation: The
New Era of Nursing Education, Research and Practice**

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PROGRAM-AT-A-GLANCE

**FUTURE NURSING
2022**

DAY 1

JANUARY 18, 2022

Scientific Program

GMT-Greenwich Mean Time

09:45-10:00

Opening Ceremony

Keynote
10:00-10:30

Title: The integrated resilient student midwife

Jacqui Williams, The Open University, UK

Keynote
10:30-11:00

Title: Neuropsychological impact on patients with cancer

Kalliopi Megari, Aristotle University of Thessaloniki, Greece

Refreshment Break 11:00-11:10

11:10-11:30

Title: Covid-19: What it teaches us about the nature of illness

Keekok Lee, University of Manchester, UK

11:30-11:50

Title: Catastrophizing, resilience and social support affect the depressive symptoms in patients with knee osteoarthritis

Han Lu, Peking University, China

11:50-12:10

Title: Relationship between sleep and hypertension: Findings from the NHANES (2007-2014)

Li Chunnan, Peking University, China

12:10-12:30

Title: From wish to reality: Soteria in a psychiatric intensive care unit

Theresa Wolf, Oberhavel Kliniken Hennigsdorf, Academic Teaching Hospital of the Charite, Germany

12:30-12:50

Title: Surge capacity in the emergency department

Ruben Haesendonck, ZOL Hospital, Belgium

12:50-13:10

Title: The nursing education during the Covid-19 era

Elsa Vitale, Local Health Company Bari, Italy

Lunch Break 13:10-13:40

Keynote
13:40-14:10

Title: Namaste care: Helps people with advanced dementia live not just exist

Joyce Simard, Namaste Care International, USA

Keynote 14:10-14:40	Title: Impact of preceptor training on effectiveness of preceptors in delivery of knowledge and skill to nurse orientees Marie Antoinette L. Ortaliz , New England College, USA
14:40-15:00	Title: Intravenous Cetirizine vs Intravenous Diphenhydramine for the Prevention of Hypersensitivity Infusion Reactions: Results of an Exploratory Phase 2 Study Stacia A. Young , TerSera Therapeutics, USA
15:00-15:20	Title: Culturally responsive approaches to mental health care in Ethiopia Hana Meshesha , University of Montana, USA
15:20-15:40	Title: Factors associated with healthy ageing: A comparative study between China and the United States Lanlan Chu , St. Catherine University, USA
15:40-16:00	Title: Determining the effect of group flower arranging sessions on caregiver self-efficacy and stress levels in an in-patient hospice Joanne Lavin , CUNY School of Professional Studies, USA
Refreshment Break 16:00-16:20	
16:20-16:40	Title: Prevalence and predictors of depression, anxiety, and stress among Jordanian nurses during the coronavirus disease 2019 pandemic Rasmieh Mustafa Al-amer , Isra University, Jordan & Maram Darwish , Cardiff University Hospital, UK
16:40-17:00	Title: Differences in situation awareness after introducing clinical simulation scenarios into curricula and integrating information technology into teaching before and after nursing internships Li-Ping Tseng , Sisters of our Lady of China Catholic Medical Foundation, St. Martin De Porres Hospital, Taiwan
17:00-17:20	Title: Health of the human spirit: A spiritual well-being model for wellness Brian Luke Seaward , The Paramount Wellness Institute, USA
17:20-17:40	Title: Plume control in medical and cosmetic laser clinics: A practical guide Godfrey Town , Aalborg University Hospital, Denmark
17:40-18:00	Title: Acupuncture for Covid-19 patient after ventilator weaning: A protocol for systematic review and meta-analysis Xiangyu Zhu , Beijing University of Chinese Medicine, China
End of Day 1	



DAY 2

JANUARY 19, 2022

Scientific Program

GMT-Greenwich Mean Time

11:00-11:20

Title: How to get rid of visceral fat: A randomised double-blind clinical trial
Xanya Sofra, City University, UK

11:20-11:40

Title: Tandem care: A concept analysis
Leonard Ivan T. Melana, Ifugao State University, Philippines

11:40-12:00

Title: Acceptability and effectiveness of augmented reality-assisted cardiopulmonary resuscitation: A pilot randomized controlled trial
Luoya Hou, Peking University, China

12:00-12:20

Title: Hyperprogressive disease after radiotherapy combined with anti-PD-1 therapy in renal cell carcinoma: A case report and review of the literature
Jingjing Piao, HeBei University of Chinese Medicine, China

12:20-12:40

Title: Comparison of the use of manikins and simulated patients in a multidisciplinary in situ medical simulation program for healthcare professionals in the United Kingdom
Marrit Meerdink, University Hospitals Bristol and Weston NHS Foundation Trust, UK

12:40-13:00

Title: Living with bipolar disorder in Chile: A qualitative study
Raul Andres Hormazabal Salgado, University of Talca, Chile

Lunch Break 13:00-13:30

13:30-13:50

Title: Can you PACE Yourself? Using PACE in the clinical setting
Allen Siegel, University of Maryland Upper Chesapeake Health System, USA

13:50-14:10

Title: Phosphorus management in hemodialysis patients
Gulay Turgay, Baskent University, Turkey

14:10-14:30

Title: Understanding APA format: A course for students
Catherine Schwartz Doyle, Louisiana State University Alexandria, USA

14:30-14:50	Title: Euthanasia: Not an every day experience Charlotte Shaw , Medivet Heswall, UK
14:50-15:10	Title: Advances in nursing education, practice and research K. Sesha Kumar , Health and Wellness Centre, India
15:10-15:30	Title: The effect of covid-19 on chronic diseases Gurcan Arslan , Cumhuriyet University, Turkey
15:30-15:50	Title: Obesity myths and facts Ecler Ercole Jaqua , Loma Linda University Health, USA
Refreshment Break 15:50-16:00	
16:00-16:20	Title: Nightingale? Yes, she is still relevant today! Deva-Marie Beck , Nightingale Initiative for Global Health, Canada
16:20-16:40	Title: Nursing students' attitude toward the importance of patient privacy Kourosh Delpasand , School of Medicine, Guilan University of Medical Sciences, Iran
16:40-17:00	Title: Patient satisfaction with the quality of care provided by student nurses at Ndola Teaching Hospital in Ndola, Zambia Martha Mbewe Mwelwa , University of Zambia, Zambia
17:00-17:20	Title: Nurses' perceptions of the factors contributing to the development of the love of the profession: A qualitative content analysis Shahnaz Bolandianbafghi , Kashan University of Medical Sciences, Iran
17:20-17:40	Title: The role of the nurse administrator in healthcare services and healthcare built environment in Southern Nigeria Gloria Tonye Dikibo , Texila American University, India
End of Day 2	
Closing Remarks	





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YOUR DATES**

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JANUARY 18-19
2022

Keynote Presentation
Day 1

FUTURE NURSING 2022

4TH INTERNATIONAL CONFERENCE ON THE FUTURE OF NURSING AND NURSING EDUCATION

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BIOGRAPHY

Jacqui Williams is a very experienced midwifery academic and practising midwife with over 30 years involvement in pre- and post-registration midwifery programmes. As an academic, Jacqui has continued to keep strong links with midwifery practice and is passionate about the unique role of the midwife and women centred care. She is a Senior Fellow with the Higher Education Academy. She has particular area of expertise in quality assurance. Her education interests are in open

and distance learning and she has created resources for open access repositories including developing a unique midwifery repository. Jacqui is also an experienced midwifery expert witness. Her doctoral work researched whether resilience develops or not in student midwives as they navigate the undergraduate midwifery program. Jacqui's current role is to support the implementation of the new midwifery education standards and the wider work on midwifery matters across the Nursing and Midwifery Council, UK.

Jacqui Williams

The Open University, UK

The integrated resilient student midwife

Student midwives have to complete a demanding programme to become a midwife, and therefore it is questioned whether they need resilience to be successful. The doctoral study's aims were to explore whether resilience developed in one cohort of 25 undergraduate student midwives and what the concept of resilience meant to them. The study adopted a longitudinal case study approach, in one Higher Education Institution (HEI) in England, during the first eighteen months of the programme. Data collection was through the use of Wagnild and Young's (1993) updated 2015 True Resilience Scale®, focus groups and one-to-one interviews.

In this cohort of student midwives the scale showed that the majority had developed their

resilience during the study. The participants described themselves as developing resilience despite the programme being very hard. They believed that being passionate about midwifery, being adaptable and learning from reflection was key to being resilient as a student midwife. The importance of support and belonging in clinical practice and their mentors were key to success. Despite the challenges they encountered on the programme, they felt supported and prepared to become midwives.

This presentation session will present a model which defines resilience for student midwives, which could be a valuable tool across healthcare professional curricula to strengthen how reflection and reflexivity is developed and resilience supported.

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BIOGRAPHY

Dr. Kalliopi Megari is an experienced psychologist working in the hospital & health care industry. She is a lecturer at University of Western Macedonia in Greece. Skilled in Clinical Neuropsychology, Clinical Research and Learning Disabilities. Graduated from Aristotle University of Thessaloniki and attended further education from University of Macedonia, in people with special needs and disabilities. She holds undergraduate degrees in Nursing and Psychology, as well as a Master's and a PhD in Neuropsychology from Aristotle University of Thessaloniki. She has many years of experience working

with chronic disease patients as well with people with disabilities. Her work has earned her many prestigious international awards. She has given lectures at Aristotle University of Thessaloniki and University of Warsaw. She is postdoctoral researcher and has published more than 10 research articles in journals. She is the Global Engagement Representative of International Neuropsychological Society, General Secretary of the board of directors and member of the Ethics Committee of Hellenic Neuropsychological Society.

Kalliopi Megari

Aristotle University of Thessaloniki, Greece

Neuropsychological impact on patients with cancer

Post chemotherapy cognitive impairment (PCCI), is characterized by decreased neuropsychological performance of neurocognitive measures after chemotherapy for the treatment of cancer. Chemotherapeutic drugs are often affecting both normal and cancer cells and the cause of cognitive impairment observed in some individuals following chemotherapy treatment. Breast cancer patients complain about cognitive difficulties during and after cancer treatment. We investigated the manifestation of cognitive impairment related to chemotherapy, before chemotherapy (T1), immediately after chemotherapy-1 day (T2) and 6 months later (T3), among 187 adult patients with different types of cancer (breast, colorectal, prostate and thyroid cancer). Cognitive functions were assessed, such as attention and working memory, visuospatial perception, executive functions, complex scanning and visual tracking, as well as short and long-term memory using a battery of neuropsychological tests. We had an assessment of emotions, such as anxiety, depression, positive and negative mood

to investigate the emotional functioning of cancer patients. Results revealed a statistical significance in performance, immediately and 6 months post-chemotherapy (T3), although no statistically significant differences were found between the groups in any of the neuropsychological test, before chemotherapy. Patients showed lower performance immediately post-chemotherapy (T2) that remained stable 6 months post-chemotherapy (T3), compared to T2 in all cognitive domains ($p < 0,001$). Patients with breast cancer showed significantly lower performance on all cognitive domains compared to other patients. In addition, all patients had a lower performance at T2, which means low emotional functioning with no statistical significant changes. At T3 all patients, had an increased performance with increased emotional functional 6 months post-chemotherapy. Cognitive change that can be detected with repeated testing is essential for an accurate interpretation of neuropsychological performance in studies with cancer patients.

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BIOGRAPHY

Joyce Simard MSW is an Adjunct Associate Professor School of Nursing, University of Western Sydney Australia, patron, founder of Namaste Care International. She is a private geriatric consultant residing in Land O Lakes, Florida. She has been involved in long-term care for over 40 years serving as Alzheimer's specialist for many healthcare companies throughout the world.

Professor Simard has written numerous articles and chapters in healthcare books and has authored

three books: "The Magic Tape Recorder", "The End-of-Life Namaste Care Program for People with Dementia" now in its second edition. She has been involved with grants studying the outcomes of Namaste Care with the School of Nursing, University of Western Sydney, Australia, St. Christopher's hospice (UK), the University of Worcester (UK) and Lancaster University (UK). Ms. Simard is a popular speaker for organizations all over the world as she is known for bringing a light touch to serious subjects.

Joyce Simard MSW

Founder Namaste Care International, USA

Namaste care: Helps people with advanced dementia live not just exist

A Namaste Care is a small group program for residents in a nursing home or assisted living who can no longer participate in traditional activities. Often these residents were kept clean, fed, changed and placed in front of a television, or were bedbound. These residents were existing not living. The Namaste Care program provides quality of life for residents especially those with advanced dementia.

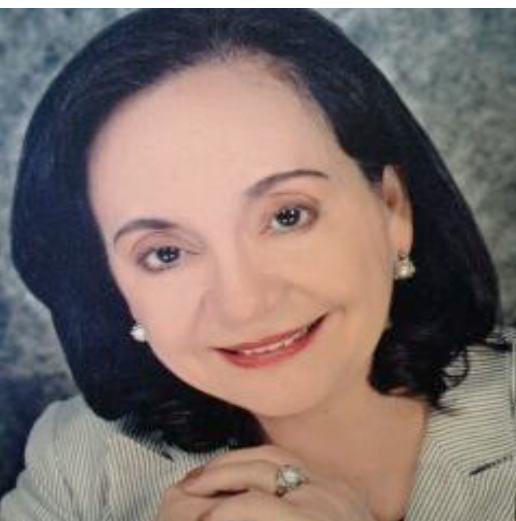
Namaste care can be offered as a small group program or can be brought to wherever the person is living, in their home or in a residential setting. Two principles of The room or space where Namaste Care is offered as a small group is as free from distractions as possible. Residents are taken there after breakfast for the morning session. They are greeted individually and assessed for pain. A soft blanket is tucked around them and they are

offered a beverage. Morning activities include gentle washing of the face and moisturizing of the face, hands, arms and legs. Their hair may be combed or scalps massaged. All of these activities are offered with a slow loving touch approach with the carer softly talking to them. They leave the room for lunch and return for the afternoon activities that may include bringing seasonal items to them, feet soaking, nail care and fun activities such as blowing bubbles. Beverages are offered on a continuous basis for both the morning and afternoon sessions. Namaste Care can be brought to the person's bedside and offered by trained staff or volunteers. Supplies are not expensive and no additional staff has to be hired.

Research are always positive for the person receiving Namaste Care, the staff and families.

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BIOGRAPHY

Marie Antoinette L. Ortaliz, EdD, MS, RN, CCRN-K is the President and CEO of Marie Ortaliz Center, Inc. Dr. Ortaliz has lectured nationally and internationally. Dr. Ortaliz earned her BSN in 1975, from the College of Saint Augustin, Philippines, completed a Master of Science in Healthcare Administration from New England College, NH, USA in 2010, and a Doctor of Education in 2014, from New England College, NH, USA. Dr. Ortaliz has extensive experience in critical care nursing as clinician and educator, and as academic nursing

faculty at Philips Beth Israel School of Nursing, New York, NY, at Mount Saint Mary College, Newburgh, NY, and as adjunct faculty in Monroe College, Bronx, NY. Currently, Dr. Marie Ortaliz teaches critical care nursing courses to new nurses in the critical care units. Dr.

Ortaliz was inducted as Fellow of the New York Academy of Medicine in 2019 and the National Excellence Award as Nurse Educator in 2014 from the Philippine Nurses Association of America.

Marie A. L. Ortaliz^{1,2}

¹Marie Ortaliz Center, Inc, USA ²New England College, USA

Impact of preceptor training on effectiveness of preceptors in delivery of knowledge and skill to nurse orientees

The nursing shortage in the United States has negatively affected the orientation of new nurses due to a limited number of nurse preceptors. Preceptors are experienced nurses who possess the necessary skills in the care of patients with complex problems but do not necessarily possess the required clinical teaching skills. Preceptors need to demonstrate the necessary teaching characteristics to be effective teachers, role models, and mentors. New nurses need to be properly trained to deliver quality and safe patient care. The study investigated the impact of preceptor training based on the effective teaching characteristics: teaching ability, nursing competence, evaluation, teacher personality, and interpersonal relationship. Survey questionnaires that describe the core characteristics of effective teachers developed by Knox and Mogan (1985) was used in the

study. A quasi-experimental design was used to investigate sample participants: 85 preceptors and 130 orientees in critical care areas from two hospitals that provided preceptor training and two hospital that did not. The hospitals were located in New York, USA. The research question was "Does preceptor training positively impact teaching behaviors of preceptors to effectively deliver knowledge and skills to nurse orientees?" Finding in the orientee survey by independent sample t-tests showed that there was a statistical significance ($p < .001$) between higher ratings and preceptor training in all subgroups of teaching characteristics. The independent variable was preceptor training, while the dependent variables were the five core teaching characteristics. In the preceptor survey, Intervening variables were: years as preceptor, years in critical care, and academic preparation. In the preceptor survey

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the independent sample *t*- test result showed that preceptor training was significant ($p=.03$, $d=.56$) and had a moderate impact on nursing competence. Significant correlation was found between preceptor training and nursing competence ($pr=.27$, $p=.01$), between preceptor training and interpersonal relationship ($pr=.21$, $p=.03$), and between preceptor training and teaching ability ($pr=.19$, $p=.05$). A correlation was found between academic degree and nursing competence ($pr=.37$, $p=.001$). Multiple regression results showed that the dependent variable preceptor

training had the second strongest contribution to the variance of nursing competence ($r.16$, $\beta =18$, $p=.13$), and that academic preparation and preceptor training had the strongest impact on nursing competence. Findings in the preceptor survey suggests that preceptor training does impact nursing competence and interpersonal relationship but does not seem to impact the other teaching characteristics. The findings in the orientee survey suggests that preceptor training positively impacts effective teaching behaviors of preceptors.

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Scientific Abstracts
Day 1

FUTURE NURSING 2022



Covid-19: What it teaches us about the nature of illness

Keekok Lee

University of Manchester, UK

This is a sequel to my paper "Epidemiology is Ecosystem Science" published in Synthese 2019, but written well before the emergence of the epidemic/pandemic called COVID-19 today. Its "Patient zero" was said to be someone in Wuhan, China on 8 December 2019; on 30 December 2019, a hospital in Wuhan had confirmed a new type of coronavirus which was reported to the WHO; on 11-12 January 2020, Chinese scientists had sequenced the virus's genome. The virus was named SARS-CoV-2 with a succession of variants in the last twenty months or so: earlier ones were named Alpha (B.1.1.7) with earliest samples first documented/ESFD in the UK, September 2020; Beta (B.1.351) with ESFD in South Africa, May 2020; Delta (B.1.617.2) with ESFA in India, October 2020; and Omicron (B.1.1.529) with ESFD in multiple countries, 26 November 2021.

These labels/names are constructed by WHO's TAG-VE (Technical Advisory Group on SARS-CoV-2 Virus Evolution). Some data are now available about the impact of these variants. The aim of this paper is to demonstrate in outline how they fit in with the analytical framework of Epidemiology as Ecosystem Science originally proposed in 2019. Furthermore, very importantly, it will go one step further to argue that the data appear to show that COVID-19 as phenomena falling whether under the domain of Clinical Medicine or Epidemiology can be adequately and fruitfully analysed within the framework of Ecosystem Thinking. In particular, it will focus on vaccines/vaccination (a clinical measure) and mask-wearing (an epidemiological measure) to demonstrate their similarities in their implied over-arching framework for understanding and explaining the two types of phenomena.

Biography

Keekok Lee is a graduate in philosophy of the University of Singapore, the University of Oxford and the University of Manchester. She taught briefly at the University of Singapore before joining the University of Manchester where she remained till taking early retirement in 1999. Since then, she has continued to be active in research and publication. She is now Honorary Research Fellow, Faculty of Humanities at the University of Manchester. Her domains of research and publication include philosophy of law, moral/social/environmental philosophy, philosophy of genetics and medicine, philosophy of technology as well as comparative philosophy and comparative philosophy of medicine (in the main between the Modern Western Tradition and the Classical Chinese Tradition of doing philosophy and medicine).



Catastrophizing, resilience and social support affect the depressive symptoms in patients with knee osteoarthritis

Han Lu and Shaomei Shang

Peking University School of Nursing, China

Objectives: Both knee osteoarthritis (KOA) and depressive symptoms are major public health issues affecting the quality of life. This study aimed to investigate the occurrence of depressive symptoms among patients with KOA, and explore the influence of catastrophizing, resilience, and social support on depressive symptoms

Methods: Convenience sampling was used to select 191 over 45-year-old adults with KOA in a community in Hebei, China. The Center for Depression Scale (CES-D), the Western Ontario and McMaster Universities Arthritis Index (WOMAC), the 10-item version of the Connor-Davidson Resilience Scale (CD-RISC), the Perceived Social Support Scale (PSSS), and the catastrophizing subscale of the Coping Strategies Questionnaire-Revised (CSQ-R) were investigated. Structural equation modeling was used to test the hypotheses.

Results: 17.3% of the patients with KOA

surveyed had depressive symptoms. Structural equation modeling found that catastrophizing, resilience, and social support can directly affect depressive symptoms, and social support can also indirectly affect depressive symptoms through resilience. The total effects of catastrophizing, resilience and social support on depressive symptoms were 0.31, -0.44, and -0.30, respectively. The direct effect of symptoms on depressive symptoms was not statistically significant ($P > 0.05$). It indirectly affected depressive symptoms through catastrophizing and resilience, with a total effect of 0.24. The final model explained the 39.8% variance of depressive symptoms in patients with KOA. The model fits well, $\chi^2/df = 1.48$, SRMR = 0.05, RMSEA = 0.05, GFI = 0.96 and NFI = 0.94.

Conclusion: Catastrophizing, resilience, and social support are important influencing factors in depressive symptoms among patients with KOA. Corresponding interventions should be taken to reduce depression in patients with KOA.

Biography

I am a Ph.D. candidate in Nursing at Peking University. My doctoral research is the early recognition for middle and old-aged knee osteoarthritis(KOA) patients who are susceptible to negative emotions. Under the guidance of Professor Shaomei Shang(me916@263.net), our research team mainly focuses on elderly health and community care, especially KOA. In previous work, our team developed a scientific, safe, home-based exercise program for KOA patients and verified its effectiveness, as well as a theory-based community intervention model aimed to improve exercise adherence. Apart from that, we translated the intervention model into the internet, to expand participation and reduce costs. Now our studies have covered more than 20 communities in China, nearly 500 elderly KOA patients.



Relationship between sleep and hypertension: Findings from the NHANES (2007-2014)

F. Chunnan Li and S. Shaomei Shang

Peking University, China

Background : To evaluate the association of sleep factors (sleep duration, self-reported trouble sleeping, diagnosed sleep disorder) and combined sleep behaviors with the risk of hypertension.

Methods : We analyzed 12,166 adults aged 30-79 years who participated in the 2007-2014 National Health and Nutrition Examination Survey. Sleep duration, self-reported trouble sleeping and sleep disorders were collected using a standardized questionnaire. We included three sleep factors (sleep duration, self-reported trouble sleeping and sleep disorder) to generate an overall sleep score, ranging from 0 to 3. We then defined the sleep pattern as "healthy sleep pattern" (overall sleep score = 3), "intermediate sleep pattern" (overall sleep score = 2), and "poor sleep pattern" ($0 \leq$ overall sleep score ≤ 1) based on the overall sleep score. The definition of

hypertension was based on self-reported antihypertensive medication use or biological measurement (systolic blood pressure ≥ 140 mm Hg and/or diastolic blood pressure ≥ 90 mm Hg). We used weighted logistic regression models to investigate the associations between sleep and hypertension.

Results: The overall prevalence of hypertension was 37.8%. A short sleep duration (OR = 1.20, 95% CI: 1.08 to 1.33, $p = 0.001$), self-reported trouble sleeping (OR = 1.45, 95% CI: 1.28 to 1.65, $p < 0.001$) and sleep disorder (OR = 1.33, 95% CI: 1.07 to 1.66, $p = 0.012$) were related to the risk of hypertension. Poor sleep patterns were closely correlated with the risk of hypertension (OR = 1.90, 95% CI: 1.62 to 2.24).

Conclusions: Participants with poor sleep patterns were associated with an increased risk for hypertension.

From wish to reality: Soteria in a psychiatric intensive care unit

Theresa Wolf, Magda Zynda-Elst and Anne Wnuzek

Department of Psychiatry and Psychotherapy, Oberhavel Kliniken Hennigsdorf, Academic Teaching Hospital of the Charité, Germany

Objective: Our studies examine the influence of the implementation of Soteria-elements in an acute psychiatric ward after reconstruction in 2017, thereby comparing the year 2016 to the year 2019. The special feature is that this is the only acute psychiatric ward in Hennigsdorf Hospital, connected now both spatially and therapeutically to an open ward, focussing on the treatment of patients suffering from schizophrenia and schizophrenia spectrum disorders.

Methods: These parameters were examined: aggressive assaults, use of coercion (mechanical restraints), duration of treatment in open or locked ward, type of discharge, coercive medication, and dosage of applied antipsychotics. For this purpose, the data of all legally accommodated patients in the year 2016 (before the reconstruction) and 2019 (after the reconstruction) were statistically analyzed in a pre-post mirror quasi-experimental design.

Results: In 2019, the criteria of the Soteria Fidelity Scale for a ward with Soteria-elements were reached. In comparison to 2016 with a comparable care situation and a comparable patient clientele, there was now a significant decrease in aggressive behavior towards staff and fellow patients, a significantly reduced number of fixations, a significantly reduced overall duration of inpatient stay and a significant increase in treatment time in the open area of our acute ward.

Conclusion: The establishment of Soteria-elements in the acute psychiatric ward leads to a verifiable less violent environment of care for severely ill patients and to a drastic reduction in coercive measures.

In our multi-professional lecture, we would also like to make the milieu-therapeutic work on our ward tangible and provide everyday insights into an acute psychiatric ward with Soteria- elements.

Biography

The author graduated in psychology from the University of Greifswald/Germany in 2004, topic of the Master's thesis: "Cannabis induces different cognitive changes in schizophrenic patients and in healthy controls" (doi: 10.1016/j.pnpbp.2007.03.006. Epub 2007 Mar 16.). In 2011 she completed her psychotherapy training (Focus on CBT) in Berlin/Germany and in 2013 her PhD thesis on the topic: "Influencing receptive information processing in schizophrenic disorders: a longitudinal analysis". Her clinical and scientific focus is on schizophrenia and schizophrenic spectrum disorders and the psychosocial care of those affected. She has been on the board of the International Soteria Working Group (IAS) since 2021.

Surge capacity in the emergency department

Ruben M Haesendonck¹, Tinne Verhoogen², Luc J M Mortelmans^{3,4}, Didier Desruelles², Patrick Van De Voorde^{5,6} and Marc B Sabbe²

¹Emergency Department, ZOL Hospital, Belgium

²Emergency Department, University Hospital Leuven, Belgium

³Emergency Department, ZNA Campus Stuivenberg, Belgium

⁴Research group on emergency and disaster medicine, VUB, Belgium

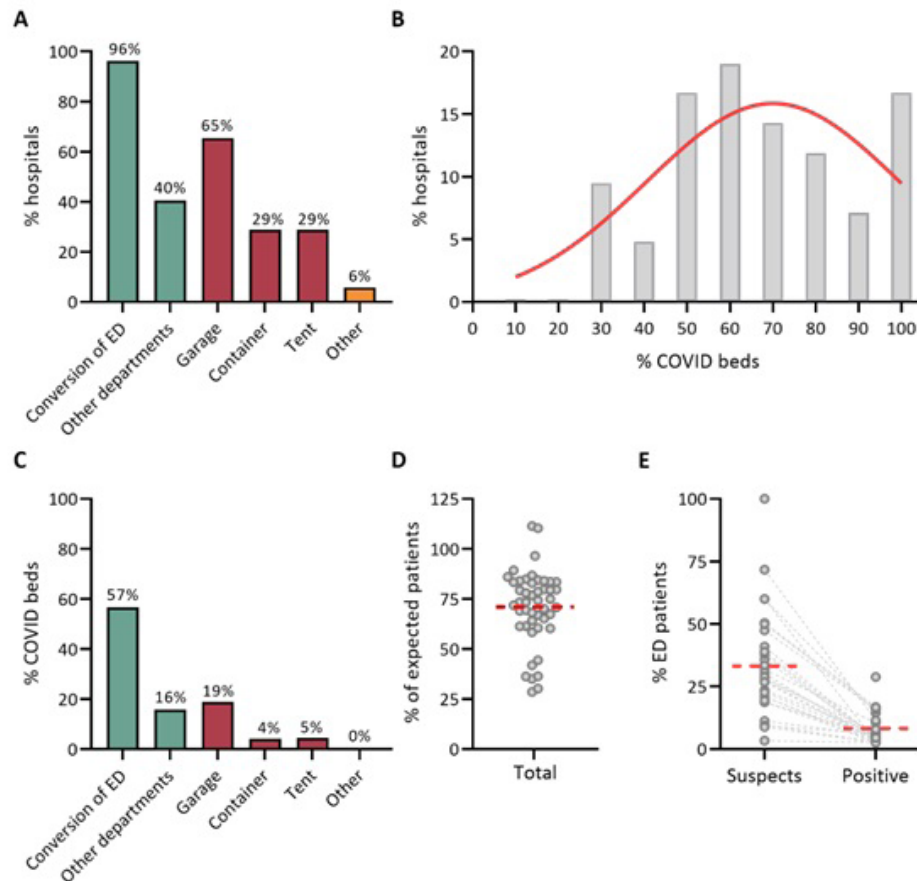
⁵Emergency Department, University Hospital Ghent, Belgium

⁶Medical Director 112, Federal Department Health, Belgium

The COVID-19 pandemic has demonstrated that emergency departments (EDs) needed to reorganize their operations rapidly. This study investigated the impact of the pandemic on structural and logistical issues at EDs and measures taken. Belgian EDs were surveyed on the implemented changes at the start of the pandemic in relation to the four S's in disaster medicine: Structure, Staff, Supplies and System. The study demonstrated that Belgian EDs felt largely unprepared for this pandemic, but nevertheless dynamically restructured their organization. A 46% increase in ED beds was created in different types of structures and more than half of all ED beds were reserved for COVID-19 care, but overall the number of patient presentations dropped by 29%. EDs deployed extra personnel, additional training and psychological support. More than half reported an acute shortage of personal protective equipment, several reported a shortage of ventilatory equipment and medications.

Structural reorganization of emergency departments (EDs) at the start of the COVID-19 pandemic.

A. Different modalities were used at the EDs to accommodate patients, both COVID-19 suspect patients and nonsuspect. Data are depicted as % of hospitals that used the different spaces. Bars in green represent in-hospital structures, bars in red are out-of-hospital structures, alternatives are depicted in orange. B. A certain amount of beds were reserved for COVID-19 suspect patients. Data are presented as % of hospitals that reserved a certain number of their ED beds of COVID-19 suspect patients. The solid red line represents predicted values modeled with nonlinear regression. C. The % of reserved COVID-19 beds per modality. D. The total number of patients seen at the ED during the first wave of the pandemic, presented as % of the expected number of patients as deduced from the year before. E. ED patients that were considered COVID-19 suspect and/or that tested positive. Data are presented as % of ED patients per hospital. Dashed lines represent matched datapoints from the same hospital.



Biography

Ruben Haesendonck is an emergency physician working at ZOL Genk, Belgium (> 1000 beds, teaching hospital). He has a specific interest in prehospital medicine, disaster medicine, trauma and point-of-care ultrasound. He graduated from the university of Leuven in 2012 and has since completed a six year training in emergency medicine. In addition he completed a post graduate in tropical medicine and public health and a post graduate in disaster medicine.

The nursing education during the covid-19 era

Elsa Vitale

Centre of Mental Health, Italy

Background: Starting from November 2019, the SARS-CoV-2 infection had radically changed the life of all of us. At the same time, if we consider the University context, there is little attention paid during basic nursing education to emergency response, and faculty members report feeling poorly prepared to teach students about this topic.

Methods: An online questionnaire was administered to Italian nursing students which contains two parts: a demographic section and the assessment to the psychological well-being nursing student with the Impact of Event Scale-Revised and the Patient Health Questionnaire-9.

Results: Given the emergency health situation from Covid-19, our initial concern was to find a large number of students with difficulties in mentally processing this situation even

with problems such as depression, as their future profession is heavily involved in the management of this pandemic. Fortunately our results have denied our initial hypothesis since both the impact management levels of the event, assessed with the IES-R scale, and the depression levels, assessed with the PHQ-9 recorded values that were almost normal.

Conclusions: Nursing students are better able to face the situation since they find themselves in the role of spectators and not in the role of actors in the care of patients with Covid-19. If the training ameliorates psychological well being, therefore, it is necessary to provide and preserve nurses expertise to encourage teaching in nursing degree courses on maxi emergencies to prepare future nurses to face them adequately.



Intravenous cetirizine vs intravenous diphenhydramine for the prevention of hypersensitivity infusion reactions: Results of an exploratory phase 2 study

Stacia Young, Jarrod P. Holmes, Julio A. Peguero, R. Campbell Garland, Janine North and Lonnie D. Brent and Nancy Joseph-Ridge
TerSera Therapeutics, USA

Pretreatment with antihistamines for the prevention of hypersensitivity infusion reactions is recommended for certain biologics and chemotherapies. Cetirizine is the first injectable second-generation antihistamine recently approved for acute urticaria. A randomized, exploratory phase 2 study evaluated intravenous (IV) cetirizine 10 mg versus IV diphenhydramine 50 mg as

pretreatment in patients receiving an anti-CD20 agent or paclitaxel. In the overall population (N = 34) and an elderly subgroup (n = 21), IV cetirizine was as effective as IV diphenhydramine in preventing infusion reactions (primary outcome) and associated with less sedation at all time points, a shorter infusion center stay, and fewer treatment-related adverse events.

Biography

Prior to joining TerSera Therapeutics as the Director, Oncology Medical Science Liaisons, Dr. Stacia Young worked as the Pharmacy Manager at Eisenhower - Lucy Curci Cancer Center in Rancho Mirage, CA. As a Clinical Pharmacist, Board Certified in Oncology, Dr. Young has over 10 years' experience in the Oncology Infusion Center setting. She received her undergraduate degree at University of California, Berkeley in Molecular and Cell Biology with an emphasis in Neuroscience. She attended Pharmacy School at Loma Linda University where she earned her Doctorate degree, followed by an MBA in Health Care Administration/Management from La Sierra University. She is passionate about making the experience of patients and their families as positive as possible by helping to advance patient care.



Culturally responsive approaches to mental health care in Ethiopia

Hana Meshesha and Veronica Johnson
University of Montana, USA

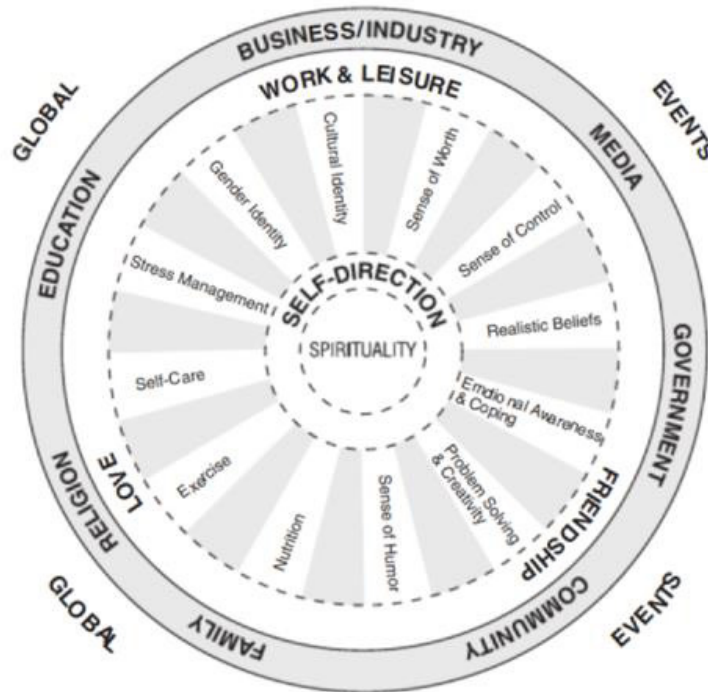
The Ethiopian National Mental Health Strategy (NMHS) endorses the World Health Organization's pyramid model to provide mental health services through optimal resource mobilization and utilization. The WHO's pyramid model highlights the benefit of self-care as well as the need to expand the role of formal and informal sectors to address the need for mental health services. However, Ethiopia reports a low number of knowledgeable and skillful mental health professionals who provide services within formal health sectors and facilitate services through community engagement. This poses a risk to effective implementation of the NMHS. The systematic review we conducted in 2020 aimed at identifying the main challenges Ethiopia might face while implementing the pyramid model. The result revealed that the cultural myths attributed to mental health issues adopted by majority Ethiopians created a challenge to provide professional mental health services. The tendency and preference of addressing mental health issues using

cultural and religious rituals instead of visiting mental health service institutions was also raised as a barrier to providing professional services. Despite reports on social work and psychology graduates every year, there was a lack of data on the number of mental health professionals joining the health sector. As a result, Ethiopia heavily relies on community health workers, with limited training on mental health care, to provide mental health services. To bridge these gaps, we suggest the integration of the wellness model of mental health in the training of both community health workers and professional mental health workers. The knowledge and skill derived based on the wellness model helps mental health professionals and community health workers to address the needs of Ethiopians with mental illnesses through a culturally responsive wholistic lens, including the focus on spirituality and community engagement. This review provides implications for further studies and mental health services in Ethiopia.

Theme: Advancing Healthcare Transformation: The New Era of Nursing Education, Research and Practice

4TH INTERNATIONAL CONFERENCE ON THE FUTURE OF NURSING AND NURSING EDUCATION

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The Wheel of Wellness

(Myers and Sweeney 2008, 483, reprinted with permission)

Biography

Hana S Meshesha is a doctoral candidate and doctoral teaching assistant at the Department of Counseling, University of Montana (UM). She holds a MA degree from UM's Department of Counseling in Clinical Mental Health Counseling and M.Ed. from Addis Ababa University, Ethiopia in Special Needs Education. Hana has taught at the University of Gondar, Ethiopia, for ten years before she joined UM's Department of Counseling for her graduate program in 2017. Her research interest areas include trauma, addiction, forgiveness, grief, disability issues, and diversity and mental health. Hana is currently a student co-chair for the American Public Health Association Disability Section Mentoring Program.

Factors associated with healthy ageing: A comparative study between China and the United States

Lanlan Chu¹ and Lu Chen²

¹*St. Catherine University, USA*

²*Nankai University, China*

Objective: China and the United States are facing severe challenges with population aging. Understanding health and developing trends within the older population is a prerequisite if countries are to tackle the challenges of an aging population and formulate relevant policies. In this context, this study aims to compare the associators of healthy aging in China and the United States and offer policy insights from a cross-national perspective using two 10-year national representative datasets.

Method: Multilevel logistic regression analysis is adopted to explore the association of demographic characteristics, socioeconomic status, and healthy lifestyles with the odds ratios of healthy aging in China and the United States. Health aging is measured using an overall healthy aging index (HAI), defined according to five dimensions: no major chronic diseases, free of physical functional impairment, free of cognitive impairment, no depressive symptoms, and socially active engagement. The analysis is based on the 2005–2014 Chinese Longitudinal Healthy Longevity Survey (CLHLS) and the 2004–2014

Health and Retirement Study (HRS).

Results: We find that the proportion of individuals experiencing healthy aging is slightly higher in the US than Chinese older adults aged 65–100 (25.67% vs. 23.27%). Nevertheless, Chinese oldest-old (80–100) have a higher proportion of healthy aging than American oldest-old (15.05% vs. 12.19%).

Our results indicate that the odds of healthy aging decrease with age, whereas they increase with education, income, marriage, and health behaviors. The odds of healthy aging are lower for older Chinese women than men, whereas the odds are higher for older US women.

Moreover, non-white elders in the United States have significantly lower odds of healthy aging than their white counterparts.

Discussions: These findings suggest certain similar patterns of healthy aging across two countries, but distinct patterns do exist. Promoting gender and racial equalities in healthy aging are crucial for Chinese and American policymakers, respectively.

Biography

Lanlan Chu completed her Ph.D. in Economics at Texas Tech University in 2017. She joined St. Catherine University in Fall 2020 after working as an assistant professor of economics at Buena Vista University in Iowa. Her primary fields of interest are health economics and industrial organization, focusing on health, aging, care, and gender. Current research projects include cross-national comparison in prevalence and predictors of healthy aging, impacts of informal care on caregivers and recipients, and gender disparities in health and well-being. Her work has been published in journals such as Social Science & Medicine, Journal of Aging and Health, and Energy Economics.

Determining the effect of group flower arranging sessions on caregiver self-efficacy and stress levels in an in-patient hospice

Lavin Joanne¹, Claire Lavin², Bai Xin³, Mastropaolo Stephanie⁴ and Feldman Debbie⁴

¹CUNY School of Professional Studies, USA

²Collage Of New Rochelle, USA

³York Collage, USA

⁴Family Care Center Calvary Hospital, USA

This study was designed to promote enhanced self-efficacy and decreased stress levels for family caregivers at a hospice care hospital, thus increasing their quality of life. This is achieved through group flower arranging sessions. Flowers evoke many responses including love, caring, and beauty. Human reactions to flowers involve smell, texture and color which provide an aesthetic attraction. Family and friends often become the informal caregivers to terminally ill spouses, siblings, and others. They support and supplant the role of professionals resulting in personal stress and compassion fatigue. The objectives are to 1) Enhance self-efficacy scores for family caregivers of Calvary patients. 2) Decrease stress levels for family caregivers of Calvary patients and 3) Disseminate results to other hospices. 71 caregivers were recruited to the study. Their family members or friends

became terminally ill and were receiving care in the Calvary Hospital. Results show the flower arranging sessions resulted in significant increased self-efficacy and decreased stress and associated problems for the caregiver participants. Implications and suggestions for future research are discussed. Family member feedback consistently supported that the program was relaxing, healing, comforting therapeutic, and educational. Family members reported that they loved to be able to bring the flowers back to their loved ones at times brightening the patients' moods and at other times simply brightening the room itself. This type of program allowed family members the opportunity to actively do something for their loved ones while simultaneously taking time for themselves to engage in a stress-reducing activity.

Biography

Joanne Lavin retired as Associate Director of the CUNY SPS Nursing Programs June 2020. Currently she continues as an Adjunct Professor in the RN to BS program. Previously she was the Director of the Nursing Programs at York College CUNY. Dr. Lavin has been involved in research with 3D for health care students as well as a Test Coordinator for the National League for Nursing.

Prevalence and predictors of depression, anxiety, and stress among Jordanian nurses during the coronavirus disease 2019 pandemic

Rasmieh Al-amer¹, Malakeh Z Malak², Ghaida Aburumman³, Motasem Darwish⁴, Mohammad S Nassar⁵, Maram Darwish⁶ and Sue Randal⁷

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²Al-Zaytoonah University, Jordan

⁴Middle East University, Jordan

⁵University of Jordan, Jordan

⁶Cardiff University hospital, UK

⁷The University of Sydney, Australia

Background: COVID-19 is an infectious disease with a wide range of physical and psychological health threats among health care workers, in particular, nurses because they spend a long time caring for their patients.

Aims: To investigate the prevalence and predictors of depression, anxiety, and stress among Jordanian nurses.

Methods: This study was conducted among 405 nurses using an online survey from March 3, 2020, to March 24, 2020. The Arabic version of the Depression, Anxiety, and Stress Scale (DASS) was used.

Results: The findings of this study showed that depression, anxiety, and stress were highly prevalent among nurses (57.8, 42.4, and 50.1%, respectively). Those

who had close contact with a coronavirus disease 2019 (COVID-19) patient showed stronger psychological reactions than their counterparts. The full regression models in terms of depression, anxiety, and stress which contained gender, number of children, and dealing with a person with COVID-19 were statistically significant ($F(3, 216) = 11.801$; $p < 0.001$), ($F(3, 216) = 10.501$; $p < 0.001$), and ($F(3, 216) = 11.659$; $p < 0.001$), respectively.

Conclusion: In the COVID-19 pandemic, the levels of depression, anxiety, and stress are high among Jordanian nursing working in clinical settings. Hence, the mental health status of nurses should be given a priority, with a specific emphasis on those who are in contact with infected patients with COVID-19, female nurses, and those who have children.

Biography

Rasmieh is an associate professor in mental health at Isra University/Nursing Faculty, and she is an Adjunct Fellow at Western Sydney University/School of Nursing and Midwifery. She has more than 33 publications in high-ranking journals, and she is a Fellow of the Higher Education Academy in the United Kingdom. Rasmieh's research area focuses on mental health issues in a wide range of cohort, and cross-cultural research that aims to understand the variation of human behavior and the implications of the cultural contexts.

Differences in situation awareness after introducing clinical simulation scenarios into curricula and integrating information technology into teaching before and after nursing internships

Li-Ping Tseng^{1, 2} and Tung-Hsu Hou²

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²Department of Industrial Engineering and Management, National Yunlin University of Science and Technology, Taiwan

This study aims to investigate the differences in situation awareness after introducing clinical simulation scenarios into curricula and integrating information technology into teaching (ITTI) before and after nursing internships. Situation awareness (SA) describes an individual's perception (SA1), understanding (SA2), and subsequent predictions (SA3). Nursing care is a dynamic process and researches have shown that high level SA helps nurses make appropriate clinical decisions that are vital to patient care outcomes and safety.

We recruited, from a five-year health care and management junior college in Taiwan, 61 fourth-year nursing students who had not gone through internship and 65 fifth-year students who had completed internship to participate in the study and implemented innovative teaching methods such as flipped classrooms, group discussions, ITTI, simulated scenarios and OSCE in Critical Nursing Courses. The SA levels were determined by experts and integrated into the OSCE checklists for the

following care procedures: percutaneous transluminal coronary angioplasty (PTCA) and stent placement care for patients with acute myocardial infarction (AMI), basic life support (BLS) and operation of automated external defibrillator (AED), as well as subdural hemorrhage (SDH) care. We found significant differences between fourth- and fifth-year students in the OSCE scores of BLS and SDH. The two groups of students also showed significant differences in AMI SA1, BLS SA1, SA2, SA3, and SDH SA3. Therefore we concluded that internship experience and other factors related to learning experience contributed to higher scores on the three OSCE dimensions and greatly influenced the SA3 score for SDH, the most difficult subject. This might suggest that conventional instruction was helpful with perception and comprehension in BLS tasks, but the projection level could be improved with innovative instruction. The results of this study can be used to develop nursing core competency programs and improve the clinical care competency of nursing personnel.

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Biography

Li-Ping Tseng is a Lecturer of nursing at Chung-Jen Junior College of Nursing, Health Sciences and a Director of management center at St. Martin De Porres Hospital . Li-Ping received her master in Department of Industrial Engineering and Management at National Yunlin University of Science and Technology and in Department of Nursing at Chang Jung Christian University. Since 1997, Li-Ping has been a surgical nurse specialist and supervisor responsible for clinical nursing care and administration. These interdisciplinary education experiences led her research focus on safety management and innovative nursing education. Her recent publication can be found in Applied Ergonomics, BMC Nursing, and Applied Sciences journal..



Health of the human spirit: A spiritual well-being model for wellness

Brian Luke Seaward

The Paramount Wellness Institute, USA

Often ignored, even ridiculed, in the allied-health professions, the component of spiritual wellbeing is now recognized as an integral part of the healing/caring process of the nursing profession. As we begin to emerge from this global pandemic, issues of stress, mental health, spiritual health and resiliency have entered the limelight of healthcare, and for good reason; Levels of burnout in the nursing and medical profession are sky high. This presentation highlights a theoretical model based on a synthesis of psychological (the word “psyche” means soul) theories regarding components of the human spirit, human spirituality, and the development of spiritual well-being, with a

focus on the relationship between stress and human spirituality. These components include an insightful relationship with both oneself and others, a strong personal value system, and a meaningful purpose in one’s life; all aspects of what is now considered to be essential resiliency skills. Additional aspects include a model for spiritual growth (“Seasons of the soul”) and various aspects of one’s life experience that hinder or promote greater spiritual (not the same thing as religious) growth. Based on this model, nurses and all health care practitioners may integrate these concepts into their world view of holistic healing and include the health of the human spirit as a greater part of the holistic wellness paradigm.

Biography

Brian Luke Seaward, Ph.D. is regarded as one of the foremost experts in the field of stress management and a pioneer in the fields of mind-body-spirit healing and corporate health promotion. For over two decades, Dr. Seaward taught on the faculty of the University of Colorado (Boulder) and the Consortium of Public Health for the University of Northern Colorado (Greeley), and was an esteemed invited guest lecture for Jean Watson’s Center for Human Caring (Denver, CO). Currently, he serves on the faculty of the Graduate Institute (Bethany, CT). Dr. Seaward is the Executive Director of the Paramount Wellness Institute in Boulder, Colorado and is a member of the American Holistic Nurses Association. Dr. Seaward has authored more than eighteen books, including *the leading college textbook, Managing Stress (10E)* and the best selling book, *Stand Like Mountain, Flow Like Water*. He can be contacted at www.Brianlukeseaward.net.



Plume control in medical and cosmetic laser clinics: A practical guide

Godfrey Town

Aalborg University Hospital, Denmark

Objective / Scope: This article reviews the risk assessment process for plume control in the cosmetic laser clinic and examines recent publications focussing on the potential hazards linked with laser and intense pulsed light (IPL) hair reduction treatments. Practical recommendations are made to minimise plume in the medical/cosmetic workplace and current options for UV disinfection and facemask selection are given.

Results: Enhanced infection control and ventilation, driven by the COVID-19 pandemic has required a review of associated policies and procedures particularly regarding Personal Protective Equipment (PPE). Accompanying this is a growing awareness by regulatory agencies and users of energy based devices that produce airborne particulates and noxious plumes and the associated hazards to practitioners working routinely with such devices in the treatment of patients/clients.

Recent publications have highlighted the risk of particulate and noxious gasses in laser hair reduction procedures depending on mode of laser

delivery, cooling methods used, laser energy levels employed, ventilation and preparation of the treatment site.

Conclusions: Health and Safety in all clinical situations is everyone's responsibility, especially given the current COVID-19 pandemic. Extra precautions are now necessary to minimise the cross-infection potentials that currently exist. This requires a more robust assessment of the possible hazards including plume contaminants and airborne aerosolised viruses.

While PPE provides some level of protection, they cannot be relied upon to ensure suitably high levels of filtration alone. Technologies such as HEPA/ULPA filtration systems and UVC devices should be seriously considered to reduce potential exposure to hazards, for staff and patients alike.

It is the legal duty of the medical/cosmetic clinic to undertake appropriate risk assessments to identify such hazards, determine who might be harmed and how, evaluate the risk level and decide upon precautions and to keep these assessments under regular review.

Biography

Godfrey Town is UK RPA2000 certified in Non-Ionising Radiation Protection; a UK Registered Clinical Technologist; holds a Cardiff University Law School Expert Witness Certificate; is a Fellow of the American Society for Lasers in Medicine and Surgery (ASLMS); a member of the European Society for Lasers and Energy Based Devices (ESLD) and the British Medical Laser association (BMLA). He has published over 25 peer-reviewed scientific and clinical papers; sits on International Electrotechnical Commission (IEC), European Electrotechnical Standardization (CENELEC) and American National Standards Institute (ANSI) standards committees. A former private laser & IPL clinic owner-manager, his current UK laser safety consultancy supports over 250 private medical practices, clinics and spas using more than 300 laser and IPL devices. Godfrey currently serves as an invited expert observer on several Medical Device Coordination Group sub-groups developing the new European Medical Device Regulation. Dr Town is a Senior Research Fellow Ph.D., Department of Dermatology, Aalborg University Hospital, Aalborg, Denmark.

**Acupuncture for
COVID-19 patient
after ventilator
weaning: A protocol
for systematic review
and meta-analysis**

Xiangyu Zhu and Yu Zhang
*Beijing University of Chinese Medicine,
China*

COVERID-19 is one of the greatest challenges facing people around the world in the 21st century, with respiratory symptoms most pronounced. Patients with symptoms such as severe respiratory failure are often supported by mechanical ventilation. The damage of COVID-19 to the respiratory system and the use of a ventilator may cause adverse consequences such as airway damage, atelectasis, respiratory muscle paralysis, and a decrease in lung function. So, the respiratory rehabilitation of COVID-19 patients who get ventilator support during the treatment is particularly important. At present, there are many studies on the diagnosis, prevention, and treatment of COVID-19 in traditional Chinese medicine, especially on the pathogenesis, clinical syndromes, and treatment plan of respiratory diseases. Acupuncture which is a kind of well-known traditional Chinese external treatment, has been used as adjuvant treatment for it in China. Acupuncture can improve the symptoms of respiratory tract obstruction, the blood metabolism of lung

and bronchial tissue, decrease efficiently the recovery time of respiratory muscle, and so on. Acupuncture can also improve immunity and relieve anxiety with specific acupoints, which can enhance the quality of life of such patients. The cognitive status, musculoskeletal system, and respiratory system of the patients after mechanical ventilation are poor, and their physical strength is not good. Therefore, the previous postural changes and breathing exercises are not always applicable. Acupuncture, by contrast, can be done in a fixed position, which can reduce the physical exertion of weak patients and play the above effects. Such treatments can be effective and relieve the pressure on medical funding at the same time. We will use meta-analysis to assess safety and effectiveness of acupuncture for rehabilitation on respiratory function after weaning from the ventilator during the treatment of COVID-19. We hope our presentation can provide some new ideas for the healthcare of COVID-19 patients.

Biography

Xiangyu Zhu: Lecturer in School of Acupuncture and Massage, Beijing University of Chinese Medicine. Presided over and participated in 3 national projects, 3 provincial and ministerial projects, 2 invention patents, and published more than 10 papers in SCI and Chinese Core Journals.

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Scientific Abstracts
Day 2

FUTURE NURSING 2022

How to get rid of visceral fat: A randomised double-blind clinical trial

Xanya Sofra

City University, UK

New School for Social Research, UK

Inflammation and oxidative damage are immanent in visceral adiposity that is characterised by excess lipids and lipoproteins, viewed as the core components of arterial plaques, ultimately obstructing blood flow and lymphatic drainage. Accumulated toxicity dysregulates the orexigenic hormone ghrelin and anorexic hormone leptin, which are part of a reciprocal network controlling appetite. Weight gain promotes hormonal imbalance, expressed in disturbances in free T3 and an inverse low testosterone/high cortisol incongruity that provokes stress-eating behaviours. The author explored a number of interventions designed to reduce visceral adipose tissue (VAT), including radiofrequency, lasers and exercise, as well as exercise alone. Short-term gymnastics evidenced a modest advantage in VAT decrease, but there were

no changes in body mass index (BMI) or physical appearance. Overtraining appeared to negate the benefits of exercise by increasing inflammation and cortisol, while suppressing testosterone and leptin that inevitably instigated hunger and weight gain. The blood samples of 10 overweight, healthy adults who underwent 12 treatments during the course of 1 month were examined. Results demonstrated a statistically significant decline in very-low-density lipoprotein, triglycerides and VAT, accompanied by a substantial increase in basal metabolic rate and skeletal muscle mass. Importantly, free T3, insulin-like growth factor 1, leptin, and testosterone were elevated towards the top of the normal range, while cortisol and ghrelin gravitated towards the low end of the normal range, without ever spiking outside the limits of hormonal balance.

Biography

Dr Sofra has a doctorate from in Neurophysiology from City University London, UK, and a doctorate in Clinical Psychology from the New School for Social Research, New York City, USA. She is an award-winning international speaker in several Medical and Anti-aging societies and author of several published research and scientific review articles. Her current research is on signalling pathways, wound healing and novel interventions resulting in visceral fat decrease and hormonal balance increase.



Tandem care: A concept analysis

Leonard Ivan T. Melana

Ifugao State University, Philippines

Human caring is universal; however, existing theoretical assertions are geared towards the patients, and seldom for the nurses. The concept of "tandem" resolved this dilemma, but there are deficient definitions and application of the concept in nursing. Hence, a concept analysis using Walker, and Avant (2011) is performed to provide a clear description of "tandem" integrated into nursing practice. In the study, the concept of tandem care has three critical attributes including (1) interactive care; (2) personal care; (3) synchronous care; (4) patient-centered care. Before the occurrence

of tandem care, the following attributes are necessary: (1) knowledge about the tandem care; (2) collaboration and communication; (3) engagement to self-care. On the other hand, both quantitative and qualitative methods can be utilized to test the concept empirically. Consequently, the application of the principles of tandem care in nursing can result to healthy patients, nurses and relationship among them. Further studies about the concept of tandem care are advised to verify and generate nursing knowledge that can be used as bases for practice, education, and research.

Biography

- Chairman of the Master of Arts in Nursing Program, Ifugao State University
- Full time faculty and reviewer of the BS Nursing Program
- Ongoing PhD in Nursing at Saint Louis University, Baguio City Philippines
- Nursing Researcher and Academician for 10years
- Nursing researcher and advocate of self-care and mental health
- Graduated Cum Laude- BS Nursing at Saint Mary's University Philippines
- Outstanding Alumni- Research Criteria (Saint Mary's University)

Acceptability and effectiveness of augmented reality-assisted cardiopulmonary resuscitation: A pilot randomized controlled trial

Luoya Hou¹, Xu Dong¹, Ke Li¹, Congying Yang¹, Yang
Yu², Shaomei Shang¹ and Xiaoyan Jin¹

¹Peking University School of Nursing, China

²Chengdu Techman Software Co., Ltd, China

Background: Augmented reality (AR) is an effective technology to improve the quality of cardiopulmonary resuscitation (CPR) as it has the advantage of making learning faster and more efficient.

Methods: A prospective, parallel, 1:1 pilot randomized clinical trial was designed. An AR CPR app via Hololens2 was developed based on the current AHA CPR guidelines and under the supervision of the AHA Basic Life Support course director and could guide CPR by 3D holographic image step by step (Figure1). 28 participants were randomly allocated into two groups. The AR-assisted group included 10 minutes real-time-assisted CPR via Hololens2 followed by 15 min self-training; and the supervisor-assisted group included 10 minutes real-time simulated dispatcher-assisted CPR followed by 15 minutes of supervisor training (Table 1). Acceptability, usability, and mean per minute and per cycle chest compression depth, rate and accuracy were measured.

Results: 27 participants were analyzed

and 92.59% were women. The mean scores for acceptability and usability were all rated good in each group. Comparing real-time AR-assisted CPR to supervisor-assisted CPR, the mean difference of compression depth was 0.18 (95% CI: -0.18 to 0.53) cm and rate was -1.58 (95% CI: -6.11 to 2.95) min⁻¹. Comparing AR self-training to supervisor training, the AR group was non-inferior regarding both compression depth and rate ($P < 0.001$) and compression accuracy was not significantly different between two groups ($P \square 0.05$).

Conclusion: We found that the AR CPR app was an acceptable and usable tool both in real-time-assisted CPR and self-training CPR. Chest compression depth, rate, and accuracy using real-time AR-assisted bystander CPR were not inferior to supervisor-assisted CPR. Besides, the chest compression depth and rate of self-training using the AR CPR app were non-inferior to supervisor training.

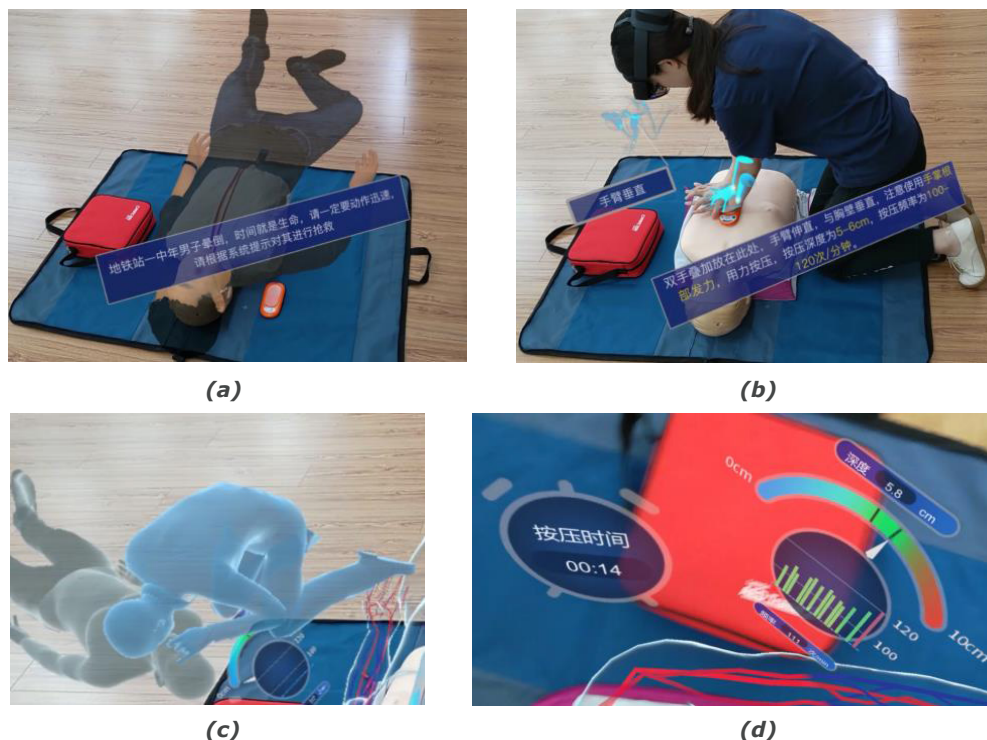


Figure 1 The holograms of the AR CPR app using HoloLens 2: (a) a simulated subway station scenario with a collapsed man; (b) chest compression and posture guidance (third-person perspective); (c) breathing guidance (first-person perspective); (d) real time feedback of compression depth and rate (first-person perspective).

Stage	Content		Time
	AR-assisted group	Supervisor-assisted group	
Hololens introduction	Explanation of AR device		10min
	Using " Tips " app in the Hololens	--	
Real-time-assisted skills	AR (Hololens)-assisted CPR	Supervisor-assisted CPR	10min
Skills training	Self-training by AR CPR app	Training under supervision	15min
Skills check	Complete CPR without assistance	Complete CPR without assistance	2min
Compensations	Explanation of AR device		10min
	--	Using " Tips " app in the Hololens	
	--	AR (Hololens)-assisted CPR	10min

Biography

Luoya Hou received the B.S. degree in nursing from Qingdao University, Tsingtao, China, in 2016 and the M.S. degree in nursing from Peking University, Beijing, China, in 2018. She is currently working toward the Ph.D. degree in nursing with the School of nursing, Peking University. Her research interests include simulation in nursing education and emergency nursing.

Hyperprogressive disease after radiotherapy combined with anti-PD-1 therapy in renal cell carcinoma: A case report and review of the literature

Jingjing Piao¹ and Zhiyang Shang²

¹Faculty of Nursing, HeBei University of Chinese Medicine, China

²Hebei General Hospital, China

Background: Studies have shown that immune checkpoint inhibitors (ICIs) have limited efficacy and can even increase tumour burden in short time periods. This is usually called hyperprogressive disease (HPD). To date, there are few reports regarding HPD; fewer have analysed the relationship between HPD and radiotherapy combined with ICIs, and their conclusions are controversial.

Case presentation: A 42-year-old woman was diagnosed with stage IV renal clear cell carcinoma. The patient had previously received sorafenib and pazopanib as first- and second-line therapies, respectively. She received radiotherapy combined with nivolumab. Eighteen days after administration of the third dose of nivolumab, the patient's general condition deteriorated; this was associated with

immune-related adverse events. Computed tomography showed that the diameter of left lung metastases had sharply increased. A biopsy of the lung metastasis showed no infiltration of lymphocytes. The patient's general condition worsened and she died of the disease on the 70th day after administration of the third dose of nivolumab.

Conclusions: This report describes the development of HPD following the administration of radiotherapy combined with ICIs in a case of advanced renal cell carcinoma. The case indicates that radiotherapy may show bidirectional regulation effects on anti-tumour immune response. If the immunosuppressive function of radiotherapy is dominant, combined with ICIs, it could result in HPD.

Biography

Jingjing Piao, female, is studying nursing in HeBei University of Chinese Medicine. Research direction is clinical nursing.

Comparison of the use of manikins and simulated patients in a multidisciplinary in situ medical simulation program for healthcare professionals in the United Kingdom

M. Meerdink and J. Khan

*Bristol Medical Simulation Centre, University Hospitals Bristol and
Weston NHS Foundation Trust, United Kingdom*

Purpose: Simulation training is increasingly popular in healthcare education, and often relies on specially designed manikins. However, it is also possible to work with actors, or simulated patients (SPs), which may provide a greater sense of realism. This study aimed to compare these 2 approaches, to ascertain which makes healthcare professionals feel most comfortable, which leads to the greatest improvement in confidence, and which is most beneficial to learning.

Methods: This study was embedded in a pre-existing multidisciplinary in situ simulation program. A multidisciplinary group of learners from a range of backgrounds—including nurses, doctors, and other allied health professionals—were asked to complete a questionnaire about their learning preferences. We collected 204 responses from 40 simulation sessions over 4

months, from September to December 2019. Of these 204 responses, 123 described using an SP and 81 described using a manikin.

Results: We found that 58% of respondents believed they would feel more comfortable working with an actor, while 17% would feel more comfortable using a manikin. Learners who used both modalities reported a significant increase in confidence ($P < 0.0001$ for both). Participants felt that both modalities were beneficial to learning, but SPs provided significantly more benefits to learning than manikins ($P < 0.0001$). The most common reason favoring SP-based simulation was the greater realism.

Conclusion: In scenarios that could reasonably be provided using either modality, we suggest that educators should give greater consideration to using SP-based simulation.

Biography

My name is Marrit Meerdink, I am a medical doctor working in the United Kingdom. I am originally from the Netherlands, grew up partially in the United States, and am currently doing my specialist training in internal medicine in Bristol, in the South West of England. I have a special interest in education, especially through simulation. In addition to my clinical role, I have enjoyed setting up and running simulation training for healthcare workers, and have been involved in a number of programmes including a multi-national military medical simulation exercise. I am passionate about the value of multidisciplinary simulation training, especially when provided in a team's own clinical environment, and thus this is the focus of my research..

Living with bipolar disorder in Chile: A qualitative study

Raul Hormazábal-Salgado¹ and Margarita Poblete-Troncoso²

¹*University of Talca, Chile*

²*The Catholic University of Maule, Chile*

Bipolar disorder (BD) is an important factor contributing to rates of higher morbidity and mortality with serious consequences on the quality of life. There is limited literature on life experience of people living with BD in Chile. For this reason, this study examines the life experiences of Chilean clients with BD. Semi-structured interviews were conducted, and clients aged 40-65 years, euthymic, with a preserved judgement of reality were included. A thematic analysis was conducted, and two themes and subthemes were extracted. The first theme is the life experiences of the disease, and it comprises the subtheme information about BD, life experiences of relapses (with acute experiences of disease, professional assistance, and prodromal symptom management), accepting the disease,

accepting the medication, and being bipolar as a stigma. The second theme is that of family environment, which includes the subthemes of family support, lack of family support, and family crisis resulting from BD. The findings provide evidence to support the importance of accepting the disease, the long-term course of the disease, in addition to pharmacological treatment, which requires interventions from nurses when personal risk factors of acute episodes are identified and addressed. Besides, client and family members have to be actively involved. Future research should examine the relationship between stigma from bipolar disorder, perceptions from family members, and educational interventions from nurses and people affected by BD in Chile.

Biography

I am a Chilean Registered Nurse (RN), Bachelor in Sciences of Nursing (BSN), and Master in Sciences of Nursing (MSN), Universidad Católica del Maule, Talca, Chile. During the first six of my 12 years of professional experience, I worked as a General Nurse, in an ambulatory mental health care and psychiatric service in a Regional Hospital. Since 2015, I have worked as a lecturer at the school of nursing, University of Talca. In this context, I have taught mental health to undergraduate nursing students, where I found the unique opportunity to innovate in teaching techniques. As an important component of these innovations, the mental health nursing form emerges as a methodology to improve the students' learning while enhancing the quality of nursing care provided. My research and academic work are mainly focused on mental health in adults, nursing education and gerontology.

Can you PACE yourself? Using PACE in the clinical setting

Allen Walter Siegel

University of Maryland Upper Chesapeake Health System, USA

Communication is a key aspect of inter-personal relationships in the clinical setting. Presence, active listening, compassion and empathy have been understood as separate components of communication. Based on years of research and application, these components, are not separate, but intimately connected within a

therapeutic or relationship based conversation and interaction. They are connected in a linear fashion. Using relationship-based care theory, Dr. Siegel presents PACE as a person-centric, relational mind-set, and communication model that has profound positive implications in the clinical setting.



Biography

Rev. Dr. Allen Siegel is a nationally Board Certified Chaplain and ordained Inter-faith minister with certificates in Health Ministry and Critical Incident Stress Management. He is a Registered Nurse and former NYC Paramedic. In addition to being the Chaplain and Director of Spiritual Care Services for the UM Upper Chesapeake Health System, he is a US Health and Human Services DMORT Chaplain and volunteer chaplain with the American Red Cross.

Phosphorus management in hemodialysis patients

Gülay T.
Baskent University, Turkey

Objectives: Hyperphosphatemia is significant risk factor for cardiovascular mortality with hemodialysis patients. Therefore, patient education is very important for the management of the hyperphosphatemia. Nowadays, health care focuses on providing patients with the necessary knowledge, skills and behaviors so that they can maintain their self-care independently. At this point, nurses are the most important health care professionals to guide and educate them.

Scope: The Improving Global Outcomes (KDIGO - Kidney Disease: Improving Global Outcomes) working group recommends maintaining a phosphorus level of 3.5-5.5 mg/dl in ESRD patients. There are 3 main methods to keep the phosphate load at the recommended level: restriction of dietary phosphorus, use of phosphate binding agents and effective dialysis. First of all, patients should be motivated to come to dialysis and use their medications regularly. Then it must be ensured to get sufficient protein. Phosphorus restriction is often associated with a reduction in dietary protein intake. The latter can lead to malnutrition and protein-energy wasting, which are strong risk factors

for increased death risk in maintenance dialysis patients. Phosphorus pyramid (figure 1) has been introduced as a simple guide to limit the phosphorus intake in patients with kidney disease. While creating the phosphorus pyramid, the phosphorus protein ratio in the foods was taken into consideration. The high inorganic phosphorus intake in processed food, additional phosphorus intake from alimentary supplements and drugs should not be neglected. In the literature, it has been determined that patient education for phosphorus restriction gave positive results. However, efforts to adapt education strategies to persons with various literacy, cultural backgrounds, and resources are needed to ensure that all patients receive adequate support. The training given in the first 10 minutes of hemodialysis is more permanent and it is recommended to repeat the training at the beginning of the session.

Conclusion: As a result, high phosphorus level is an important indicator of mortality in the process of dialysis patients. Repetitive implementation of individualized training is recommended.



Figure 1: Phosphorus pyramid

Biography

I'm Gülay Turgay. I was born in 1979 in Ankara. I worked as a training nurse in the nephrology clinic of Baskent University Hospital for 10 years. After that, I transferred to the Başkent University Dialysis Program and I am still working as a faculty member in this program for 10 years.



Understanding APA format: A course for students

Catherine Schwartz Doyle

Louisiana State University Alexandria, USA

American Psychological Association (APA) style of writing is the preferred writing style in social science, business, and nursing disciplines (APA, 2021). Students entering these disciplines are challenged with acclimating themselves to a new style of writing. Students are familiar with Modern Language Association (MLA) as it is utilized in high school as well as many basic English and humanities courses taken in college (Zafonte & Parks-Stamm, 2016). Zafonte and Parks-Stamm (2016) conducted a study concluding that students completing modules on APA formatting show an increase in understanding of APA formatting and had less errors on written assignments. Instructional videos and tutorials are accepted tools utilized in higher education. Many university and community colleges provide resources through the library homepage, but students often don't know

where to look to locate the information. Leading to both student and faculty frustration and unnecessary errors on assignments (Zielinski et al., 2018). Zielinski et al. (2018) acknowledged when instructional materials were easily accessible to students, a positive correlation was identified by an increase in student success. The nursing faculty of an online RN-BSN program identified a weakness in RN-BSN student understanding of APA formatting upon the release of the 7th edition APA Manual. To enhance student understanding of the expectations of submitted scholarly work, an online APA Orientation Course was developed. Students are encouraged to complete the course upon admission to the RN-BSN program, guaranteeing understanding of expectations as well as providing a central location for APA resources while enrolled in the program.

Biography

Dr. Catherine Doyle graduate from Southeastern Louisiana University in 2001 earning a Bachelor of Science in Nursing. After graduation she worked as a staff nurse in both pediatric emergency rooms as well as labor and delivery units. While she loved her time in patient care, education was always an area she wanted to pursue. In 2012, Dr. Doyle earned a Master of Science in Nursing with a focus on education from Southeastern Louisiana University. After graduation, her journey in education began at a local community college teaching in the ASN program. While she loved teaching, she knew there was more to learn about nursing education and wanted the opportunity to grow professionally. In November 2014, Dr. Doyle enrolled in Touro University of Nevada earning a DNP with a focus on Leadership and Education. Dr. Doyle is an assistant professor at Louisiana State University Alexandria (LSUA) and program coordinator of the online RN-BSN program. She has a passion for education, course development, and student success within nursing education. Dr. Doyle has developed NCLEX-RN preparation course to implement within an ASN program enhancing student success and increasing school NCLEX-RN passage rate. Dr. Doyle is a member of the American Nurses Association and Sigma Theta Tau, Epsilon NU Chapter at Large where she serves as the role of Counselor for LSUA. Dr. Doyle has been married for nearly 20 years. She and her husband have two teen daughters. They enjoy traveling and exploring beach towns.

Euthanasia: Not an everyday experience

C. Shaw

Medivet Heswall, United Kingdom

Euthanasia can be a very personal and often dreaded time for our veterinary clients. As veterinary professionals we carry out euthanasia's on a weekly or even daily basis; and are therefore liable to suffer from compassion fatigue, leading to potential of burnout or apathetic behaviour. Behaviours such as this could have a negative effect on the care we given during euthanasia visits. Our aim is to make the 30-40 minute appointment that is a regular occurrence for us, truly memorable and special for the client; as although we may not remember

every euthanasia we carry out; the client will certainly remember it. Also ideally we would like client to feel comfortable returning to the practice with other pets, however this is not always possible. This article will look at how veterinary practices can provide a memorable euthanasia visit for their clients, from the initial phone call, right through until days or even months after the appointment, using simple skills and inexpensive, but effective methods of making each visit a personalized experience.

Biography

I am Charlotte Shaw and have a degree in animal behaviour from Liverpool John Moores University and have worked in the veterinary industry for nearly 9 years and been a registered veterinary nurse for 4 of those years. I come from the Wirral in the United Kingdom and work in a small animal practice that also treats wildlife as well as domestic animals. I have a particular focus on end of life care for both clients and their pets, as well as pet weight clinics. I have a rescue kitten of my own and in my spare time I enjoy helping at a local fox rescue centre.



Advances in nursing education, practice and research

K. Sesha Kumar

*CHO/MLHP, Health and Wellness Centre, Primary Health Centre,
Govt. of Andhra Pradesh, India*

Nursing in the current World is completely different from the past, enormous changes were happened in all circumstances. The changes were taken place in Nursing Education, Nursing Service and Nursing Research. Educational aspects like diploma and bachelors were enough to practice for nurses during the past century now people are being qualified with Specialized Nurses by earning professional qualifications. Nursing services became bed side to robotic nursing at present. Fabulous innovative evidenced based nursing researches were taking place now a days in research areas. In this technical world the Nursing Professionals were adopting to the environment of digital health delivery (Eg: rather paper work, entering the same care in digital health records) to avoid paper load, ignorance as well to deliver quality

care. Robotic Nursing is the advanced stage of nursing delivery system many researches and trials were happening for implementation of this advancement but the factor behind is appropriate care may not be delivered. Nurses were exploring themselves to capable and adopting to the advance standards of NABH and JCI at National and International Level. Nursing strategies almost merged to the software applications except the direct care. Training the Trainers programmes, skill development stations, attending e conference/webinar type continuing nursing education activities were supporting Nurses to adjust with advancements. The type of nurses required today is a "Holistic approachable Nurse", who's capable in implementing nursing education into clinical practice with application of evidence-based nursing research.



The effect of covid-19 on chronic diseases

Gurcan Arslan

Faculty of Health Sciences, Cumhuriyet University, Turkey

Chronic diseases (CH) are one of the important health problems with high morbidity and mortality in the world and in our country (Storm et al. 2016). HR is estimated to account for 71% of all deaths (WHO, 2018). CH negatively affects the immune system of patients due to both physiological changes and treatment methods (Storm et al. 2016). Infectious diseases can spread widely in a short time, affecting millions of people or causing loss of life (WHO, 2020). The new type of corona virus (COVID-19) emerged in the city of Wuhan, People's Republic of China in December 2019 and spread worldwide, and was accepted as a pandemic by the World Health Organization (WHO) on March 11, 2020 (Zheng et al., 2020; WHO, 2020). Those with immune problems, a history of comorbidities and the elderly are considered as vulnerable members of society for COVID-19 (Zheng,

2020). According to the WHO's COVID-19 report, it is stated that death cases generally consist of individuals with advanced age or concomitant chronic diseases (hypertension, diabetes, cardiovascular disease (CVD), cancer, chronic lung diseases and immunodeficiency). Considering the mortality rates in individuals with CH and infected with COVID-19, it is stated that it is around 72% in the world (WHO, 2020).

Since COVID19 is a new disease, its emergence and spread has caused confusion, anxiety and fear among the public (WHO, 2020). News For individuals who are at high risk for COVID-19, anxiety can be worrying, while the situation can become much more complicated for individuals with chronic diseases whose treatment is ongoing (WHO, 2020; Roy et al., 2020).



Obesity myths and facts

Jaqua E

Loma Linda University Health, USA

The goal of this talk is to explain and clarify some misconceptions about obesity.

1. Obesity is a choice, not a disease: Myth. Obesity is a chronic, relapsing, multifactorial, and neurobehavioral disease. An increase in body fat endorses abnormal fat mass physical forces and dysfunction, resulting in unfavorable metabolic, biomechanical, and psychosocial health consequences.^{1,2,3,4}
2. Obesity can be attributed to genetics: Fact. In 2007 a genome-wide association study (GWAS) identified the Fat mass and obesity-associated gene (FTO), an established obesity-susceptibility locus located at chromosome 16 q12.2. Specific alleles of the FTO gene may be associated with adiposity.^{5,6,7}
3. Being overweight is never healthy: Fact. For BMI ≥ 25 , each 5 kg/m² increased in BMI is associated with 30% higher mortality. It is also related to an increased risk of cancer, diabetes mellitus type 2, hypertension, and thrombosis. To every 1 kilogram in weight gain, the risk of developing diabetes type 2 may increase by 9%.^{8,9} An alternative way to categorize obesity and diseases caused by obesity is between fat mass and sick Fat.
4. Obesity is not associated with sleep. Myth. "Sleep is the 'most sedentary activity' yet may be the only sedentary one that protects from weight gain".^{10,11} World Health Organization (WHO) and Center for Disease Control and Prevention (CDC) recommend 7-8 hours of sleep a night.⁸
5. There is no relationship between breastfeeding as an infant and obesity. Myth. Rates of obesity are significantly lower in breastfed infants. There would be a decrease of about 15-30% in obesity rates for teenagers and adults if any breastfeeding happened in infancy compared with no breastfeeding.¹²

Biography

Being in love with medicine her whole life, Ecler Ercole Jaqua began at only age 17 her medical school at The Lutheran University of Brazil. Fascinated with the comprehensive care of all ages, and the continuing care of the individual and family, she naturally embraced and pursued her focus in Family Medicine. After completing a Family Medicine Residency at Loma Linda University Health, as well as being chief resident during her last year of training, she decided to specialize in Geriatric Medicine at UCLA. Soon after completing her fellowship in LA, she returned to Loma Linda to pursue her passion for teaching residents, caring for her family and geriatric patients. Additionally, she had the opportunity to complete the Lifestyle Medicine Board and the Obesity Medicine Board certification while working as an Assistant Professor at Loma Linda University Family Medicine Residency.

Nightingale? Yes, she is still relevant today!

Deva-Marie Beck

Nightingale Initiative for Global Health, Canada

In the wake of the 2020 Nightingale Bicentenary and the continuing COVID pandemic — still raising health promotion concerns at top priority on a global scale — recent questions have been raised about Florence Nightingale and her relevance — or irrelevance — to our time. Is Nightingale relevant to today? Yes, now more than ever, her far-reaching vision — to work toward and advocate for what it will take to achieve a healthy world — gives nurses the opportunity and challenge to follow in her footsteps to make our impact on the health of humanity even on our global scale. For nearly two decades, the growing team at the Nightingale Initiative for Global Health — often called NIGH — has been following in Nightingale's footsteps, seeking to make an impact on health promotion through global civil society advocacy. For instance, Nightingale was concerned about and actively advocated for issues that have been identified — in our times — as social and environmental health determinants. Likewise, NIGH's teams

have taken up this same focus through active advocacy to achieve eight United Nations Millennium Development Goals (MDGs) — 2000 to 2015 and the United Nations' 17 Sustainable Development Goals (SDGs) — 2015 to 2030 — all widely identified as the same issues — now called health determinants — that Nightingale addressed in her time. Through NIGH's founding credo, the multi-language Nightingale Declaration for A Healthy World has established many successful campaigns to engage and empower nurses and concerned citizens to share how the problems that impact upon humanity's health can be effectively addressed through the story-telling advocacy now available on a global scale. In her last comprehensive, overarching 1893 essay called 'Sick-nursing and Health-nursing', Nightingale shared her far-reaching vision for us even into our time. She documented her ardent wish that nursing leaders of the future could and would achieve so much more than she had done.

Biography

Dr. Deva-Marie Beck is a Canadian American nurse, global citizen and award-winning Nightingale scholar who has been working — for three decades — on citizen advocacy for achieving global health. She has served, since 2006, as a volunteer International Co-Director of the Nightingale Initiative for Global Health — nicknamed 'NIGH' — travelling to 25 countries and leading NIGH's work on United Nations briefings, group discussions, workshops, online updates — webinars, feature articles, photojournalism and videos, keynote presentations across the world, and related online campaigns, most recently, to achieve NIGH's 'Special Consultative Status' granted by the United Nations Economic & Social Council (UN ECOSOC) in 2018 and to establish a multi-language campaign for the 'Nightingale Declaration for A Healthy World' in 2020. After a 30-year career in Critical Care & Women's Health settings, Dr. Beck received a doctorate for her groundbreaking research to articulate Florence Nightingale's relevance to today's international health, development, education and media.



Nursing students' attitude toward the importance of patient privacy

Kourosh Delpasand⁴, SeyyedHamidReza FallahMortezaNejad¹, Zahra Pourhabibi² and Moein Mashayekhipirbazari³

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²Poursina Clinical Research Development, Guilan University of Medical Sciences, Iran

³Medical Ethics and Law Research Center, Shahid Beheshti University of Medical Sciences, Iran

⁴School of Medicine, Guilan University of Medical Sciences, Iran

Background: Observing patient privacy is one of the most important nurses' ethical responsibilities.

Objective: This study is aimed to investigate nursing students' attitudes toward the importance of patient privacy in nursing care.

Methods: This cross sectional study was conducted between September 2018 and April 2019 in the School of Nursing and Midwifery of Guilan University of Medical Sciences, Iran. One hundred and fifty nursing students responded to the study questionnaires. Descriptive statistics were used to analyze the data.

Results: A total of 142 nursing students with a

mean age of 21.91 ± 4.67 years participated in this study. A majority of the students (63.5%) were female, 82.2% were single and 31.8% had clinical experience. The mean students' attitudes scores were, respectively, 8.36 ± 1.53 , 6.84 ± 2.04 , 6.24 ± 2.23 , and 11.42 ± 2.17 for the physical, psychological, spatial, and informational dimensions of patient privacy.

Conclusion: The mean students' attitude toward patient privacy was at a moderate level. Nurse educators and all the authorities of nursing education should instruct nursing students to pay special attention to the observance of patient privacy.

Patient satisfaction with the quality of care provided by student nurses at Ndola Teaching Hospital in Ndola, Zambia

Martha M. Mwelwa⁷, Clifford Tende¹, Olipa Phiri², Ireen C. Kasonde³, Kabwe Chitundu⁴, Natalia Mbewe⁵ and Caroline Zulu⁶

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Introduction: Patients' satisfaction with the care provided by student nurses indicates that students are able to meet the patients' needs, which could also be an indicator of the quality of nursing education received by students and quality of care offered by future nurses. Quality of care influences patient satisfaction and also boost the morale of the care givers.

Methods: This was a descriptive quantitative cross sectional study done on 100 randomly selected patients from four admission wards at Ndola Teaching Hospital. The data was collected using a validated semi-structured questionnaire and analyzed with the Statistical Package for Social Sciences version 25. A p-value of $\leq .05$ was considered statistically significant using Chi square test.

Results: The results showed that patients (79%) were dissatisfied with the nursing care provided

by student nurses. The cause of dissatisfaction was low quality of care received (48%), lack of student supervision (60%), poor student patient interactions (68%) and level of training (75%). Patient satisfaction had a significant association with availability of supervisors ($p = .010$), level of training ($p = .002$), number of students per ward ($p = .011$) and student interactions ($p = .001$).

Conclusions: Patients are not satisfied with the care provided by student nurses due to poor quality of care provided as students are not guided, and overcrowding in the wards making patients uncomfortable being exposed to a lot of unqualified staff, These findings will help educators to identify areas of improvement in student clinical learning to enhance quality care. Therefore it is recommended that training institutions should strengthen clinical supervision of student nurses by faculty members and senior nurses to enhance the quality of care.

Biography

Martha Mbewe has completed her MSc from University of Zambia and is currently pursuing her PhD studies at the same University in the School of Nursing Sciences. She is a Special Research Fellow, Lecturer, and Course Coordinator in medical-surgical nursing in the department of Basic and Clinical Sciences. Martha is an upcoming researcher who has so far published five papers in reputable journals and has been serving as an editorial board member of JRNHM. She is also a peer reviewer of research articles before publication both locally and internationally. She has a passion in improving standards of nursing education amidst a variety of specialties

Nurses' perceptions of the factors contributing to the development of the love of the profession: A qualitative content analysis

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As a professional value, the love of the profession can significantly affect nurses' professional practice, behaviors and commitment. Many different factors can affect the love of the profession. The exploration of nurses' experiences of these factors can provide valuable data for development of the love of the profession. The aim of this study was to explore nurses' perceptions of the factors contributing to the development of the love of the profession. This qualitative study was conducted in 2020–2021 using the conventional content analysis approach. The participants were thirteen nurses with different organizational positions purposively recruited from different settings in Iran. The data were collected via semi-structured interviews, and were analyzed via

the conventional content analysis approach proposed by Graneheim and Lundman. The factors contributing to the development of the love of the profession were categorized into four main categories, namely the public perception of the profession (with three subcategories), educational variables (with two subcategories), the characteristics of the profession (with four subcategories), and nurses' self-evaluation (with three subcategories). The love of the profession is affected by a wide range of personal, educational, professional and social factors. The manipulation of these factors would help to develop nurses' and nursing students' love of the profession, and encourage people to choose nursing as a career.

The role of the nurse administrator in healthcare services and healthcare built environment in Southern Nigeria

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¹Texila American University (Distance and Blended Learning) India

²Nursing Manager Rubber Estates Nigeria Limited Edo state Nigeria (Member SIFCA Group)

The concept of healthcare built environment has been underrated which is responsible for deplorable design of most healthcare facilities in Southern Nigeria. The Role of the Nurse Administrator in Healthcare Services and Healthcare Built Environment in Southern Nigeria is a descriptive and observational capstone project, a study conducted using telephone interview method with self-structured open ended questions for a cross-section of nurses in the clinical, educational and administrative areas in the three states (Bayelsa, Edo and Rivers state) of Southern Nigeria. The study aimed to create awareness of this role among nurses, influence the decision in evidence base healthcare built environment to improve the safety of patients and healthcare providers, clinical outcome for patients and job satisfaction of nursing staff. Total respondents were thirty five (35), nurses 30 (85.7%) (28 (93%) females and 2 (6.7%) males); medical doctors 3 (8.6%), civil engineer 1 (2.9%) and architect 1 (2.9%) all males. Data collated for healthcare built environment used by nurses revealed: 46.4% are without specific built nurses' toilet, 39.2% are without cloak room, 21.4% use patients' toilet, 28.6 % are without nurses' station, and only 10.7% nurses stated they are comfortable with the purpose built and ideal healthcare environment and how it has affected them positively. For Nurse Administrators' role (Table 2), 7.1% represent

the nurses and attend meetings, 10.7% are involved in decision making, 3.6% contributed in healthcare built environment design and only 16.7% of the nurses have actually influenced built environment planning design. Research has also shown a strong link between the design of healthcare settings and outcomes experienced by patients, staff, and families. Hence the need to create the awareness and include nurse administrators and clinical nurses as frontlines to ensure their voices are heard in influencing decision among other professionals in creating innovative design in healthcare built environment to enhance workflow processes, work environment outcome, patient and provider safety and outcome

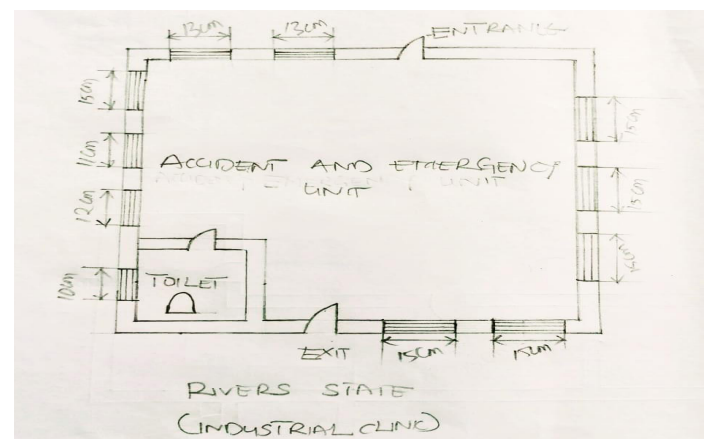


Fig 2.

The ER nurses do not have cloak room, common room, for nurses ...no rest room for nurses as they share with patients. (Respondent 6)

Table-2 Nurse administrator's roles in healthcare services

S/N	NURSE ADMINISTRATOR'S ROLES	RESPONDENTS
1	Manage and supervise nurses	1,3,4,6,7,8, 9,12,13,14,16, 20,
2	Plan and ensure patients treatment/care	1, 3,6,8,20,34
3	Manage staff schedule/roster	1,3, 4,6, 8, 9,13, 14 ,16,20,34
4	Training of staff/Renewal of license	3,6,7,12,
5	Policy making, update and communication	3,7,9,
6	Represent nurses and attending meeting	3,6
7	Ensure medical supply and consumables	1,3,4,6,7,8,9,11,12,14,16, 20,34
8	Staff appraisal	3
9	Recruitment	3,6,
10	Assist in patient care and emergency response	1,3, 8,9,12,13,20,34
11	Delegation	3,6,12,14,
12	Welfare for nurses	3,6,13.
13	Disciplines staff	3,6,16,
14	Mediate between nurses and patients and other healthcare professionals	3,20,
15	Decision making	3,6,7.
16	Contribute in decision making of healthcare built environment	18.
17	Supervise nursing students	9

Biography

Gloria Tonye Dikibo is a Registered Nurse, Registered Midwife with BSN and a family planning provider. She is currently the Nursing Manager Rubber Estates Nigeria Limited (RENL) Edo state Nigeria, member of SIPH. She is passionate and self – motivated, emphatic on best practices, for delivery of quality healthcare, and evidence base nursing, to ensure patient safety. She is poised to make phenomenal impact in her career. With well – rounded experience of over 20 years, Gloria introduced the use of nursing process tool in the delivery of nursing care to her new team; Documentation of all nursing procedures; family planning clinic; Occupational health nursing approach in prevention of occupational illness and accidents; and celebration of International nurses week.. Driven by quality, she was nominated as a member of the quality improvement audit team and the only nurse to participate in the ISO 9001:2015 quality management system training. Gloria was nominated the best Nurse by patients, best team player by colleagues, and best academic participant in the Mandatory continuous Professional development programme. She has published two articles in international journals in 2020, and a co- author of the book "Issues and Development in Health Research 2021). She resides in Port Harcourt, Rivers state with her family.

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Quality improvement for outpatient covid-19 infection control



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Background: To stop the spread of COVID-19 in outpatient primary care clinics, infection control strategies were needed including social distancing and masking in Fall 2020. Studies show a significant decrease in COVID-19 transmission when healthcare professionals comply with preventive measures. We tested whether or not an educational video would improve compliance to infection control behaviors compliance quickly.

Objective: To improve COVID-19 infection control compliance in clinical staff at an outpatient, FQHC family medicine residency clinic with quality improvement tools.

Methods: On-line surveys assessed medical assistants' (MAs), residents', and attending physicians' before and after an educational video intervention to assess knowledge of and compliance with social distancing and masking guidelines. Independent observed compliance assessments before and after the educational

video were used to confirm the self-reported compliance.

Results: The pre- and post-intervention surveys were completed by 49% (37/76) and 62% (47/76) of participants, respectively. Self-reported knowledge and compliance showed no significant change over time. Observed compliance, however, from pre (n = 667) to post (n = 1132) intervention improved for both masking (p < .001) and social distancing (p < .001). **Conclusion:** An educational video regarding COVID-19 infection control was effective in improving compliance in an outpatient clinic in an underserved, urban setting. While building these new behavioral habits, however, self-report may not be as accurate as observational assessments. Since this intervention was implemented prior to the COVID-19 fall surge and introduction of mass vaccinations, the educational intervention may have improved behavioral compliance with COVID-19 protocols later in the pandemic.

“Without sleep
nothing works”

Thea Herold

Sleep Academy Berlin, Germany

Sleep is an important part of our life. Nearly everybody knows: If we want to maintain a good quality in our days, we have to spend enough time for sleep while night. The recent effect is: Everyone wants to do everything right when it comes to sleep. There is even a new description for it. Orthosomnia. For this reason: Sleep is tracked and measured today. And so we turn sleep into a competitive sport. We have to look at sleep differently again. Sleep

is a mystery. Although even today we don't know exactly why we are actually sleeping. We know: nothing works without sleep. Sleep is the best medicine in the healing process. Sleep regenerates the body and mind. It strengthens the immune system, consolidates memory. And Shakespeare already described it hundreds of years ago: Sleep is the most nutritious food at the feast of life.



HIV positive pregnant mothers' perceptions and experiences regarding the prevention of mother-to- child transmission, option B+ program



Adiele Dube and Lomcebo Mbatha

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Background: eSwatini is a small population-sized sub-Saharan African country characterized by its highest human immunodeficiency virus (HIV) prevalence globally. The prevalence of HIV among pregnant women is above 40%. In the past decade, the Government of eSwatini has demonstrated a high level of commitment to virally suppress HIV spread among its population. This study explored the perceptions and experiences of HIV-positive pregnant mothers regarding the prevention of mother-to-child transmission (PMTCT) Option B+ program in order to discuss and address the gaps in the health system.

Methods: Qualitative, exploratory, and descriptive research design was used. Data was collected through in-depth interviews and field notes. Data was gathered from all cases of HIV-positive pregnant mothers enrolled at a Public Health Unit.

Results: Seventeen pregnant women aged

between 18 and 40 years participated. Findings revealed that the Option B+ program was positively perceived as preventing HIV from mother-to-child. It boosts the immune system, deters opportunistic infections, and prolongs life. Knowledge and understanding of the program were displayed despite challenges such as discrimination and no support from families.

Conclusion: PMTCT Option B+ intervention was found to be effective in reducing mother-to-child transmission of HIV. Gaps between women and men about HIV and antiretroviral therapy need to be addressed through target messaging and stigmatization discussions so that men are encouraged to disclose their HIV status. Improving access to antiretroviral and retention of women on treatment can further reduce vertical HIV infection transmission.



Pain assessment in critically ill patients: Impact of basic educational course for physicians and nursing staff of critical care unit



AS Siddiqui, A. Ahmed, A. Rehman and G. Afshan

Aga Khan University, Pakistan

Background and objective: Patients in intensive care units (ICU) often experience moderate-to-severe pain at rest and during care related procedures. The objective of the study was to evaluate the effectiveness of newly developed basic education course by (i) assessing baseline knowledge, attitude, and practice of health-care staff regarding pain assessment in critically ill patients and re-assessing them after providing basic level course regarding the use of Critical Care Pain Observation Tool (CPOT) and comparing the results of pre and post-test assessments.

Methods: Five educational courses, of six hours contact time each, were designed and delivered over a period of about 1 year. Exemption was granted by the Ethics Review Committee of Aga Khan University (ERC number 2019-1684-4457). Educational courses were conducted in five tertiary care hospitals in the province of Sindh to train critical care physicians and nursing staff in the use of the Critical Care Pain Observation Tool (CPOT) to assess pain in critically ill patients. Pre-test and post-test were conducted to assess knowledge and practice of participants before and after the

courses. Teaching methods included interactive presentations, small group case discussions, video-based learning and end of course practical assessment.

Results: 148 participants completed both pre-test and post-test in which 53 were female and 96 were male, which were then analyzed to assess improvement in knowledge. Mean pre-test score of participants was 57.83 ± 11.86 and mean post-test score of participants was 67.43 ± 12.96 that was statistically significant ($p < 0.01$). Overall gain in knowledge and understanding after educational session was statistically significant ($p < 0.01$).

Discussion: This was the first education course developed and conducted on pain assessment in Pakistan. Statistically significant increase in the knowledge, attitude, and practice after providing basic level course regarding the use of behavioral pain scale (CPOT) were observed among the participants.

Conclusion: This study showed overall positive impact of this educational course on the knowledge, attitudes, and practice regarding pain assessment in critically ill patients among physicians and nursing staff of critical care unit.



Oral feeding in the preterm infant importance of research for practices



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Nursing School of Lisbon, Portugal

Objectives: Promote evidence-based nursing care for preterm infants during oral feeding.

Scope: The acquisition of oral-motor skills for oral feeding is considered one of the milestones in the development of the preterm infant (Lubbe, 2018). Feeding, as a nursing care, requires nurses to be prepared with scientific knowledge, for responsible and based decision-making, namely on choosing the most effective oral feeding methods (bottle, cup and finger-feeding) for adequate nutrition and necessary for the preterm growth and development (Kitson, 2018; Shaker, 2017). For this reason, in 2018, several research studies have been carried out in the context of optimizing nutrition that are part of the Neonatal Integrative Development Care project of the Nursing Research, Innovation and Development Centre of Lisbon of the Nursing School of Lisbon.

Methods: The research project "Oral feeding methods in preterm infants: nursing care" consisted of 2 studies, one with a qualitative approach "Nurses' Perceptions about the

Feeding of Preterm Newborns" and one with a quantitative approach "Application of feeding methods (bottle, cup and finger -feeding) by nurses in preterm infants" that is in the process of analysing the results and their dissemination. Within the scope of the PhD in Nursing, a systematic literature review and scoping review is at the conclusion stage, which will contribute to justify the relevance of the study entitled "Neuroprotective Care in Preterm Infants Feeding Autonomy: Oral Feeding Methods supporting breastfeeding", which will take a mixed approach.

Discussion: With the investigation carried out, it is expected to contribute to improving the quality of care in neonatology, promote change and innovation in oral-motor interventions in preterm infants and to promote continuous training. By doing so, we hope to demonstrate that not only is the quality of care improved, along with consistent weight gain and effective feeding autonomy, but also that it contributes to a reduction in the length of stay at the NICU and promoting breastfeeding.



Vaccination and dilemmas in health professionals during the covid-19 pandemic



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Scope: Are there dilemmas about the vaccination process in health professionals and what are they? What were the first data results on the effectiveness of the vaccination process in health workers and are they reliable?

Materials and methods: Analytical studies published in The Lancet, PubMed, Elsevier and Medscape journals.

Results: Summary of quality estimates for 594 items. All sources were rated according to the AACODS21 checklist. The total number of deaths reported by HCW as of May 8, 2020 was 1413. This suggests that for every 100 HCWs that were infected, 1 died, 3600 deaths in the USA, 3090 from 64 countries of the

world and 66 from Albania. 28 samples (n = 58,656) from 13 countries show that as the pandemic increased, the% of people intending to vaccinate decreased and the% of people intending to refuse vaccination increased. Controlled Trials (RCTs) have shown that mRNA-based vaccines have an estimated efficacy of 95%. Vaccinated individuals may be positive, they have lower viral load and therefore may be less contagious.

Conclusions: Vaccination is an important process in the emergency situation created by COVID - 19 and the protection of health professionals is a necessity for continuing and maintaining the quality of health care worldwide



Mapping of mothers' suffering and child mortality in Sub- Saharan Africa



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Child death and mothers who suffer from child death are a public health concern in Sub-Saharan Africa. The location and associated factors of child death and mothers who suffer child death were not identified. To monitor and prioritize effective interventions, it is important to identify hotspots areas and associated factors. Data from nationally representative demographic and health survey and Multiple Indicator Cluster administrated in 42 Sub-Sahara Africa countries, which comprised a total of 398,574 mothers with 1,521,312 children. Spatial heterogeneity conducted hotspot regions identified. A mixed-effect regression model was run, and

the adjusted ratio with corresponding 95% confidence intervals was estimated. The prevalence of mothers who suffer child death 27% and 45-49 year of age mother 48%. In Niger, 47% of mothers were suffering child death. Women being without HIV knowledge, stunted, wasted, uneducated, not household head, poor, from rural, and from subtropical significantly increased the odds of the case ($P < 0.05$). The spatial analysis can support the design and prioritization of interventions. Multispectral interventions for mothers who suffer from child death are urgently needed, improve maternal health and it will reduce the future risk of cases.



Social factors associated with the uptake of screening services for early detection of cancer in masinga sub-county, Machakos County, Kenya



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Social factors such as socioeconomic status are known to increase the risk of some cancers. Therefore, this study aimed at examining social factors associated with the uptake of cancer screening services in Masinga sub-county, Machakos county, Kenya. Study design used was case-control with systematic sampling method; quantitative data was collected using an interviewer-administered questionnaire and analyzed using SPSS version 26.0. Chi square, Odds Ratios and Mann-Whitney U tests were used to determine significance of the association between outcome and independent variables. The data was presented using tables and narratives. Level of significance used was 5% (Confidence level of 95%). Focus group discussion guide

was also used in enriching qualitative data. Data was gathered from a sample size of 42 cases (screened) and 116 controls (never been screened). Social variables assessed were social network and social exclusion. Qualitative data were collected from nine focus group discussions (FGDs). Mantel-Haenszel test revealed that cancer screening uptake was positively associated with decreased social exclusion [OR 1.785 at 95% C.I 1.390-2.291, $p < 0.001$] and better social network [(Emotional loneliness OR 5.791 at 95% C.I 1.384-24.225, $p .016$) (Social loneliness OR .200 at 95% C.I .114- .351, $p < 0.001$)]. This study therefore found an association between general social factors and cancer screening uptake.



**Implementing palliative
care referrals for patients
being discharged from
hospice services: A
quality improvement
project**



Elisabeth Butler

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Background: Palliative care is the management of physical and psychological symptoms at any stage of a serious illness (CAPC, 2018). Patients discharged from hospice services are not often offered a palliative care referral.

Purpose: The purpose of this quality improvement project is to increase the percentage of patients who are provided a palliative care referral when discharged from hospice.

Method: The quality improvement project utilizes a quantitative pre-post-tests design survey with a convenience sample of 20 hospice

Registered Nurses (RNs) as participants in an educational intervention to assess palliative care knowledge. The intervention was done with a modified Bonn Palliative Care Knowledge Test (PCKT), which comprises 23 questions; a pre-test, educational PowerPoint on Palliative Care, and post-test for comparison for improvement.

Results: The modified Bonn PCKT scores for the total sample were 63.8 /92 on the pre-test and 87.6/92 on the post-test.



Pulmonary (PR) and cardiac (CR) rehabilitation: Staff perspectives and patient experiences: A qualitative analysis



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Objectives: Cardiac (CR) and Pulmonary Rehabilitation (PR) programs have been shown to enhance self-management, improve quality of life and decrease dependence on healthcare services. Patient Outcome Measures (POMs) such as Quality of Life (QoL) questionnaires are essential to evaluate Cardiac (CR) and Pulmonary Rehabilitation (PR)'s ability to measure treatment effectiveness. This qualitative descriptive study sets out to analyse discussions by patients and staff engaged in CR and PR.

Scope: These discussions occurred both pre and post program to compare and contrast what changes for these patients.

Methods Used: The data for this study was collected both pre and post program, from those patients and staff participating in outpatient CR and PR programs. Focus groups

and individual interviews were audio-taped and transcribed verbatim. Transcripts were analysed, tabulated and coded for common themes, then a cohesive story was formulated to explain the concepts put forward.

Results: Patients and staff discussed some common themes however terminology was different between the two groups. There is also a change in patient's perspective from pre to post rehabilitation, patient's expectations change from wanting to get back to a "normal" state of health to accepting living within "certain limits".

Conclusion: This qualitative study clearly shows a "Response Shift" in patient perceptions pre to post CR and PR program and that language used by patients is very different to that of health staff and often is different to present POMs used in these programs.



Can CO₂ emissions and energy consumption determine the economic performance of South Korea? A time series analysis?



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Following the United Nations Sustainable Development Goals (UN-SDGs), which place emphasis on relevant concerns that encompass access to energy (SDG-7) and sustainable development (SDG-8), this research intends to re-examine the relationship between urbanization, CO₂ emissions, gross capital formation, energy use, and economic growth in South Korea, which has not yet been assessed using recent econometric techniques, based on data covering the period between 1965 and 2019. The present Study utilized the autoregressive distributed lag (ARDL), dynamic ordinary least square (DOLS), and fully modified ordinary least squares (FMOLS) methods, while the gradual shift and

wavelet coherence techniques are utilized to determine the direction of the causality. The ARDL bounds test reveals a long-run linkage between the variables of interest. Empirical evidence shows that CO₂ emissions trigger economic growth. Thus, based on increasing environmental awareness across the globe, it is necessary to change the energy mix in South Korea to renewables to enable the use of sustainable energy sources and establish an environmentally sustainable ecosystem.

Conclusion: The current study adds to the previously existing literature by assessing the linkage between economic growth, CO₂ emissions, energy usage, urbanization, and gross capital formation in South Korea using

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yearly data stretching between 1965 and 2019. To accomplish the stated objectives, the ARDL bounds test, the gradual shift causality test, and the novel wavelet coherence test are utilized. Furthermore, the outcomes of the ARDL long-run and short run estimations show that energy usage, urbanization, and CO₂ emissions enhance the economic performance of South Korea, while gross capital formation exerts an insignificant impact on the economic

performance of South Korea. Furthermore, the wavelet coherence test outcomes provide further support for the ARDL, FMOSL, and DOLS tests. The gradual shift causality test outcomes provide intuition and credibility to the linkage among economic growth and urbanization, energy usage, gross capital formation, and CO₂ emissions.



Evaluating sleep quality in patients with hypertension



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Background: Recent guidelines from the National Institute for Health and Clinical Excellence (NICE) recommend lifestyle advice and several lifestyle alterations as a treatment option for patients with hypertension (NICE 2019). However, the guidelines do not mention improving sleep quality as a potential intervention, despite research suggesting a link between low sleep duration and the risk of hypertension.

Aim: To evaluate sleep quality in patients with hypertension.

Method: The study recruited 104 participants with hypertension. The researchers obtained demographic information from the participants and used the Pittsburgh Sleep Quality Index to ascertain each participant's quality of sleep.

Results: The mean sleep quality score of patients with grade I and II hypertension was found to be 'poor'. The mean sleep quality scores of patients who slept less than five hours a day were lower than those who slept more than five hours per day. There was no statistically significant association between any demographic characteristics and the mean sleep quality scores.

Conclusion: Discussion of sleep quality should form part of the overall lifestyle advice for patients when attempting to manage hypertension, and nurses should enquire about sleep quality in this group of patients



Realities of the practice of self- medication in students of the Magdalena University



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Universidad del Magdalena, Colombia Docente

Self-medication is part of self-care and is considered as a primary public health resource in the health care system

Objective: To determine the prevalence and consumption patterns that influence the automation of the students of the Universidad del Magdalena.

Methods: The study corresponds to a descriptive cross-sectional and quantitative approach investigation; the sample was determined by conglomerates, made up of 312 active students enrolled in undergraduate studies at the Universidad del Magdalena in the city of the Santa Marta.

Results: The practice of self-medication was reflected in 97%; the reasons for which

the students self-medicate are related to the appearance of symptoms stories, such as pain and flu-like symptoms, which are treated from the consumption of analgesic, anti-inflammatory drugs with prevalence of 84,26%. The main reason for self medication is related to the mildness of the symptoms; the council of relatives in 46,87% reflects their source of information; there is influence by advertising especially television and internet; finally 71% are aware of the consequences of self-medication.

Conclusions: The practice of self-medication in the University population is high; influencing factors are related to the appearance of symptoms the advice of relatives, the influence of advertising the mildness of symptoms and lack of the time to visit the doctor.



Selfie-related concepts and behaviors among Egyptian and Saudi nursing students: A comparative study



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Background: Over the last 10 years, social media has become an integral facet of modern society. Self-presentation and body satisfaction are related to social media and its impact on users' levels of well-being and self-esteem. This study aimed to compare selfie-related concepts (self-esteem and body image) and behaviors (selfie habits and patterns, the motives for using the selfie, and attitude about selfie) between samples of Egyptians and Saudis student nurses. To attain this research aim, a comparative research design study was conducted between 7th of October and 5th of November 2020. This study was conducted in the two countries: Kingdom of Saudi Arabia (KSA) (College of Nursing, Taif University) and Egypt (Faculty of Nursing, Zagazig University). A sample of

300 students was included in two countries: KSA and Egypt. Socio-demographic data sheet, patterns of selfie use scale, self-confidence questionnaire (SCQ), and body image scale.

Results: Results revealed that the Egyptian

students were higher in number of selfies per day than Saudi students and the majority of Saudi group like to put their selfies on Instagram.

Conclusion: The current study deduced that Egyptian students as regard selfie habits and patterns had a higher number of selfies per day than Saudi students, also the majority of the Saudi group as regard selfie habits like to put their selfies on Instagram with a statistically significant difference. As regards the motives for using the selfie, the reasons for taking selfies were significantly higher in Saudi nursing students than in Egyptian students regarding depression and sadness. As well, significantly higher in Egyptian than in Saudi nurse students was related to motivates that their selfies on social media often contain comments or answers, the relationship between the number of selfie-taking and gender was a statistically significant difference between the two genders in both Egyptian and Saudi groups with increasing taking selfie among Egyptian females and Saudi males.



Assessment of content validity for Neonatal Near Miss Scale in the context of Ethiopia



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Background: The concept of neonatal near miss is used to identify neonates who nearly died but survived from a life-threatening complication in the first 28 days of life. Neonatal mortality is the tip of the iceberg. Quality improvement through utilization of a validated scale and reduction of adverse neonatal outcome is a priority for achieving sustainable development goals.

Aim: To develop and assess content validity of Neonatal Near Miss scale in the public health hospitals of Amhara Regional State, northwestern Ethiopia.

Methods: A literature review was performed prior to the development of the neonatal near miss assessment scale. An expert panel committee was formed by health facility practitioners and from members of the academia. Two rounds of meetings were conducted with the expert panel to reach consensus on the face and content validity. The content validity index, Kappa statistics, and the content validity ratio were computed to estimate the content validity scale of neonatal near miss.

Results: In this study, four domains (pragmatic, clinical, management, and lab-investigations) with 32 items were identified. The item-level content validity index ranged from 0.7 to 1. The overall scale content validity (S-CVI) (average) for the domains (pragmatic, clinical, management, and lab-investigations) were 0.98, 0.95, 0.96, and 0.96, respectively. The overall S-CVI (universal) was 0.78 to 1, whereas the overall S-CVI (average) of neonatal near miss assessment scale was found to be 0.96. The content validity ratio and Kappa statistics values ranged from 0.6 to 1 and 0.9 to 1 for the respective domains.

Key Conclusion: The identified four domains and the respective items were valid enough (content-wise) to be used as identification criteria for neonatal near-miss cases. The scale will contribute in neonatal near miss identification and also improve the quality of neonatal management care. Testing the validity and reliability of the scale with full psychometric properties and testing its comprehensiveness for respondents could be extremely important.



The impact of hospital accreditation on the quality of healthcare: A systematic literature review



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Background: Accreditation is viewed as a reputable tool to evaluate and enhance the quality of health care. However, its effect on performance and outcomes remains unclear. This review aimed to identify and analyze the evidence on the impact of hospital accreditation.

Methods: We systematically searched electronic databases (PubMed, CINAHL, PsycINFO, EMBASE, MEDLINE (OvidSP), CDSR, CENTRAL, ScienceDirect, SSCI, RSCI, SciELO, and KCI) and other sources using relevant subject headings. We included peer-reviewed quantitative studies published over the last two decades, irrespective of its design or language. Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, two reviewers independently screened initially identified articles, reviewed the full-text of potentially relevant studies, extracted necessary data, and assessed the methodological quality of the included studies using a validated tool. The accreditation effects were synthesized and categorized thematically into six impact themes.

Results: We screened a total of 17,830 studies, of which 76 empirical studies that examined the impact of accreditation met our inclusion

criteria. These studies were methodologically heterogeneous. Apart from the effect of accreditation on healthcare workers and particularly on job stress, our results indicate a consistent positive effect of hospital accreditation on safety culture, process-related performance measures, efficiency, and the patient length of stay, whereas employee satisfaction, patient satisfaction and experience, and 30-day hospital readmission rate were found to be unrelated to accreditation. Paradoxical results regarding the impact of accreditation on mortality rate and healthcare-associated infections hampered drawing firm conclusions on these outcome measures

Conclusion: There is reasonable evidence to support the notion that compliance with accreditation standards has multiple plausible benefits in improving the performance in the hospital setting. Despite inconclusive evidence on causality, introducing hospital accreditation schemes stimulates performance improvement and patient safety. Efforts to incentivize and modernize accreditation are recommended to move towards institutionalization and sustaining the performance gains.



Effect of a web-based teaching program designed on Moodle on psychopharmacology for B.sc Nursing students



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Introduction: The dynamic use of Internet facilities has shifted the teaching learning process from traditional classroom teaching to the virtual learning environment.

Aim: This quasi experimental study was done to assess the effectiveness of a web based teaching program designed on Moodle on "Psychopharmacology" for B. Sc. Nursing students.

Settings and Design: Nonequivalent control group pretest posttest experimental design was used. A total of 95 nursing students were selected with total enumerative sampling from Amity College of Nursing, Haryana and Galgotias School of Nursing, Greater Noida.

Subjects and Methods: A structured knowledge questionnaire was used to assess the knowledge of students regarding psychopharmacology. Group I, i.e., the experimental group received a web based teaching program and Group II, i.e., control

group received conventional teaching. Structured opinionnaire was used to assess the students' acceptance toward web based teaching program.

Results: The post mean knowledge score of students in experimental group (24.80 and 23.83 on day 11 and 21) and conventional teaching program (24.4 and 24.1 on day 11 and 21) was higher than their pre intervention knowledge scores in Group I (15.89) and Group II (15.25). Thus, both web based teaching program and conventional teaching were found equally effective at statistically significant at $P < 0.001$. More than half of the students (54.31%) strongly agreed that web based teaching program design on Moodle regarding psychopharmacology was acceptable.

Conclusions: Thus, both methods of teaching were found effective in providing education to students.



Modelling cost of wound dressing in Nigeria



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Background: Research findings continue to report the high cost of wound care across the globe which has far-reaching effects on patients' resources and the healthcare system. Significantly, in low- and middle-income countries, the cost of wound dressing is often not determined because of poor documentation and the absence of a nursing care costing model for wound dressing. This study estimated the cost of wound dressing and hospitalization per acute care episode using a regression model analysis in Nigeria.

Method: A descriptive cross-sectional research design was used to assess cost of wound dressing for inpatients and outpatients in three Nigerian teaching hospitals. Eligibility criteria included patients who were twenty years and older and about to be discharged or spent minimum of four weeks in hospital. A regression model analysis was done to determine the cost of wound dressing and hospitalization per acute care episode. Ethical clearance was obtained from each of the

hospitals and informed consent from each of the participant. 1USD equalled ₦580 in September 2021.

Result: The results show that inpatients costs of wound dressing and hospitalization per acute care episode were estimated from ₦54909.36 to ₦144693.64 respectively. The outpatient cost of wound dressing was estimated at ₦5210.52 per week while the cost per outpatients care episode was estimated at ₦176109.48. The length of the hospital stay increased the cost of wound dressing and hospitalization among inpatients while the frequency of wound dressing increased the cost of wound dressing among outpatients.

Conclusion: It is recommended that health policy makers, health maintenance organizations and hospital services should use the estimated cost of wound dressing to develop nursing care costing tariffs for wound dressing. If this is done, it will showcase nurses' contribution to patient care and their role in the healthcare system.

“Noise in a Neonatal intensive care unit: Exploring its state and solutions”

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Aim: The incorporation of technologies into the care of neonates has led to increasing survival rates; however, it has also caused neonatal units to become noisy environments. Concerns regarding the environmental noise issue in neonatal units and an interest in developing strategies to reduce this noise have motivated researchers to conduct comprehensive qualitative research to elucidate the current situation and help improve it. So, this study aims to explore the current state of noise and possible solutions in a neonatal intensive care unit (NICU) in Konya, Turkey.

Method: In 2021, a descriptive exploratory study was conducted with a qualitative content analysis approach. Eighteen nurses, three physicians, seven staff members, and four mothers were selected to participate in the study via purposeful sampling. The data were collected from two semi-structured interviews, six focus groups, six observations, and sound source level measurements using a sound

decibel meter. Qualitative content analysis was used to analyze the data with the MAXQDA software program.

Results: Three main themes and seven major categories emerged from the data analysis. The themes were overt and covert sources, pan-negative effects, and holistic modification. All recorded sound levels exceeded the recommended noise level of 45 dB. Fifty-seven percent of sound sources were in the range of 45–65 dB, and 43% were higher than 65 dB.

Conclusion: The results showed that the state of NICUs regarding noise is like an iceberg that negatively affects all people, but only a small portion of these acoustic events are evidenced, and the noise is mostly neglected. This situation must be approached seriously by holistic modification involving environmental modification, behavioral modification, and resource management. Action research is one possible direction for future research.



Dedication in nursing: A concept analysis



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Aim: Dedication is one of the components of professional nursing. However, no clear consensus exists on the definition of dedication in nursing, and it is difficult to understand and operationalize this concept in clinical settings. So, this study aimed to analyse the concept of dedication in nursing.

Method: This concept analysis was done using the hybrid model from February to June 2021. In the theoretical phase, the existing literature on dedication in nursing was reviewed in international databases of PubMed, Science Direct, ProQuest, Ovid, and Scopus. The keywords were "dedication" and "nursing". After excluding duplicate and irrelevant records, 34 documents were reviewed. In the field phase, semi-structured interviews were conducted with six nurses to gather new qualitative data on their experiences of dedication. In the integration phase, the findings of the earlier

phases combined to provide a comprehensive definition of the concept. Content analysis was used to analyse the data.

Results: Dedication in nursing was defined as a feeling and state of mind and heart, like an untiring commitment that is the art and essence of nursing. It is caring from one's heart with all human beings and technical resources available, doing beyond regular work hours and organizational and legal duty. This act usually happens without expectation for any reward or incentives in such a way that may lead to neglecting one's own needs.

Conclusion: This concept analysis can be a good guide for nurses, teachers, and managers to know the meaning of dedication and recognize how to breed the spirit of dedication in nursing and prevent its negative consequences.



Investigating the effective factors on job satisfaction of nursing teachers in Islamic Azad University



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Objectives: Recognizing the factors affecting the job satisfaction of nursing teachers is not only effective in promoting student education but also in the level of health services provided in the community. In this regard, the present study was conducted to investigate the factors affecting the satisfaction of nursing teachers at the Islamic Azad University.

Methods: In this descriptive-analytical study, 220 nursing teachers from all over Iran who collaborated with Islamic Azad University formed the study sample. The research tool was a questionnaire based on Herzberg theory containing 55 questions. The validity of the questionnaire was confirmed by related faculty members and its reliability was confirmed by conducting a pilot study and measuring Cronbach's alpha coefficient of more than 0.96. Research data were analyzed using SPSS software as frequency distribution, Pearson correlation coefficient, Wilcoxon, Kruskal Wallis and Mann-Whitney.

Results: According to the studied units, contextual factors including salary,

administrative regulations, relationships, job security, work environment conditions and mode of supervision with an average (2.35 ± 0.33) compared to content factors including recognition and appreciation. The nature of work, job success, responsibility, growth and development with a score (2.2 ± 2.8) affecting job satisfaction are of higher importance. There is also a significant direct linear relationship between the score of contextual and content factors. That is, by increasing the score of one of these factors, another score also increases ($P = 0.05$, $Z = 1.9$). In addition, the factors of job security, salary, nature of job, growth and development are more important than other factors.

Conclusion: Considering the significant direct linear relationship between content and contextual factors, in order to increase the job satisfaction of nursing teachers, content and contextual factors should be considered together and factors such as adequate pay, justice, and the existence of specific rules, providing job security and providing more educational facilities should be a priority.



Covid-19 and cleft care in Indian scenario



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The coronavirus disease (COVID-19) had created the new normal approach towards the management of all maxillofacial problems as it is highly contagious and causing a threat to the healthcare professionals. The surgical management of patients with cleft and craniofacial deformities has caused lots of anxiety among patients and doctors in the recent COVID era as some essential treatment will be required for cleft babies from day one. Safety

and protection for cleft children and parents must be the priority while dealing with this non-emergency disease. This presentation will highlight the important steps of management of the cleft and craniofacial cases during this pandemic by adhering to the protocols. It also throws light towards the strategies in revoking the cleft surgical management at least till this infection subsides



**Does writing
patient care
daily effects on
critical thinking?
A pilot study
with 1st year
nursing students**



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Writing is a powerful way of learning. Writing may provide students with opportunities to think by discussion and use higher-level thinking skills to answer complicated problems. The purpose of this study is to understand whether keeping written patient care logs has an effect on improving the critical thinking skills of nursing students. This study used a quasi-experimental, pretest-posttest design. The sample of the study consisted of 69 students who were registered for the course Fundamentals of Nursing, agreed to participate in the study and filled out the California Critical Thinking Disposition Inventory (CCTDI) completely. The study was conducted with students who were participating in clinical practice of the 1st-year course Fundamentals of Nursing in the spring semester of the academic year of 2016-2017. The pretest was carried out on

the first day of clinical practice by applying a questionnaire form and the CCTDI with the students. Throughout the clinical practice, the students kept written logs at the end of each day of practice. The posttest was carried out on the last day of clinical practice by applying the CCTDI with the students. Wilcoxon signed-rank test was used to compare the results of the pretest and the posttest. The mean pretest critical thinking disposition score of the students was found as 214.71 ± 20.17 , while their mean score in the posttest was found as 219.13 ± 23.96 . The difference between the mean pretest and posttest critical thinking disposition scores was statistically significant. As a result of this study, it was found that the mean critical thinking scores of the students were not on a desired level but keeping written patient care logs affected the improvement of their critical thinking skills positively.



Evaluation of the “safe multidisciplinary app-assisted remote patient-self-testing (SMART) model” for warfarin home management during the Covid-19 pandemic



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Objective: Influenced by the COVID-19 pandemic, patients on warfarin have further reduced their visits to healthcare institutions, resulting in low frequencies of follow-ups and high incidence of complications. While patient self-testing (PST) via using a point-of-care testing device for INR measuring at home has been widely used in developed countries and demonstrated improved clinical outcomes compared to usual care in clinics, it is rarely applied in developing countries, including China. We aimed to develop and assess the “Safe Multidisciplinary App-assisted Remote patient-self-Testing (SMART) model” for warfarin home management in China during the COVID-19 pandemic.

Methods: This is a multi-center randomized controlled trial being carried out. Eligible patients will be randomly assigned to the SMART model group or the control group (usual care or anticoagulation clinic group). Patients in the SMART model group do PST at home once every

two to 4 weeks. Controls receive usual care in the clinics. All the patients will be followed up through outpatient clinics, phone call or online interviews at the 3rd, 6th, 9th and 12th month. The percentage of time in therapeutic range (TTR), incidence of warfarin associated major bleeding and thromboembolic events and costs will be compared between the SMART model group and control groups.

Results: So far, we have enrolled 122 patients and 86 of them have completed the 3rd month follow-up. Compared to the control group, patients in the SMART model group have slightly higher TTR. The factors affecting the stability of INR results include unstable intake of green-leafy vegetables and taking traditional Chinese medicine. The optimal monitoring frequency for home management is an interest issue requires investigation.

Conclusion: The SMART model for warfarin home management in China is acceptable, safe and effective.



Using the Delphi method to construct a promotion plan for clinical nurse specialists



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Purpose: To design a quantitative evaluation of the promotion plan for clinical nurse specialists in China.

Design: The evaluation indexes were selected and established by inquiring 22 experts and using the analytic hierarchy process. The promotion plan was sent to 22 specialized nurses. The reference value was established by comparing the results from predictions made by experts and the self-evaluation of specialized nurses.

Methods: This study used the Delphi method and mixed qualitative and quantitative methods, which not only determined the entry of the promotion plan but also calculated its weight, and obtained the baseline score through a small range of empirical studies.

Results: This promotion plan included basic promotion conditions, five primary indicators, 15 secondary indicators, and 61 tertiary indicators and was designed by experts who had a high degree of authority in this field. The self-evaluation results of 19 specialist nurses showed a reference value of 30 points per 3 years using the promotion plan. For clinical nursing managers, it is a management tool to evaluate specialist nurses, which can provide a basis for the promotion of specialist nurses.

Conclusions: The promotion plan for clinical nurse specialists in China formed by this research is quantifiable, scientific, and instructive.



How and when mindfulness inhibits emotional exhaustion: A moderated mediation model



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Clinical studies have suggested the importance of mindfulness in curbing psychological illbeing. However, this has been overlooked in the occupational setting, especially in some service sectors where employees are more prone to work-related stress and burnout. Therefore, the purpose of this study is to examine the indirect relationship between mindfulness and emotional exhaustion through psychological distress, and the moderating role of workplace bullying under the lens of the Conservation of Resources Theory. Employees in the North Cyprus-based hospitality sector (Study 1) and in the Nigeria-based healthcare sector (Study 2) completed surveys during a time-lagged data collection procedure. The results of both studies indicated that mindfulness could significantly reduce psychological distress and subsequently emotional exhaustion when workplace bullying was low to moderate. In contrast, high exposure to bullying was substantially associated with high reported distress, even with

employees with greater mindfulness dispositions. The current work extends the extant mindfulness and occupational wellbeing literature by shedding more light on the underlying and conditional mechanisms explaining the salutary role of mindfulness on wellbeing. In the same vein, it also expands the burnout and workplace bullying body of knowledge that is particularly understudied in sub-Saharan Africa. The resultant costs of the employee ill-being such as turnover, work disengagement, dissatisfaction detachment, or subpar performance, above and beyond financial estimates, can severely impact organizations' stakeholders. This is even more critical in the healthcare sector where lives may be at stake. The present study illustrates that dispositional mindfulness can be a precautionary remedy to work-related mental health issues. Additional theoretical and practical implications of the findings are discussed further, alongside limitations and future studies directions.

“ Integrative review on validation methods of nursing care guidelines and its contribution to evidence- based practice ”

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Introduction: Nursing has been working to incorporate evidence into its praxis, evolving from empirical work to a care centered on the needs of patients, combined with data available in nursing literature. Currently, nursing research has sought ways to enable incorporation of evidence into practice, mainly through instruments that facilitate nurses' work and their staff. Guidelines are examples of such instruments, and they must be content validated to guarantee their credibility and legitimacy.

Objective: to identify scientific production about validation methods of nursing care protocols.

Method: An integrative review with search at Scielo, Pubmed/MEDLINE, Virtual Health Library, Web of Science, Scopus, and EBSCOhost. The descriptors "validation studies", "validation studies as topic", "protocols", "clinical protocols", "practice guidelines as topic", "nursing" and "nursing assessment" and the uncontrolled descriptor "validation" were used. Articles published in full

with free online access in Brazilian Portuguese, English and Spanish published from 2014 to 2019 were included.

Results: thirty- two articles were selected, most of them Brazilian. Content validation by experts was the most frequent method, followed by expert assessment using Delphi Technique and other methods. There was with no consensus on the number of participants for the process. Data collection instruments were mostly created by the authors. Data analysis was mostly performed using descriptive statistics and Content Validity Index, with a variable consensus rate in the analyzed articles, followed by Kappa coefficient.

Conclusion: Protocols created from robust evidence and assessed by experts on the subject are valuable and strong tools for use in clinical practice, considering that they combine science and the experience of those who use them on a daily basis. It is one of the Evidence-Based Practice principles, when adapting the data found in nursing literature to the local reality, facilitating its implementation



Nursing care for negating internal flow choking due to gas embolism



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Introduction: A syringe or intravenous (IV) line or a catheter can accidentally inject air into veins or arteries causing air embolism. It can result internal flow choking (biofluid / Sanal flow choking) leading to cardiovascular risk at a critical blood pressure ratio (BPR), irrespective of the incoming flow velocity [1]. In vitro results reveal that nitrogen (N₂), oxygen (O₂), and carbon dioxide (CO₂) are the leading gases evolved from fresh-blood samples of the healthy subjects (human-being and Guinea-pig) at a temperature range of 37-400 C (98.6-1040 F) [1-7]. It reveals that the high thermal level leads to internal flow choking in all subjects at a critical BPR (see Fig. 1(a-c)).

Objectives: To establish that continuous nursing care, through ambulatory blood pressure (BP) and thermal level monitoring in high risk patients, is required in the diagnosis and preventive management of asymptomatic cardiovascular disease of all subjects due to the phenomenon of internal flow choking due to gas embolism.

Methods: Closed-form analytical, in vitro and in silico methods are invoked for establishing the possibilities of internal flow choking in cardiovascular system (CVS) at a critical BPR [1-8].

Results: We could establish the occurrence of the phenomenon of internal flow choking in CVS causing cardiovascular risk through the closed-form analytical, in vitro and in silico methods [1-8].

Conclusions: The discovery of the internal flow choking phenomenon in CVS calls for continuous nursing care through ambulatory BP and thermal level monitoring in high risk patients with gas embolism to take preventive management of asymptomatic cardiovascular disease. The caregiver or nurse must be properly trained to avoid accidentally injecting air into veins or arteries of patients through syringe or IV line or a catheter causing air embolism.



Mapping of diseases from clinical medicine research: A visualization study ”

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By employing bibliometric method, this study aimed to visualize the research hotspots and correlations among clinical medicine subjects. Literatures were retrieved from the PubMed database based on MeSH words and free-text phrases and screened based on inclusion and exclusion criteria. The disease themes were manually marked according to ICD-10. Co-word analysis and strategic diagram methods were applied to explore the hot topics and development trends of disease themes. 2551 articles were included after literature screening. The amount of paper showed an increasing trend and reached a peak in 2013. The subjects of adults and the elderly accounted for 45.0% and 27.0% respectively. The United States of America had the most publication, with Massachusetts and California being the most prevalent states,

and Harvard University was the most prolific institution. Co-word analysis revealed that research hot topics of diseases were divided into 8 themes, among which the most was "disease of the circulatory system" and "injury, poisoning and certain other consequences of external causes". The strategic diagram showed that the above two topics were mature but relatively independent, while the "physical fitness" topic was not mature enough but was closely related to the others. There are more and more data-driven studies in the field of medicine and health, while, huge development spaces in the full spectrum of the diseases do exist. Mining the published researches through bibliometrics and visualized methods could come up with valuable results to inform further study.

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Part of the results:

The main classification types of disease themes were set as "Neoplasms" (NPS), "Injury, poisoning and certain other consequences of external causes" (IPC), "Endocrine, nutritional

and metabolic diseases" (ENM), "Mental and behavioral disorders" (MBD), "disease of the circulatory system" (DCS), "physical fitness" (PSF), "Diseases of the respiratory system" (DRS), and "Pregnancy, childbirth and the puerperium" (PCP)



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