

PROCEEDINGS OF
VIRTUAL EVENT

Theme:

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

2ND
INTERNATIONAL
CONFERENCE ON

**THE FUTURE OF
NURSING AND
NURSING EDUCATION**


AUGUST

10-11, 2021

Peers Alley Media

1126 59 Ave East, V5X 1Y9

Vancouver BC, Canada

 WhatsApp No: +1 873-889-8976

Contact us: worldnursing@meetingsengage.com

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FUTURE OF NURSING
2021



YOUR FIRST CHOICE FOR RESEARCH INGENUITY

PROGRAM-AT-A-GLANCE

FUTURE OF NURSING
2021

DAY 1

TUESDAY, AUGUST 10, 2021

Scientific Program

BST – British Summer Time

08:45-09:00

Opening Ceremony

Keynote
09:00-09:30

Title: Custom-made ethylene-vinyl acetate splints to maintain auricular dimensions and projection following second stage auricular reconstruction
James I. J. Green, Great Ormond Street Hospital for Children NHS Foundation Trust, UK

09:30-09:50

Title: Decision making dependency model for nurse managers
Christine Chisengantambu Winters, Australian Catholic University, Australia

09:50-10:10

Title: Nursing fatigue and risk management in Jordan: Gender expectations and experiences
Mahmoud Al-Masaeed, University of Newcastle, Australia

10:10-10:30

Title: Application of machine learning for essential medicines demand forecasting in Rwanda: A random forest model
Francois Mbonyinshuti, University of Rwanda, Rwanda

10:30-10:50

Title: Using electronic software for nursing documentation in nursing students
Raheleh Sabetsarvestani, Necmettin Erbakan University, Turkey

Refreshment Break 10:50-11:00

11:00-11:20

Title: Making of a great Filipino nurse educator
Jesusa V. Gutierrez, University of Tabuk, KSA

11:20-11:40

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

11:40-12:00

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

12:00-12:20

Title: Approaches of public health nurses to the health of migrant men
Mehmet Korkmaz, Ondokuz Mayıs University, Turkey

12:20-12:40

Title: Consortium on vulnerability to externalizing disorders and addictions (cVEDA): A developmental cohort study protocol
R.K. Lenin Singh, RIMS (Regional Institute of Medical Sciences), India

12:40-13:00

Title: Laboratory quality improvement in Rwanda: A need for system approach
Vincent Rusanganwa, Umea University, Sweden

Lunch Break 13:00-13:30

Keynote
13:30-14:00

Title: Implementing cognitive rehearsal training to nursing students to foster professional development
Catherine C. Razzi, Gwynedd Mercy University, USA

Keynote
14:00-14:30

Title: Namaste care: Helps people with advanced dementia live not just exist
Joyce Simard, Namaste Care International, USA

14:30-14:50

Title: Did the pandemic influence nursing education?
Elsa Vitale, Local Health Company Bari, Italy

14:50-15:10

Title: Effect of a nurse-led, patient-centered gratitude intervention on the patient experience
Cathleen Lindauer, Johns Hopkins Bayview Medical Center, USA

15:10-15:30

Title: Implementing a nursing professional model to improve staff nurse engagement and teamwork
Lakhbir (Janet) Sohal, Kaiser Permanente, Sacramento Medical Center, USA

15:30-15:50

Title: Rapid system review score—a tool to measure predictive interventions in patients admitted to the post anesthesia care unit
Sriikiran Ramarapu, Veterans Affairs Healthcare System, USA

Refreshment Break 15:50-16:00

16:00-16:20

Title: Bereavement needs of critical care nurses a qualitative study
Taline Omran, Vanguard University, USA

16:20-16:40	Title: Caring for our veterans: Civilian nurses' knowledge of the military culture Augustina Mushale , Malta Medical Ministry, USA
16:40-17:00	Title: Resilience in stressful events Cheryl A. Connors , Johns Hopkins Medicine, USA
17:00-17:20	Title: Mental health nursing evaluation form: A patient assessment guide Raul Andres Hormazabal Salgado , University of Talca, Chile
17:20-17:40	Title: Liberating nurses from the EHR: The impact of workstation single sign-on George A. Gellert , Christus Health, USA
17:40-18:00	Title: Health of the human spirit: A spiritual well-being model for wellness Brian Luke Seaward , The Paramount Wellness Institute, USA
18:00-18:20	Title: Plume control in medical and cosmetic laser clinics: a practical guide Godfrey Town , Aalborg University Hospital, Denmark
18:20-18:40	Title: Chronic diseases and new epidemiological situation Maria Cecilia Severi , University of Republic, Uruguay
e-Poster 18:40-18:50	Title: The moderating role of nurse team and professional tenure in the leadership-psychological safety relationship and resulting voice behavior Sarit Rashkovits , Yezreel Valley College, Israel
e-Poster 18:50-19:00	Title: Based on the game theory to explore the cultivating path of improving the scientific and technological innovation ability of nurses through the coordination of medicine and education Shuyun Liu , Department of Science and Education of Wenjiang District People's Hospital of Chengdu, China

End of Day 1



DAY 2

WEDNESDAY, AUGUST 11, 2021

Scientific Program

BST – British Summer Time

Keynote
09:00-09:30

Title: Learning the impact of culture mediated by online international collaboration in nursing education

Kirsten Nielsen, VIA University College, Denmark

09:30-09:50

Title: The health care system needs to act on climate change

Edda Weimann, University of Cape Town, South Africa

09:50-10:10

Title: Inclusion in healthcare: From rhetoric to reality

Ali Raza, Guy's and St Thomas' NHS Foundation Trust, UK

10:10-10:30

Title: The investigation of nursing staff's cognition and attitude towards "Artificial Nutrition and Hydration" among terminal patients

Yuanmay Chang, Mackay Medical College, Taiwan

10:30-10:50

Title: Impacts of covid-19 pandemic on psychological well-being of older adults

Chan Siu Wing Alex, The Hong Kong Polytechnic University, Hong Kong

Refreshment Break 10:50-11:00

11:00-11:20

Title: Effectiveness of betel leaves (Piper Betle) to accelerate perineum wounds healing on independent practice of midwifery (PMB) Klaten Regency, Indonesia

Endah Widhi Astuti, Health Polytechnic of Surakarta, Indonesia

11:20-11:40

Title: End-of-life care education needs of nurses: A cross-sectional study

Gladys W. Machira, Nursing Council of Kenya, Kenya

11:40-12:00

Title: Covid-19 outbreak resources optimization rapid adaptation of a catheterization laboratory into a new intensive cardiac care unit

Miryam Gonzalez-Cebrian, University Hospital, Salamanca, Spain

12:00-12:20

Title: Empowering skills beyond syllabus

Suresh Kishanrao, State Rural Development and Panchayat Raj University, India

12:20-12:40

Title: A descriptive study to assess the job satisfaction among the nursing staff of selected hospital of Pune city

Shobha Tatyaba Jagadale, Sadhu Vaswani College of Nursing, India

Poster
12:40-12:50

Title: Saudi nurses perception regarding patient safety in a major tertiary hospital

Budour Bandar Alotaibi, Prince Sultan Military Medical City, KSA

12:50-13:00

Title: Risk factors for constant glycemic variability in pregnant women: A case-control study

Grasiela Martins Barros, Federal University of Rio de Janeiro, Brazil

Lunch Break 13:00-13:30

Keynote
13:30-14:00

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

Marie Antoinette L. Ortaliz, Marie Ortaliz Center, Inc, NY, USA

Keynote
14:00-14:30

Title: Developed technology-based resource to promote students' academic success

Audrey E. Nelson, University of Nebraska Medical Center College of Nursing, USA

14:30-14:50

Title: Nursing education in India - 2020

K. Sessa Kumar, Health and Wellness Centre, India

14:50-15:10

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

Gloria Tonye Dikibo, Texila American University, India

15:10-15:30

Title: Evaluating sleep quality in patients with hypertension

Gurcan Arslan, Cumhuriyet University, Turkey

15:30-15:50

Title: The need to integrate physical education into Moroccan nursing curriculum to improve health-related quality of life

Doha Achak, Hassan First University of Settat, Morocco

Refreshment Break 15:50-16:00

16:00-16:20

Title: MerleauPontal reflection: The perception of women with breast cancer regarding the impact on their children
Eliane Cristina da Silva Pinto Carneiro, Universidade Federal Fluminense, Brazil

16:20-16:40

Title: Experience of nurses in the prevention and control of obesity in primary health care: Phenomenological study
Vanessa Augusta Souza Braga, University of Sao Paulo, Brazil

16:40-17:00

Title: Polarity management: An essential skill for leaders and teams
Eman Salman Taie, Helwan University, Egypt

17:00-17:20

Title: Profile and level of hope in patients undergoing hemodialysis and peritoneal dialysis
Rayane Alves Moreira, Universidade de Brasilia, Brazil

17:20-17:40

Title: Factors contributing to students' satisfaction with direct observation of procedural skills in the school of nursing sciences at the University of Zambia
Martha Mbewe Mwelwa, University of Zambia, Zambia

17:40-18:00

Title: The effects of education through role playing on self concept among older adults
Parand Pourghane, Guilan University of Medical Sciences, Iran

18:00-18:20

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

18:20-18:30

Title: Knowledge of breastfeeding among postpartum women attending the first level of care
Enriqueta Tellez Perez, Instituto Mexicano del Seguro Social, Mexico

End of Day 2

Closing Remarks





**BOOKMARK
YOUR DATES**

**3rd INTERNATIONAL CONFERENCE ON
THE FUTURE OF NURSING AND
NURSING EDUCATION**

JANUARY 18-19, 2022 | VIRTUAL CONGRESS

<https://worldnursing.peersalleyconferences.com>

&

**3rd GLOBAL
NURSING CONGRESS**

MARCH 24-25, 2022 | LONDON, UK

<https://globalnursing.peersalleyconferences.com/>

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2ND INTERNATIONAL
CONFERENCE ON
THE FUTURE OF
NURSING AND
NURSING EDUCATION

June 21-22
2021

Keynote Presentation
Day 1

FUTURE OF NURSING 2021


BIOGRAPHY

James Green trained at Barts and the London, Queen Mary's School of Medicine and Dentistry in association with Lambeth College and qualified in 2001. Following a vocational training year at the Royal London Hospital, he spent the following two years at the Eastman Dental Hospital, part of the University College London Hospitals NHS Trust, before joining Great Ormond Street Hospital in 2004. He has been an elected council member of the Orthodontic Technicians Association council since 2006, serving as Treasurer from 2007-

2016 and Secretary since 2018. He was a council member of the Dental Technologists Association from 2013-2019, where he served as Deputy President from 2014-2016 and President from 2016-2018. James has been an invited speaker both nationally and internationally and has published papers in peer-reviewed journals. His research interests include cleft lip and palate, medical device regulation, orthodontic treatment outcomes, orthognathic surgery and splinting following second stage auricular reconstruction.

James I. J. Green^{1,2}

¹Great Ormond Street Hospital for Children NHS Foundation Trust, United Kingdom

²Broomfield Hospital, Mid and South Essex NHS Foundation Trust, United Kingdom

Custom-made ethylene-vinyl acetate splints to maintain auricular dimensions and projection following second stage auricular reconstruction

Auricular reconstruction is a surgical procedure that is undergone by those who have lost their auricle (or auricula, the visible part of the ear located outside the head) due to disease or trauma and those with microtia (a congenitally underdeveloped auricle). The surgery is typically carried out in two stages approximately six to twelve months apart.

Stage one: Rib cartilage is harvested, carved and wired together with stainless steel wire to produce the underlying auricular structure which is inserted into a subcutaneous pocket made at the site of the auricle by reshaping the available tissue and thinning the skin to mimic auricular skin. Gentle suction is applied to enable the skin and the ear structure to come together.

Stage two: The reconstructed auricle is lifted into the correct position so that it projects from the head with a piece of cartilage behind it for support. A flap of tissue and a skin graft is then taken to cover the exposed cartilage.

The symmetry, size and projection of the auricle, the adequacy of the temporoauricular sulcus and the contour of the different parts of the reconstructed auricle are key points to consider when assessing the final outcome and a custom-made splint can be used to maintain the temporoauricular sulcus and prevent the loss of projection.

Auricular splints should be straightforward to fit and remove, self-retaining, lightweight, inconspicuous and fabricated from a material that is inert and non-toxic (no local tissue or allergic reactions, graft loss or necrosis), soft to avoid pressure sores, non-absorbent and non-adherent, sufficiently rigid for auricular support and to avoid rupture but sufficiently elastic to allow for fitting and removal. Ethylene-vinyl acetate satisfies these requirements.

This presentation offers a comprehensive step-by-step guide for constructing custom-made ethylene-vinyl acetate splints for patients who have undergone second stage auricular reconstruction surgery.



BIOGRAPHY

Catherine Razzi is an assistant professor at Gwynedd Mercy University. She teaches undergraduate nursing courses across the curriculum, including health assessment and genomics in nursing. Her research interests include issues affecting students, service learning,

interprofessional education, transition to practice, novice nurses, and healthy work environments. She has presented and published on her incivility project, which was completed to fulfill requirements for her D.N.P. at The University of Alabama in Huntsville.

Catherine C. Razzi

Frances M. Maguire School of Nursing and Health Professions, Gwynedd Mercy University, USA

Implementing Cognitive Rehearsal Training to nursing students to foster professional development

Purpose: The culture of nursing has made it a common practice that new nurses should undergo an initiation into the profession. This is almost as a new sorority or fraternity recruit undergoes hazing to “toughen them up”. Incorporating incivility education into nursing education will demonstrate that patients, as well as nurses are being harmed as an outcome of this so called initiation. Students will be taught how to respond to uncivil behavior in a professional manner.

Introduction: Cognitive rehearsal is an evidence-based technique promoting effective communication, delivering a message to the perpetrator that uncivil behavior is not acceptable. Similar techniques are taught in behavioral health. It involves addressing the uncivil behavior immediately when it occurs. Teaching nursing students to use this trained, common language can empower them to react in a positive manner; thereby decreasing the incidence of incivility.

This will, hypothetically, encourage a change in behavior and an improved work environment.

Methodology/Implementation: An educational module was developed to increase the awareness of nursing incivility and to train the students to respond to incivility using cognitive rehearsal. Prior to the training, there is discussion related to what constitutes bullying or incivility. Without a clear understanding, some may not perceive incivility correctly. There are three parts to cognitive rehearsal: the first is instruction on the method; next, the students are taught common language, verbal responses to use when encountering uncivil behavior or language; finally, the students practice using the cognitive training to reinforce the content. The students are given cue cards with scripted responses to uncivil behavior. They then have time for role playing to practice using the scripted responses.

To ensure all students benefit from this training, this module was added to an existing, required course, Contemporary Issues in Professional Nursing. The placement of this course is the second semester of junior year.

Evaluation / Results: Verbal feedback to the training module was positive. The students verbally affirmed that the topic was relevant to their profession and enjoyed the practice session. Currently the university uses The IDEA Student Ratings system for collecting course feedback. While feedback was positive, it is recommended that specific questions be added to target the assessment of the incivility module.

This education and training is being done at the end of junior year. It is recommended that the content be reinforced throughout senior year, to help the students make a smoother transition to practice. A suggestion is that the the topic of

incivility be incorporated into a required simulation in the senior year. Including other allied health disciplines from the is another recommendation that would encourage collaboration and foster interprofessional communication. It is also recommended that data be collected from graduated students, assessing their perception of the usefulness of the training.

Conclusions / Recommendations: Effective communication is an essential leadership skill that helps influence changes in group behavior. Incorporating these communication techniques into the nursing curriculum can better prepare students for the transition to becoming professional nurses. Collaboration is a method that will foster intraprofessional communication and engage participants in all areas of nursing education, leadership, and practice. This will lead to change and empower nurses to influence and stop disruptive behavior in the workplace.



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

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 persons 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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June 21-22
2021

Scientific Abstracts
Day 1

FUTURE OF NURSING 2021



Decision making dependency model for nurse managers

C. Chisengantambu Winters¹ and G. Robinson²

¹School of Nursing, Midwifery and Paramedicine NSW/ACT, Australian Catholic University, Australia

²Department of Geography, School of Social Sciences, University of Adelaide, Australia

Abstract Aim: To highlight considerations that underpin decision making and their scope and relevance to the role of nurse managers.

Background: Decision making and problem solving for nurse managers is pivotal to their clinical and administrative activities, roles and responsibilities. Nurse managers hold a middle level management role within health facilities and are the go-to people within the clinical setting. The decisions they make determine how nursing care activities are carried out, and as such, their role is pivotal and crucial to performance of day-to-day activities within this setting. However, many factors need to be considered when making decisions which are not without their challenges and complexities.

Method: A phenomenological study was carried out to explore and understand decision-making by nurse managers. Using purposive and random sampling approaches seventeen (15) rural nurse managers were identified. Structured interviews, observation and document reviews were used to collect

data. Thematic content analysis of interviews employing NVivo software was used to identify the main themes.

Findings: The research identified eight factors that were the main elements for effective decision making. These were further developed and combined to create the Dependency Model.

Conclusions: Various factors underpin the processes of decision-making. Applying the elements of the Dependency Model could improve how decisions are carried out and impact on the efficiency and effectiveness of the decisions made by nurse managers. This paper contributes to the understanding of not only the processes and stages of decision making but also the considerations that underlie decision making. Application of the Dependency Model has the potential to show how decisions are made and can contribute to the development of new paradigms and processes aimed at developing the managerial functioning capacity of nurse managers in their decision-making skills.

Biography

Dr. Christine Chisengantambu Winters is nurse lecturer at Australian Catholic University in Australia with many years of both academic and clinical nursing.



Nursing fatigue and risk management in Jordan: Gender expectations and experiences

Mahmoud Al-Masaeed

*School of Nursing and Midwifery, Faculty of Health and Medicine,
University of Newcastle, Australia*

Study Aim: The study aimed at investigating the level and the types of fatigue among Jordanian nurses. Two fatigue assessment tools, the OFER15 and the FAS tools were adopted to analyse the levels and prevalence of five types of fatigue. The fatigue types analyzed included chronic, acute, and inter-shift (OFER 15) and the physical and mental (FAS) types, respectively. Of critical importance was an evaluation of the impact of gender on Jordanian nurses fatigue levels.

Methodology: A quantitative study analysis was developed. This included a closed-ended questionnaire. The questionnaire was published on Redcap and distributed to potential respondents. A simple random sampling strategy was used to access a minimum 350 respondents from the KAUH and the JUH sites, respectively. The target population base was targeted through flyers sent out to the hospitals administration and the nursing in-

charge officer in each of the hospitals.

Findings: The study demonstrated a high fatigue level prevalence among Jordanian nurses. All five types of fatigue had an average mean value above the median value 3, indicating a high prevalence rate. On OFER 15 analysis, the study demonstrated that (i) chronic fatigue was correlated to age and number of dependents, (ii) Acute fatigue to gender and marital status, (iii) Inter-shift fatigue to age, gender and educational levels, (iv) physical fatigue to age, years of experience, weekly working hours, monthly income and working in the shift BC. Finally, (v) mental fatigue correlates to age, working years' experience, employment status, and monthly income levels, respectively.

Conclusion: The study concludes a high level of fatigue among Jordanian nurses and the need to create individual and hospital/management based mitigation strategies.



Application of machine learning for essential medicines demand forecasting in Rwanda: A random forest model

Francois Mbonyinshuti^{1,2}, Joseph Nkurunziza³,
Japhet Niyobuhungiro⁴ and Egide Kayitare⁵

¹University of Rwanda, African Center of Excellence in Data Science, Rwanda

²Ministry of Health, Human Resource for Health Secretariat, Rwanda

³University of Rwanda, College of Business and Economics, Rwanda

⁴National Council for Science and Technology (NCST), Rwanda

⁵University of Rwanda, College of Medicine and Health Sciences, Rwanda

With today's worldwide trends, the healthcare sector is undergoing a tremendous data revolution, which is resulting in the application of artificial intelligence and predictive analytics to improve health outcomes and performance. Although Rwanda has ensured that its residents have access to health services and affordable medicines, the purpose of this study was to investigate the use of machine learning applications to improve demand forecasting accuracy for optimizing the availability of essential medicines.

Using consumption data from 2015 to 2019, the dataset had more than 500 items. The top eight (8) essential medicines most commonly used were selected based on a series of data pre-processing tasks. They are: Cotrimoxazole 480 mg, Amoxicillin 250mg, Paracetamol 500 mg, O.R.S Sachet 20.5g, Chlorpheniramine 4 mg, Nevirapine 200mg, Aminophylline 100mg, Artemeter 20mg + Lumefantrine 120mg, Cromoglycate opt 2%, and Iodine Polyvidone 10% 200ml.

The next table presents the summary statistics of drugs consumption in quantity on both train and test dataset. On train set we had 149,740 observations, with mean of 834.15 for quantity of drugs consumed. With test set we had 39,966 observations, with mean of 868.95 for quantity of drugs consumed. According to the following figure, the random Forest model performed well as a forecasting model. As the model were able to predict data accurately at 88% percent on train dataset and at 76% percent on test dataset, it can be used for forecasting the future trend of essential medicines demand based on past consumption. Last of all, predictive modeling can be branded as the birthplace for strategic and planning efforts in health supply chain. The study ended up with a proposal of option to improve the forecasting process and accuracy for optimizing the availability of essential medicines.

Table 1: Summary statistics of Quantity of drugs consumed for a Train and test set.

Set	Variable	Count	Mean	Standard dev.	Median	Min	Max
Train	Amount	149740	834.15	1076.45	292	14	4335
	Total Amount	14321	18871.056	24143.68	6515	14	153839
Test	Amount	39966	868.95	1110.27	281	14	4335
	Total Amount	3502.00	9841.05	10307.60	5564.00	14.0	53952.00

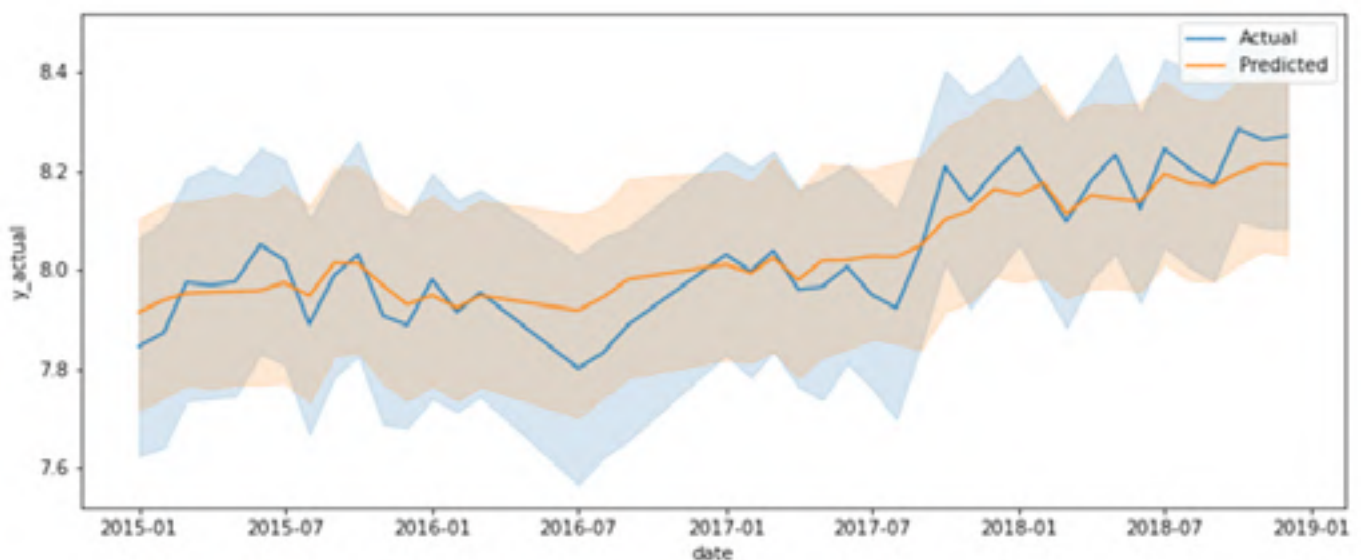


Figure 1: Random Forest Model

Biography

Mr. François MBONYINSHUTI is currently for Rwanda Ministry of Health as Health Academic Partnership and Resource Mobilization Specialist for Human Resource for Health Secretariat (HRHS) since October 2020. He has also served the Ministry of Health (Rwanda) as Director of Kirehe District Pharmacy from October, 2010. Mr. François has a Bachelor's Degree of Pharmacy from the University of Rwanda with 2 Master's degrees obtained as a result of an intensive academic work, a MSc. in Global Health Delivery from University of Global Health Equity (2015 - 2017) and a MSc. in Procurement and Supplies Management from Mount Kenya University (2014 - 2017). Currently, Mr. Francois is a PhD Candidate in Data Science at the University of Rwanda, African Center of Excellence in Data Science (ACE-DS) with a PhD Project entitled "Application of Machine Learning Approach in Digital Supply Chain for Optimizing the Availability of Essential Medicines in Rwanda".



Using electronic software for nursing documentation in nursing students

R. Sabetsarvestani¹, K. Ranjbar²,
and Z. Hadian shirazi³

¹Necmettin Erbakan University, Turkey

²Fasa University of Medical Sciences, Iran

³Shiraz University of Medical Sciences, Iran

Aim: Nowadays with increasing nursing care, the quantities of its documents are increasing. To manage these large amounts of data, computers have become prevalent in documentations. So, this study aimed to assess the effect of using electronic software on nursing documentation in students.

Method: It was a quasi-experimental study. The study population was composed of 80 nursing students who were randomly divided into two groups. The software of nursing documentation was designed based on the Nursing Process Model (NPM). Students in the experimental group received theoretical and practical training. The control group attended a one-day course about NPM. A questionnaire was used to assess students' satisfaction in nursing documentation. The data were

analysed using SPSS software. The standard and comprehensiveness of documentation were analysed using the summative content analysis with MaxQDA software. TREND statement was followed for reporting.

Result: The analysis showed that the mean scores of satisfaction in both groups increased significantly ($p < .050$). Furthermore, the result of the summative content analysis showed that the comprehensiveness and the standard of nursing documentations increased significantly in the experimental group ($p < .05$).

Conclusion: The findings confirmed the usefulness of electronic software in improving the standard and comprehensiveness of nursing documentation and the students' satisfaction.

Biography

I am an assistance professor of nursing working as a faculty member in Necmettin Erbakan University, Konya, Turkey. I graduated from Shiraz University of Medical Sciences, Iran in 2014. I have more than 7 years' experience in nursing education and teaching. I wrote 7 books and published more than 25 articles in international journals.



Making of a great Filipino nurse educator

J. Gutierrez

*University of Tabuk, Kingdom of Saudi Arabia
St. Paul University Manila, Philippines*

The research study aimed to identify the defining characteristics of a great Filipino nurse educator which have provided input in developing a theoretical model of a great Filipino Nurse Educator. The research is a qualitative study which employed a grounded theory methodology which refer to a set of systematic inductive methods for conducting qualitative research aimed toward theory development (Charmaz, 2015 & Strauss, 1997). The following findings generated 26 categories and 9 themes from the responses of 53 nursing students and professionals. Findings revealed that the great Filipino nurse educator is defined to be a world-class nurse educator who is highly qualified (kwalipikado) from having education, experience, physical and mental fitness and being a lifelong learner. He is competent (natatanging kakayahan) in teaching, leadership and managerial roles, engages in research and accreditation. He possesses caring (Mapagmahal) behaviors that is shown through communication,

passion, compassion, commitment, inspiration and empowerment, transcendence, nurturing and belief in his student's capabilities. She is equipped with well-rounded personality (Mabuting Pagkatao) comprising of positive traits, versatility, resilience and sense of humor. She is spiritual (maka-Diyos), patriotic (maka-Bayan), a role-model and catalyst agent. The road to greatness of a Filipino nurse educators is all attuned with the strongest core of being spiritual and patriotic which make it very Filipino which demarcates a great Filipino nurse educator from what is not. Each characteristic is significant because all are important in describing what a great Filipino nurse educator is. One characteristic cannot be absent nor removed for it will not decipher the puzzle of what completes the defining characteristics of a great Filipino nurse educator. Total greatness is not an end product, it is an ongoing, deliberative process. Teacher's greatness is a lifelong pursuit. Greatness is the result of many factors.

Biography

Jesusa V. Gutierrez was born in Apalit, Pampanga, Philippines; married to Mr. Roberto Gutierrez and blessed with two children. She graduated Bachelor of Science in Nursing and has worked in different fields of nursing. Nine years after BSN graduation, she finished her Master's degree and PhD in Nursing Education and worked as an educator for 18 years. Currently she is working in KSA, Department of Nursing as a lecturer. She serves in different committees serving as a Class Adviser, Research Adviser, Vice-Chairman for Laboratory Management & Instrumentation Committee, Coordinator, Year 3 and 4 courses, Quality & Accreditation Committee – Teaching, Course coordinator of Maternity, Leadership & Management, Medical-Surgical Nursing courses, Member of Internship Committee, Member- Clinical Training Committee and Community extension Services. She has been assigned in supervisory positions. She was a Reviewer for Philippine Nurses Licensure Examination. She has certificates on Research Ethic, Basic Life Support and Simulation and Debriefing. She has written several modules and manuals for student nurses.

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, UK

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.



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..



Approaches of public health nurses to the health of migrant men

M. Korkmaz and I Aydin Avci
Ondokuz Mayıs University, Turkey

Millions of people migrate to a country other than the country where they live and generally migrate to live a better life and become an immigrant every year in the world. Individuals experiencing migration are exposed to social and economic risks and health risks of migration. This exposure adversely affects the lives of migrants in the country of residence.

The working conditions of the individuals constitute the working life of the individuals in order to sustain their lives and obtain a certain economic income. Working life is one of the important indicators that determine the health level of the individual. Male migrants, one of the disadvantaged groups in the country they live in, work in unskilled and environmentally unprofessional workers due to communication

problems, discrimination and other migrants, and these jobs are often dangerous and temporary jobs that local workers do not want to work with. Access to a job is limited in more qualified positions. Migrant men experience difficulties in finding suitable jobs and work at low costs.

The country which immigrant males' work and migration policies are the main reasons why migrant men cannot use health care services and social services adequately. Nurses, who are among the most effective health professionals in the provision of health care services, should be aware of the health risks of the working life of male immigrants and should take these risks into account for the interventions of migrant men.

Biography

Mehmet Korkmaz obtained his BSc in Department of Nursing. He subsequently obtained his Msc in Department of Public Health Nursing from Ondokuz Mayıs University. During BSc, He has training and studied in the Barcelona Autònoma University Barcelona /Spain. He worked as a nurse several years. Mehmet KORKMAZ is currently an lecturer the department of Health Science Faculty at Ondokuz Mayıs University. His research interests include Immigrant Health, Men Health, Nursing Education, Cultural Competency of Nurse and Public Health Nursing.



Consortium on Vulnerability to Externalizing Disorders and Addictions (cVEDA): A developmental cohort study protocol

R.K. Lenin Singh

Regional Institute of Medical Sciences, RIMS, India

Background: Low and middle-income countries like India with a large youth population experience a different environment from that of high-income countries. The Consortium on Vulnerability to Externalizing Disorders and Addictions (cVEDA), based in India, aims to examine environmental influences on genomic variations, neurodevelopmental trajectories and vulnerability to psychopathology, with a focus on externalizing disorders.

Methods: cVEDA is a longitudinal cohort study, with planned missingness design for yearly follow-up. Participants have been recruited from multi-site tertiary care mental health settings, local communities, schools and colleges. 10,000 individuals between 6 and 23 years of age, of all genders, representing five geographically, ethnically, and socio-culturally distinct regions in India, and exposures to variations in early life adversity (psychosocial, nutritional, toxic exposures, slum-habitats, socio-political conflicts, urban/rural living, mental illness in the family) have been assessed using age-

appropriate instruments to capture socio-demographic information, temperament, environmental exposures, parenting, psychiatric morbidity, and neuropsychological functioning. Blood/saliva and urine samples have been collected for genetic, epigenetic and toxicological (heavy metals, volatile organic compounds) studies. Structural (T1, T2, DTI) and functional (resting state fMRI) MRI brain scans have been performed on approximately 15% of the individuals. All data and biological samples are maintained in a databank and biobank, respectively.

Discussion: The cVEDA has established the largest neurodevelopmental database in India, comparable to global datasets, with detailed environmental characterization. This should permit identification of environmental and genetic vulnerabilities to psychopathology within a developmental framework. Neuroimaging and neuropsychological data from this study are already yielding insights on brain growth and maturation patterns.

Biography

Dr. R.K. Lenin Singh now serves as a Professor and Head in Department of Psychiatry, RIMS (Regional Institute of Medical Sciences), Imphal, Manipur. He received his MD (Doctor of Medicine) in Psychiatry from AIIMS (All India Institute of Medical Sciences), New Delhi, India, and was awarded his Ph.D. (Doctor of Philosophy) Degree by Department of Anthropology, Manipur University. He has been serving as Post Graduate Teacher and Guide for more than 13 years and been serving as the P.G. Psychiatry Examiner for various universities and medical institutes in the country. He has published more than 38 (thirty-eight) scientific articles on national and international journals and presented papers in National and International Conferences.



Laboratory quality improvement in Rwanda: A need for system approach

**V. Rusanganwa^{1,3}, A.-K. Hurtig²
and M. Evander²**

¹Department of Clinical Microbiology, Umeå University, Sweden

²Department of Epidemiology and Global Health, Umeå University, Sweden

³College of Medicine and Health sciences, University of Rwanda, Rwanda

Background: To ensure the quality of healthcare, a responsive health system is paramount. This is not only encompassing health systems components but ensuring their synergy to deliver quality services. The quality of healthcare is an outcome of quality institutional culture supported by core values such as ownership and spirit of belonging. These values are conveyed by leadership through policies and strategies. Clinical laboratories are vital in health systems and quality healthcare. Reliable laboratory test results are key in guiding decision making for effective prevention, control, and surveillance of diseases, and patients' management. Our research aimed to evaluate laboratory quality improvement in Rwanda.

Methods: A mix-method study combined five clinical referral laboratories' evaluation using WHO checklist and 20 key laboratory personnel informants' interviews in 2017 and 2018 in Rwanda. Laboratories were scored based on the WHO accreditation 0-5 stars scale and compared to earlier audits from 2010, 2011 and 2012. Twenty key informants' interviews were

analysed using inductive thematic analysis.

Results: Our study showed that one laboratory progressed (from 4 to 5 stars). Four out of five laboratories decreased, to 1 (three laboratories) and 0 (one laboratory) stars from 4 and 3 stars. Insufficient coordination and follow-up system explained the decrease in performance. Personnel's perspectives revealed that inadequate resource optimization, lack of regular assessments, ownership of laboratory workforce, continuous quality improvement (CQI) contributed to low performance.

Conclusion: The coordination, follow-up, and laboratory assessments in conjunction with laboratory workforce training would establish institutional CQI culture towards accreditation and sustainment of quality healthcare. To achieve CQI culture, routine gap-checking for improvement using a system approach would be needed. The role of leadership coordination, oversight and monitoring is capital. The study showed also the role of leadership to coordinate towards quality improvement.



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Biography

Dr. Vincent Rusanganwa is a public health physician with experience in designing, implementing and monitoring and evaluation of health systems strengthening strategies aiming at improving population health outcomes. With his 20 years of service throughout Rwandan health sector, Vincent implemented and coordinated different strategic health interventions from primary to tertiary healthcare and at policy level. Vincent participated in designing, piloting and scale up various health system reforms and interventions such Community based health insurance, Performance based financing and Human Resource for Health among others. He managed health services at District and community level. He participated in different health system research projects in Rwanda. Vincent participated in development and evaluation of sector strategies and policies. He coordinates research and health professional education in Rwandan. He recently run a research project on quality of clinical referral laboratories in Rwanda where the laboratory quality systems have been studied. .



Did the pandemic influence nursing education?

Elsa Vitale


Centre of Mental Health, Modugno, Local Health Company Bari, Italy

Background: Since December 2019, a new infectious disease known as Coronavirus disease (Covid-19) has rapidly spread globally until it has been declared a pandemic by the World Health Organization. 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. The present study aims to investigate how the Covid-19 pandemic condition influenced the psychological well-being of the Italian nursing students.

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.



Effect of a nurse-led, patient-centered gratitude intervention on the patient experience

Cathleen Lindauer, Karen Gabel Speroni, Kim Godinez,
Taylor Lurz, Rossana Oakley and April Zakes

Johns Hopkins Bayview Medical Center, USA

Objective: Researchers evaluated patient perceptions of a nurse-led gratitude intervention and identified actionable items intended to improve patient hospitalization experiences.

Scope: Gratitude, that feeling of thankfulness and appreciation, is a helpful form of self-care. While there is a growing body of research demonstrating the positive effects of gratitude and caring interventions on the health and well-being of patients, gratitude interventions are not common for hospitalized patients.

Methodology: This prospective pilot study was conducted on two adult medical units (36-bed each) in Maryland. Eligible patients were expected to be hospitalized on the units for 72 hours, completing the two intervention questions twice daily up to 6-shifts. Questions are "What is working well for you during this hospitalization, or what you are generally thankful/grateful for in life" and "how your nurse and/or other healthcare team member might be able to improve your experience." In addition,

nurses recorded experience-related actions that interprofessional teams could implement based on patients' feedback.

Results: On average, patients (N=91) perceived the nurse-led gratitude intervention was helpful (4.2) (1=very unhelpful, 5=very helpful) and improved overall hospitalization experience. A total of 175 actions were identified over 285 evaluation time points (average of 3.4 per patient). The most frequent action required or to be taken was collaborating with interprofessional team members (n = 50 [28.6%]) and providing general care. Discussion: In this nurse-led gratitude intervention study, RNs successfully engaged patients in a more personalized manner resulting in improved perceptions of the hospitalization. RNs caring for patients receiving the gratitude intervention noted they were thankful for being able to help patients and that it is helpful to know patients are appreciative. Research is warranted on holistic approaches for RNs and interprofessional teams to help patients during their hospitalization.

Biography

Dr. Lindauer is currently practicing as a Nursing Practice Specialist in the nursing practice and interprofessional education department, focusing on evidence-based practice and research. She is an experienced researcher with multiple publications to her name. She serves as the Nurse Inquiry Council chair and mentors other nurses in developing their studies. In addition, Dr. Lindauer is a doctor of nursing practice with expertise in reporting workplace violence in the emergency department.



Implementing a nursing professional model to improve staff nurse engagement and teamwork

L. Sohal

Kaiser Permanente, Sacramento Medical Center, USA

Several studies have examined the role of the nurse and reveal that job-related stress may impact engagement and teamwork (Garrosa et al., 2010). Evidence suggests a direct correlation between high levels of staff engagement and teamwork improves quality outcomes for the organization.

This evidence-based change of practice project was to apply the elements of a professional practice model on a 48-bed medical-surgical-telemetry unit at a tertiary medical center to measure the effects of nurse engagement and teamwork.

Using a pre-test, post-test design, nursing staff on the telemetry unit were enculturated with a professional practice model along with its six core values and defined lean principles. Interventions consisted of a workshop, post workshop meetings, development of a visual board, and enhancement of an existing unit-based team known as Creating Lasting Change (CLC) to drive change on the unit.

Measures chosen to study the intervention's processes and outcomes targeted: Nursing knowledge regarding a professional practice

model, b) staff engagement, c) intent to stay with the organization, d) culture of teamwork, and e) improvement in the quality metric of patient falls.

The findings are as follows:

- Nurses had a clearer understanding of the professional practice model (increased by 33%)
- Improved engagement on the interventional unit (improved by 4%)
- Intent to stay within the organization (increased by 11%)
- An improved culture of teamwork (improved by 9%)
- Decreased falls from a total of 4 to zero during the last three months of the project (June-August 2018).

The purpose of implementing and enculturating the elements of a professional practice model demonstrated the intent to get to the hearts and minds of nurses and create an environment in which nurses are engaged, and a culture of teamwork exists.

Biography

Janet Sohal has been in nursing for over 40 years. Her clinical experiences have been in the ICU's and step-down units. She joined the nationally acclaimed patient centered care program – Planetree and worked for the organization for several years. Janet moved into a staff developer role at Santa Clara Valley Medical Center, and then joined Kaiser Permanente Sacramento Medical Center. During her tenure at Kaiser Permanente she has been in the role as the Director of Performance Improvement, Care Experience Leader role, Director of Leadership Development and Learning, and currently serves as the Director of Clinical Education, Practice, and Informatics. Janet has a BSN from the University of Phoenix, an MSN from Dominican Hills State University in Southern California, and a Doctor of Nursing Practice in Executive Leadership from University of San Francisco. She serves as adjunct faculty at University of Phoenix, is a Caritas Coach and is Heartmath certified.

Rapid system review score-A tool to measure predictive interventions in patients admitted to the post anesthesia care unit

S. Ramarapu and R. Cook

Veterans Affairs Healthcare System, USA

Objective: The Rapid System Review (RSR) score was developed to predict the number of Postanesthesia Care Unit (PACU) interventions. We hypothesized that if RSR score was 0, no PACU interventions were expected. However, as the RSR score increased, the number of PACU interventions would also increase.

Scope: The main reason for doing this study was to develop a simple scoring system (RSR score) which was highly predictive of possible interventions needed in PACU, which in turn may help (1) fast-track controlled pain medications, (2) avoid delays at point-of-care pharmacy stations, (3) anticipate need for appropriate staffing, and (4) develop an algorithm for smooth functioning of PACU nurses.

Design: Observational clinical study.

Methods: The RSR score was tabulated as 0 to 3, 4 to 6, 7 to 9, 10 to 12, and 13 to 15. The corresponding number of PACU interventions was expected to be 1 to 3, 4 to 6, 7 to 9, 10 to 12, and 13 to 15.

Results: The Pearson correlation coefficient comparing RSR score and PACU interventions was 0.9 ($P < 0.0001$). The result was statistically significant.

Conclusions: These results suggest that as RSR score changes, the number of interventions

would also alter proportionally. This study clearly demonstrated that a cumulative assessment of patients' preoperative baseline health, preexisting comorbidities, complexity of surgery, and anesthesia, as well as clinical condition of the patient upon admission to PACU, plays a crucial role in predicting the total number of PACU interventions. An individual component of this chain of assessment cannot precisely summarize the patients PACU needs.

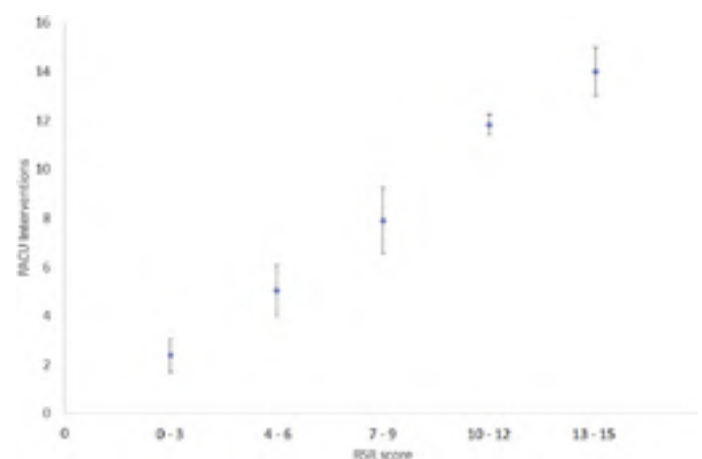


Figure 1. Relationship between RSR score and PACU interventions. The RSR score was tabulated as 0 to 3, 4 to 6, 7 to 9, 10 to 12, and 13 to 15. The corresponding mean (\pm standard deviation [SD]) of PACU interventions were 2.39 (± 0.69), 5.03 (± 1.05), 7.90 (± 1.21), 11.83 (± 0.41), and 14.00 (± 1.00), respectively. Pearson correlation coefficient $R^2 = 0.9$ ($P < 0.0001$). The result was statistically significant at $P < 0.05$.

RSR, Rapid System Review; PACU, Postanesthesia care unit.

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Table 1. Rapid System Review Score Calculating Chart

Preop Score	P	Comorbidity Score	P	Surgery Score	P	PACU Score	P
Awake	1	Confused	1	Surface	1	Awake	0
Airway patent	1	Sleepy	1	Videoscope	2	Sleepy	1
Resp. rate 10-20/min	1	Agitated	1	Open	3	Agitated	2
Heart rate 50-100/min	1	Unresponsive	2	Duration <1 hr.	1	Unresponsive	3
SBP 100-160 mmHg	1	Obesity	1	Duration 1-2 hrs.	2	Airway patent	0
SpO ₂ 97%-100%	1	OSA	1	Duration >2 to 4 hrs.	3	Oral, nasal airway	1
No pain	1	CPAP	1	Duration >4 hrs.	4	LMA	2
No nausea/vomiting	1	ETT	2	Anesthesia MAC	1	ETT	3
No neurological disease	1	Smoking	1	Regional	1	Resp. rate 10-20/min	0
No diabetes mellitus	1	Copd, asthma	1	Epidural/spinal anesthesia	2	Resp. rate <10 or >20/min	1
Body temp. 36-37° C	1	CHF	1	General anesthesia	3	Diff. breathing, bronchospasm	1
Total		Atrial fibrillation	1	Vasoactive medication 1	1	Heart rate 50-100/min	0
		CIED	1	Vasoactive medications 2	2	Heart rate <50 or >100/min	1
		Valvular disease	1	Vasoactive medications 3	3	SBP 100-160mmHg	0
		Oxygen	1	Vasoactive medications 4	4	SBP <100 or >160 mmHg	1
		Alcohol	1	CVP monitoring	1	SpO ₂ 97-100%	0
		Substance abuse	1	Invasive art. Monitoring	1	SpO ₂ <97%	1
		Cirrhosis	1	Total	No pain	0	
		PONV	1		Pain [+]	1	
		GERD	1		No N/V	0	
		Motion sick.	1		N/V [+]	1	
		Vertigo	1		No new neurological disease	0	
		Seizure	1		Seizure, stroke, new deficit	1	
		Stroke	1		No DM or BG 70-200 mg/dl	0	
		Renal disease	1		BG <70 or >200 mg/dl	1	
		Sepsis	1		Body temp. 36-37° C	0	
	Hemodialysis	2	Body temp <36 or >37° C		1		
	Total		Total				

P, points; Resp, respiration; SBP, systolic blood pressure; SpO₂, hemoglobin oxygen saturation; OSA, obstructive sleep apnea; CPAP, continuous positive airway pressure; ETT, endotracheal tube; COPD, chronic obstructive pulmonary disease; CHF, congestive heart failure; CIED, cardiac implantable electronic device; PONV, postoperative nausea and vomiting; GERD, gastroesophageal reflux disease; sick, sickness; MAC, monitored anesthesia care; CVP, central venous pressure; art, arterial pressure; PACU, Postanesthesia care unit; Diff, difficulty; N/V, nausea/vomiting; DM, diabetes mellitus; BG, blood glucose.



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Biography

I am a Board-Certified Anesthesiologist with secondary Board Certification in Transesophageal Echocardiography. I did fellowship in Cardiothoracic Anesthesia and Critical Care. I joined University of Oklahoma School of Medicine in 2007. I enjoyed working in all areas of anesthesia practice. My leadership contributions in the department include Acting Chief of Anesthesia service, Site Director for Residency Program, Director of Cardiothoracic Anesthesia service, Mentor in Anesthesia Simulation Center, and Telemedicine consultation. I facilitated several quality improvement projects. My expertise in cardiothoracic anesthesia gave an opportunity to Chair an External Peer Review Committee. Prior to joining OU College of Medicine, I served as faculty at the Washington University School of Medicine, St. Louis, Missouri, where I worked as Instructor of Cardiothoracic and Organ Transplant Anesthesia. My research study and innovative ideas to manage complex cardiopulmonary transplant cases bagged awards at regional conferences. I also served as a reviewer for numerous peer-reviewed journals.

Bereavement needs of critical care nurses a qualitative study

Taline Omran and Annette M. (Browning) Callis
Vanguard University, USA

Background/Introduction: Bereavement and grief in critical care nurses remain an under studied phenomenon. As a way of self-protection, nurses may compartmentalize their own feelings and need assistance and support in processing feelings of bereavement. Nurses spend much of their time caring for patients and their family members, while guiding them through the dying process, however they may not take adequate time to address their own bereavement needs.

Objective/Aims: To explore the bereavement needs of critical care nurses after experiencing the expected or unexpected death of a patient. From their lived experiences, gain insight as to how nurses perceive, process and cope with the death of a patient.

Methodology: A qualitative, phenomenological focus group was conducted with critical care nurses (N = 10) after gaining Internal Review Board (IRB) approval. The group discussion

was audio-recorded and transcribed. Content analysis was performed to identify common themes.

Results: Seven themes emerged a) Emotional Distress, leading to compassion fatigue, burnout, moral distress, b) Empathy, c) Resurfacing Personal Loss leading to secondary traumatic stress in the workplace, d) Unrealistic Expectations placed on the nurse, e) Detachment leading to compartmentalization, f) Lack of Formal Education, and g) Selfcare and Available Resources. (See Table 1 and 2)

Discussion/Conclusion: More education for nurses in undergraduate and continuing education programs is needed to assist nurses in the bereavement process. More interventional studies are needed to explore programs of nurses' selfcare both in the workplace and in nurses' personal lives to more effectively support their emotional needs.

Biography

Taline Omran, Vanguard University; MSN, Point Loma Nazarene University; BSN, PHN (Public Health Nursing). Certifications and Competencies include: BLS, ACLS, NIH stroke certification. Relief charge nurse, sepsis nurse, rapid response nurse. She has passionately been working in critical care nursing for 15 years. Her love of nursing has allowed her to travel all over the world participating in humanitarian relief aid. The topic for this article was prompted by witnessing coworkers having a difficult time processing and coping with personal and work-related losses.

Annette M. (Browning) Callis, PhD, Tenured Professor and MSN program coordinator at Vanguard University. Ph.D., University of San Diego; MSN, California State University Long Beach. Dr. Callis has several publications on End of Life Care (EOLC) related to advance directives, spiritual beliefs, empowering families in EOLC decisions, moral distress. Empowerment in critical care nurses etc. Her current research focus is on nurse well-being related to Care Programs for nurses, in particular Tea for the Soul.



Caring for our veterans: Civilian nurses' knowledge of the military culture

Augustina Mushale¹ and Debra Bakerjian²

¹Malta Medical Ministry, USA

²Betty Irene Moore School of Nursing at UC Davis, USA

Background: In Fiscal Year (FY) 2019, about \$78M was spent on veteran medical care alone apart from other civilian costs, but some veterans state their health care providers do not understand the military culture, which makes them uncomfortable in seeking care in the private sector.

Methods: A non-experimental cross-sectional study was conducted using a convenience sample of 127 Registered Nurses who completed an electronic survey of the Military Culture Certificate Program (MCCP). The survey tool was made up of two subscales. The Knowledge and Awareness subscale had nine items that measured the knowledge of the military culture while the remaining 17 items evaluated their perceived Confidence in Skills and Abilities in engaging with veterans.

Results: The total overall mean on the Knowledge and Awareness subscale was

4.38/6 representing a modest level of military knowledge. The Confidence in Skills and Abilities subscale also scored at a modest level with overall mean of 81.3/100. Although the nurses demonstrated modest knowledge levels of military culture and confidence skills, there were very low scores in veteran referral to the appropriate resources. Also, there was a statistically significant difference in nurses' level of military exposure and their knowledge of the military culture.

Conclusions: The study site was a large community hospital selected for its proximity to large military installation and the nurses cared for veterans regularly; despite that, they were not confident in making appropriate referrals. It is essential to educate nurses regarding how and where to refer veterans to the appropriate resources. Further studies should expand on this work.

Biography

Augustina Mushale is a retired Air Force Nurse who enlisted into the Air Force in 2002. One of her success stories happened when she signed up to serve our nation. She had no prior military exposure and had to make the tough decision with the support of her husband. In the end, she was glad to make this major life changing decision. She joined the military in November 2002 and was deployed with 386th Air Evacuation Wing in support of Operation Iraqi/Enduring Freedom from May-Sept 2007. After serving as a Medical Technician for 11yrs, she was selected to join the Air Enlisted Commissioning Program (AACP) which allowed her to complete her nursing education program to be commissioned as an officer in the Nurse Corps. She currently works as a triage nurse and an independent consultant. She is a published author who hails from Delta State, Nigeria.



Resilience in stressful events

Cheryl A. Connors

Johns Hopkins Medicine, USA

Background: Nurses frequently experience stressful events. This stress has been exacerbated by the COVID-19 pandemic. A program called RISE (Resilience In Stressful Events) is a model peer-support system designed to help nurses cope with stressful patient-related events and has served as the backbone for support during the COVID-19 pandemic.

Objective: To demonstrate the value of peer support among nurses globally by sharing use of RISE at Johns Hopkins Medicine, perceptions of program benefits, and association of program use with resilience, burnout, and job satisfaction among RISE users and non-users, as well as a potential cost benefit for any organization that adopts a peer support program.

Design: Pre-pandemic distribution of cross-sectional surveys of staff nurses and nurse leaders. Pearson chi-square tests and logistic regressions were used to establish significant differences. A utilization comparison of RISE

services was conducted pre-pandemic to current state of the pandemic. Net monetary benefit and budget impact of having the RISE program were computed to determine cost-benefit to the hospital.

Main Measures: Pre-pandemic burnout, job satisfaction and resilience among nurse users and nurse non-users of RISE. Probabilities of quitting or taking time off with or without the RISE program. Anecdotal evidence, utilization and program expansion was captured among nurses during the pandemic/current state.

Conclusions: The RISE program results in substantial cost-savings to the hospital. Nurses indicated favorable perceptions of using RISE, and its utilization was associated with greater resilience but higher burnout in frontline nurses. Hospitals should be encouraged by these findings to implement institution-wide support programs for staff, based upon an identified gap for this type of service.

Biography

Cheryl Connors is a patient safety specialist for the Johns Hopkins Hospital and the Johns Hopkins Armstrong Institute for Patient Safety and Quality. She is responsible for planning, implementing and evaluating safety programs throughout the hospital. Her primary responsibility is to serve as the director for the RISE (Resiliency In Stressful Events) team which she co-led the development and implementation of. The RISE team currently provides trained peer support for Johns Hopkins Hospital employees who encounter stressful, patient related events.

Connors works with the Comprehensive Unit-based Safety Program (CUSP) teams to promote a culture of sharing and learning from defects, and to work toward meeting safety goals. She also has responsibility for the debriefing of the Safety Culture Assessment Survey house-wide and is faculty for the Team STEPPS training program at AI.



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Connors received her Doctorate in Nursing Practice degree from the University of Alabama in 2019. She has a clinical background in pediatrics, where she developed a passion to improve patient safety. Connors led the Josie King Safety team for several years at Johns Hopkins before advancing her career in nursing leadership. Connors officially became a patient safety specialist in 2012.

Connors has presented on safety topics both nationally and internationally (Qatar, Okinawa, and Saudi Arabia) and has facilitated the education of staff and the establishment of safety teams in the Military Health System. She collaborates with Johns Hopkins' schools of nursing, public health and medicine on teamwork and communication and patient safety programs.



Mental health nursing evaluation form: A patient assessment guide

Hormazábal-Salgado R
University of Talca, Chile

Nursing notes are essential for mental health nursing, and thus they should be included in mental health education for undergraduate nursing students. In clinical settings, it has been observed that fourth-year nursing students commonly omitted critical information from the assessment of mentally ill patients, neglecting their requirements as well as losing valuable learning opportunities. For this reason, an evaluation form has been created and implemented in order to optimise the student's learning opportunities.

The main objectives that motivated the design of this instrument were to support the nursing student's learning process, promote a systematic record of the mental examination, and apply specific descriptors in the assessment

of the patient's mental state.

This evaluation form was designed according to a systematic and standardized registration system, including the main areas that compose mental health assessment.

This cost-effective tool has significantly facilitated the student's learning and training in mental health nursing. During the five-year period in which this instrument has been applied, student records improved in quality, precision, as well as a positive opinion about it from students. Besides, this document has been recently used in the context of distance education and clinical simulation in mental health by assessing patients in simulated situations, with positive outcomes.

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.



Liberating nurses from the EHR: The impact of workstation single sign-on

George A. Gellert

Wellteq Chief Medical Officer, Christus Health, USA

Objective: To quantify the impact of EHR workstation single sign-on (SSO) for nurses.

Background: SSO was implemented in 19 hospitals for expedited EHR access.

Methods: Login duration before and after SSO implementation were compared, and the financial value of nursing time liberated from keyboard was estimated. Stratified analyses show time liberated and financial value by staffing level and system size.

Results: First of shift login was reduced 5.3

seconds (15.3%) and reconnect duration was reduced 20.4 seconds (69.9%). SSO liberated 27,962.4 hours of nursing time from keyboard login per year across 19 facilities, and 1471.7 hours/year/facility, valued at \$52,112/facility and \$990,128 for 19 hospitals. Time value ranges from \$201,835/year for a five-hospital system with 300 nurses per facility to \$672,790/year for a 10-facility system with 500 nurses per hospital. Please see the Table of Results which follows below:

Number of Hospitals	Annual Nurse Hours/Shifts ¹ Liberated from Keyboard per Facility ²	Annual Value of Hours Liberated from Keyboard per Facility ³	Annual Value of Nursing Time Liberated from Keyboard by Number of Nurses and Facilities in Hospital System			
			5	10	25	50
Number of Facility Nurses						
100	380 hours/31 shifts	\$13,455	\$67,275	\$134,550	\$336,375	\$672,750
200	760 hours/63 shifts	\$26,910	\$134,550	\$269,100	\$672,750	\$1,345,500
300	1140 hours/95 shifts	\$40,367	\$201,835	\$403,670	\$1,009,175	\$2,018,350
400	1520 hours/126 shifts	\$53,823	\$269,115	\$538,230	\$1,345,575	\$2,691,150
500	1900 hours/158 shifts	\$67,279	\$336,395	\$672,790	\$1,681,975	\$3,363,950
600	2280 hours/190 shifts	\$80,734	\$403,670	\$807,340	\$2,018,350	\$4,036,700
700	2660 hours/221 shifts	\$94,190	\$470,950	\$941,900	\$2,354,750	\$4,709,500
800	3040 hours/253 shifts	\$107,646	\$538,230	\$1,076,460	\$2,691,150	\$5,382,300
900	3420 hours/285 shifts	\$121,102	\$605,510	\$1,211,020	\$3,027,550	\$6,055,100
1000	3800 hours/316 shifts	\$134,558	\$672,790	\$1,345,580	\$3,363,950	\$6,727,900

Table: Number and Annual Financial Value of SSO Nursing Hours Liberated from Keyboard by Number of Nurses and Number of Facilities



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Conclusions: Nurses gained substantial time liberated from EHR keyboard by SSO for patient care, having significant financial value for the organization, and should be considered in facilities where EHR use is extensive. SSO can potentially increase nurse work satisfaction, clinical workflow, and retention, questions that should be the focus of future impact research.

Biography

George Gellert is a physician executive and epidemiologist focused on using health information technology to improve population health outcomes, with a track record of formulating and executing innovative and transformative organizational strategy. Dr. Gellert served six years as the Associate System and Regional Chief Medical Information Officer (CMIO) of CHRISTUS Health. He served in physician leadership roles within industry (GlaxoSmithKline, WebMD, HCORP, 3M), international health non-profit sector (Project HOPE and the United Nations), and government (Los Angeles and Orange Counties, Departments of Public Health, California). Dr. Gellert has delivered 250+ presentations at national/international health IT, public health and biomedical conferences. He is a peer reviewer for 21 leading biomedical, health care and IT journals, and has over 150 biomedical journal and book publications. Dr. Gellert is a graduate of McGill University's Faculty of Medicine (MD), Yale University's School of Public Health (MPH), and Harvard University's Kennedy School of Government (MPA)..



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;



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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.



Chronic diseases and new epidemiological situation

C. Severi and A. Lucas

Faculty of Nursing, University of Republic, Uruguay

The aim of this presentation is to reflect about challenges of nursing in the new situation of epidemiology environment.

Forty-one million of the annual deaths are due to NCDs, which is 71% of the deaths in the world. Of these, 15 million people died prematurely before 70 years of age. Most of the deaths by NCDs are potentially preventable; they last a long time and generally evolve slowly. The four main kinds of NCD are cardiovascular diseases (CVD) (heart attacks and strokes), cancer, chronic respiratory diseases (chronic obstructive pulmonary disease) and diabetes.

These illnesses are usually associated with the older age groups; 36.6% of all deaths attributed to NCDs occur in people between 30 and 69 years of age. Children, adults, and the

elderly are all vulnerable to the risk factors that produce NCDs.

There are some risk factors who are long time ago are identified in this epidemiological situation: obesity, sedentarism, hypertension, and now in the epidemiological situation of COVID-19, anxiety, sleep disturbance, and other circumstances, aggravating these risk factors.

Nurses have an essential role in all these situations, particularly nowadays. They must promote health behaviors since pregnancy, and in all of vital cycle because they are the most professional in direct contact with people, playing a substantial role in personalizing the identification of factors, promoting good life habits and following-up with particularities of each person.persons.

GLOBAL BURDEN BY WHO REGIONS

ZONE	Desease burden %	Death %	Reference
Europe	77	86	Busset at 2010
Americas	S/D	60-70	PAHO 2011
Eastern Mediterranean	45 (60 by 2020)	54	PAHO 2011
Western Pacific	s/d	80	WHO 2010
Africa	28 (projected 60 by 2020)	35 (projected 60 by 2020)	WHO 2009

Source: Alleyne, G et al. Chronic and con-communicable diseases a critical challenge for nurses globally. International Nursing Review, 58 (3), 328-331.



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Biography

She has a degree in Nutrition from the University of the Republic (Universidad de la República in Spanish, UdelaR) with postgraduate studies in Epidemiology at the Universities of Toronto and London and obtained the PhD. in Biomedical Sciences from the Faculty of Medicine, UdelaR. She is Professor in Scientific methodology in researching at the Postgraduate Unit of the Faculty of Nursing, Professor in the Department of Preventive and Social Medicine of the Faculty of Medicine of UdelaR and visiting professor on other Universities. Member of the National System of Researchers of the Innovation and Research Agency (ANII) of Uruguay.



The moderating role of nurse team and professional tenure in the leadership-psychological safety relationship and resulting voice behavior

S. Rashkovits¹ and E. Unger-Aviram²

¹*Yezreel Valley College, Israel*

²*Sapir Academic College, Israel*

Nurses' voice behavior is essential for patient safety and quality of care. Former studies recognize the importance of the head nurse's leadership for creating the psychological safety needed for demonstrating voice behavior. Additionally, several studies have suggested the importance of team tenure (i.e., the number of years of membership within the team) and professional tenure as potential moderators in the leadership-psychological safety relationship. Team process and emergent states, such as psychological safety, gradually develop overtime. Hence, the longer the exposure of a nurse to the team, and its leadership, the stronger the team leadership – psychological safety relationship.

Furthermore, professional experience serves as a source of status and security. Thus, the psychological safety of more experienced team members may be less susceptible to leadership influences.

Combining the above, the current research examines the moderating role of nurse team and professional tenure in the leadership-psychological safety relationship and resulting voice behavior. We propose that the longer nurse team tenure the stronger the leadership-

psychological safety relationship and resulting voice behavior, whereas professional tenure may attenuate it.

We used validated questionnaires measuring leadership, psychological safety, and voice behavior. A total of 610 nurses from different healthcare settings completed the questionnaires. Control variables included team size, gender, age, education, team affective commitment, and voice efficacy.

We conducted a moderated mediation analyses with two moderators using SPSS PROCESS, which supported the model. Results showed that while team tenure significantly strengthened the leadership-psychological safety relationship, professional tenure significantly weakened it. Furthermore, there was a significant positive contribution of psychological safety to voice behavior. Finally, there were significant indices of partial moderated-mediation effects for team tenure and professional tenure. These results point to the importance of the head nurse's leadership for psychological safety resulting voice behavior, particularly for new nurse team members, and for less experienced nurses

Biography

Sarit Rashkovits has completed her Ph.D from the Technion, Israel Institute of Technology, Faculty of Industrial Engineering and Management, Department of Behavioral Sciences, Organizational Psychology, 2007, and completed her Master's in Haifa University, in Organizational & Vocational Psychology, 1995. She is a Senior Lecturer at the Max Stern Academic College of Yezreel Valley, department of Healthcare Systems Management (graduate and undergraduate programs). Her research interest includes organizational behaviour in healthcare, proactive behaviours, team learning, and leadership, motivational states of empowerment and burnout, and patient safety and quality of care.

Esther Unger-Aviram is a Senior Lecturer of Organizational Psychology, at the Department of Managing Human Resources, Sapir Academic College. She received her PhD in Industrial Psychology from the Technion, The Israel Institute of Technology. Her research focuses mostly on teams: team leadership, motivational & cognitive processes, dynamics, learning, and performance. Her work has been published in Organizational Behavior & Human Decision Processes, Group & Organization Management, European Journal of Work & Organizational Psychology, among others. ORCID ID: 0000-0002-4835-7768.

Based on the game theory to explore the cultivating path of improving the scientific and technological innovation ability of nurses through the coordination of medicine and education

L Shuyun¹ and Q Mensha^{1,2}

¹Department of Science and Education of Wenjiang District People's Hospital of Chengdu, China

²School of Psychology, Chengdu Medical College, China

Background: The ability of science and technology innovation has a great influence on the personal career prospect and the development of nursing career. How to effectively improve the ability of science and technology innovation of nurses? This is a problem faced by both medical schools and hospitals.

Methods: This study intends to analyze the responsibilities and rights of both medical and educational parties in the training, introduction and management of nursing science and technology innovation talents from the perspective of game theory, and explore how medical and educational cooperation can create a "win-win" situation by using the essence of game theory of "interaction" and "balance" thinking.

Interpretation: At present, there is a shortage of nursing science and technology innovation talents in hospitals at all levels, but it is difficult for nursing graduates in medical colleges to find their favorite hospitals due to their lack of scientific and technological innovation ability. There is an asymmetrical value game between hospitals as employers and medical schools that train talents, as well as nursing students, and they may fall into a "prisoner's dilemma" of mutual loss. Both sides should strengthen information communication and exchange; In order to improve the scientific research thinking and scientific innovation ability of nursing students, a dual tutorial system can be established. On the basis of theoretical learning, practical courses oriented by scientific and technological innovation to solve clinical problems can be added.

Biography

Shuyun LIU Professor of Nursing, has published more than 20 academic papers in SCI and core journals such as PLoS ONE and Chinese Journal of Medical Research Management. She has presided a number of scientific research projects of the Provincial Science and Technology Department, the Provincial Health Commission, the Provincial Education Department and the Provincial Medical Association, and participated in three national key research and development projects, such as high technology research and development program (863 Program). It has obtained 26 national patents and 6 scientific and technological achievements awards. As the project leader, she successfully won 14 national, 7 provincial and 8 municipal continuing medical education projects of "improving the scientific and technological innovation ability of medical personnel". Guided other colleagues and successfully applied for 79 projects of continuing medical education as the keynote speaker or host.

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BIOGRAPHY

Kirsten Nielsen is a PhD., MSc. Nursing and senior lecturer at the Baccalaureate Nursing Programme at VIA University College, Denmark. She is also affiliated with the Research Centre for Health and welfare technology. Her PhD thesis was about learning in clinical placements mediated by ePortfolio, and since 2015, her research focus has been learning, nursing education, online international collaboration courses and elderly care. She has participated in research projects about Nursing students' learning

experiences in clinical placements and simulation and the first part of the study about Globally Networked Learning. Besides, she has been project leader on research about when nursing students are ready to expand their learning repertoire, and the second part of the study about Globally Networked Learning. Currently she is project leader on research about nursing students' strategies to take responsibility on their own learning process through the 3½ year Baccalaureate Nursing Programme

K. Nielsen and R. Kontni

VIA University College, Campus Holstebro, Denmark

Learning the impact of culture mediated by online international collaboration in nursing education

Background: As a large group of nursing students are precluded to study culture and nursing abroad, at University Colleges in Canada and Denmark we have created an online international course facilitating collaboration between the students. The course focused on assisting Canadian and Danish students to understand the impact of culture on living with a chronic illness, on development of health systems, and on nursing in the two countries.

The objectives were to facilitate students' understanding of the impact culture in different countries has on health, health systems and nursing, and to investigate the short-term and long-term impact of the international collaboration.

Design: A qualitative study was conducted to investigate the impact and learning outcome of the course as experienced by the students. The data were generated by semi-structured interviews shortly after the course and at the end of the Nursing Programme.

Participants: Six Canadian and nine Danish BScN nursing students were interviewed shortly after the course and eight of the nine Danish BScN nursing students were interviewed again at the end of the Nursing Programme.

Findings: In the first part of the study both Canadian and Danish students responded to have learned about culture, health, health systems, and the global reach of nursing. In the second part of the study, the Danish students experienced that the course had started a learning process, which still had an impact on their approach to the patients and their way of nursing. The course gave rise to a critical view on the health system and nursing and promoted their English language skills, which again encouraged half of the Danish students to study abroad.

Conclusion: The study suggests that online international courses has both a short-term and a long-term impact on the learning process, and it is a promising practice in nursing education.

**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

Marie Ortaliz Center, Inc, USA
New 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 ($r = .27$, $p = .01$), between preceptor training and interpersonal relationship ($r = .21$, $p = .03$), and between preceptor training and teaching ability ($r = .19$, $p = .05$). A correlation was found between academic degree and nursing competence ($r = .37$, $p = .001$). 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.



BIOGRAPHY

Audrey E. Nelson PhD, RN has been engaged with undergraduate and graduate students for more than 50 years. She has assisted students with their academic and licensure exam challenges. Students have indicated their appreciation for her willingness to take time to build their confidence, promote success, and develop critical thinking for health care. Dr. Nelson has served on undergraduate curriculum and promotion/tenure committees. She has served in numerous leadership role at the College of Nursing, University

of Nebraska Medical Center, and alumni CON association. Her research interests include pediatric cancer patients and their families, children with diabetes and their families as well as student critical thinking and academic success. She has been research advisor for 14 MSN students, has more than 50 invited or peer-reviewed podium research presentations and 16 published articles. She received the Albert Nelson Marquis Lifetime Achievement Award in 2020 by Who's Who Marquis organization.

Audrey E. Nelson

University of Nebraska Medical Center College of Nursing, Nebraska Medical Center, USA

Developed technology-based resource to promote students academic success

Students in our Bachelor of Science in Nursing (BSN) programs identify having difficulty applying math and science principles, lacking skills to use acquired knowledge, and how to effectively study for courses. These students practiced memorizing words or developing mnemonic schemes and used word identification for examinations. This is passive learning and does not lead to development of knowledge base for critically thinking.

Aims: The aims of the project were to develop a technology-based resource for students available 24/7 on their own devices and to maximize students learning strategies for academic success.

Methods: Through collaboration with the college's instructional design expert, the Student Exam Success Plan (SESP) with three

modules developed to address study needs, how to effectively read exam questions, and an opportunity to practice reading test questions. The module's design reflected the instructor's presence to establish connection between the students and the instructor and employed conversational voice interspersed with humor to minimize boredom. Additionally, metaphors were utilized to enhance students' visualization as they developed or changed learning strategies. All enrolled students in our BSN programs had access without tuition fees and were informed what technology devices could be used in our institution's learning management system.

Results: During a two-year period, 745 students were enrolled in our BSN programs. In this sample, 540 (73%) students used modules 1 and 2, with variable time for less than 1 hour, 1.5 hours, or greater than 4 hours (range 4-8

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hours). No time was recorded for practice of reading test questions. Still, if students had difficulty with course exams, they could make appointments with the instructor for additional instructions.

Conclusion: The evaluation found that a majority of students wanted to reduce barriers

to academic success. Further examination is needed to identify why students do not participate, what approaches would increase participation, and what alterations in module structure would enhance utilization.

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The health care system needs to act on climate change

Edda Weimann

Technical University Munich, Hospital for Child Health University of Cape Town, South Africa

Several countries have declared a climate emergency with pressing imminent actions to stay well below 2 C temperature increase. Climate change was declared by the Lancet commission and the WHO as the biggest global health care challenge of our century. The healthcare sector worldwide contributes as the 5th biggest emitter to the climate crisis. The next 5 years are crucial to significantly reduce our emissions and slow down the 9 active climate tipping points. International networks such as Healthcare without harm (www.hcwh.org) and the NHS in UK aim to transform the healthcare sector to achieve carbon neutrality within the next 10 years. Health care professionals such as nurses and doctors are main actors to achieve this goal. At the University Hospital in Cape Town as well as in a Bavarian children's hospital we have engaged in an ongoing transformational process of various areas of the hospital according to the figure. We applied a behavioural transformational change management tool kit as well as the repeated PDCA (Plan, do, change, act) cycle. Major action areas are sustainable changes in procurement, energy efficiency, consumption, nutrition, recycling, heating, water consumption and education. As nurses are at the forefront of healthcare delivery they engage as main drivers in the various efforts. We were able to

reduce the CO₂ consumption of the hospital, the energy consumption, introduce recycling, increased awareness through teaching, reduce food waste, introduce a meat free day, and introduced a CO₂ conscious conference and training travel guideline. We received a gold climate leadership award for our effort and results. As a transformational process needs to take place within a short time frame, it is mandatory that each health care institution actively engages in this process.





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Biography

Prof. Edda Weimann is a pediatrician, endocrinologist, and public health specialist with international work experience. She has obtained her Medical Degree at the Ludwig Maximilian University in Munich (LMU), her Habilitation in Pediatrics and her master's degree in public health (Health Systems) at the University of Cape Town (UCT). She did her postgraduate research at a national research institute in France (INSERM) and has received national research grants for her work. She has served as Head of Departments and Hospitals of tertiary care facilities and is a faculty member of universities in Germany, Switzerland and South Africa. Currently she is the Medical Director of a children's hospital for chronic diseases. In addition, she is a Professor of Child Health at the Technical University of Munich and Honorary Associate Professor of Health Information Systems at the University in Cape Town. She has broad teaching and research experience at different universities and faculties has earned research and innovation awards for her work.



Inclusion in healthcare: from rhetoric to reality

Ali Raza

Guy's and St Thomas' NHS Foundation Trust, UK

Inclusion is often spoken about by healthcare leaders but what does it actually mean and why is it beneficial? In this presentation, the author explains the difference between inclusion and diversity. The author also highlights three different models of inclusion, namely 'Tailored Governance' (including the right people at the right time), 'Functional Communities of Practice' (a kind of informal

community) and permanent representation of a particular demographic or subject matter expert at board level. Furthermore, inclusion is often used as a blanket term; here it argued that different models of inclusion have different advantages and disadvantages. By adopting these and other models of inclusion, leaders in healthcare can reap the benefits of inclusion and create winning organisations.

Biography

Ali Raza is an experienced mentor who understand the role of coaching and mentoring in delivering organisational change. He has worked in the public sector in the United Kingdom for over 5 years as a project manager. Ali has mentored senior leaders in the NHS, including an NHS director, yielding positive outcomes. He shares his experiences from this unique experience.



The investigation of nursing staff's cognition and attitude towards “Artificial Nutrition and Hydration” among terminal patients

Yuanmay Chang¹, Ya-Ling Chang² and
Chieh-Yu Liu³

¹Institute of Long-term Care, Mackay Medical College; Consultant of Shin Kong Wu Ho-Su Memorial Hospital, Taiwan

²Department of Nursing, Lo-Hsu Medical Foundation, Lotung Poh-Ai Hospital

³Department of Speech Language Pathology and Audiology, National Taipei University of Nursing and Health Sciences, Taiwan

Background: Good death is one of the most difficult issues in care. The nurses' knowledge affects the quality of life of terminal patients which is an important issue in the field of terminal care.

Purposes: To explore relationship between knowledge and attitudes of nursing staff towards providing artificial nutrition and hydration (ANH) for terminal patients.

Methods: A cross-sectional study, with a convenience sample of 129 nurses working in a medical center in northern Taiwan as research subjects. The instruments are used a demographic data questionnaire, and a self-developed artificial nutrition and hydration structured questionnaire. Data were collected from April to December 2018 and analyzed using SPSS version 22.0, included mean \pm SD, independent t test, one-way ANOVA, and Scheffe's test.

Results: 1. Acceptance of ANH rated above average (74.4%). 2. Positive correlation is

found between “Age of nurses”, “Terminal patients care concept”, “ANH decision-making” and the perception and attitude of ANH. 3. There are significant differences between clinical nurses in cognition and attitudes about age, physical function and digestive function with providing ANH for patients with end-stage. The more they understand the concept of “Terminal patient care” and “Timing and decision-making of ANH”, clinical nurses are more positive “ANH” attitude.

Conclusions: Careful attention should be paid to providing ANH in the nursing of terminal patients. Caregivers should be more committed to improving the skills of terminal care to terminal patients with physical function decline; to think positively when facing end-of-life situation; and to provide comfortable care. This will contribute to the handling and decision making of ANH treatment for terminal patients.



Impacts of covid-19 pandemic on psychological well-being of older adults

Alex Siu Wing Chan¹, Jacqueline Mei Chi Ho², Jane Siu
Fan Li³, Hon Lon Tam⁴ and Patrick Ming Kuen Tang³

¹Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hong Kong

²School of Nursing, The Hong Kong Polytechnic University, Hong Kong

³Department of Anatomical and Cellular Pathology, State Key Laboratory of Translational Oncology, The Chinese University of Hong Kong, China

⁴Education Department, Kiang Wu Nursing College of Macau, China

COVID-19 pandemic has been a major global issue, its eventual influences on the population welfare, global markets, public security, and everyday activities remain uncertain. Indeed, the pandemic has arisen a significant global threat. Its psychological impact is predicted to be severe and enduring, but the absolute magnitude is still largely unclear. Chronic kidney disease (CKD) is a complication markedly contributes to the mortality of COVID-19 cases, meanwhile several studies have demonstrated the high frequency and seriousness of the COVID-19 in

CKD patients receiving dialysis. Importantly, the influence of COVID-19 among CKD patients without dialysis is still largely unexplored. Thus, we systemically summarized how mental health affects the spreading of COVID-19 to virtually worldwide, covering perspectives from several countries across a wide range of fields and clinical contexts. This review aims to provide the latest details and reveal potential concerns on the public health including psychological well-being of the older patients with CKD.

Biography

Having received his first doctorate in psychology, Dr Chan is a Chartered Psychologist (CPsychol) of the British Psychological Society in addition to having acquired full membership of American Psychological Association. Moreover, he is a local Registered Social Worker (RSW), having acquired a Master's degree in Social Work from The University of Hong Kong (HKU). He is also competent at intensive short-term dynamic psychotherapy as he received training in this field at Oxford University.

Dr. Chan is committed to fostering equal opportunities and improving the wellbeing of homosexual men. His fields of study involve homosexuality (OMSM), psychological wellbeing of the elderly, LGBTQ social integration and medical mental health.

Effectiveness of betel leaves (Piper Betle) to accelerate perineum wounds healing on independent practice of midwifery (PMB) Klaten reGENCY, Indonesia

Endah Widhi Astuti and Rosalinna
Health Polytechnic of Surakarta, Indonesia

Statement of the Problem: Postpartum infection is the second leading cause of maternal death in Indonesia after bleeding. Based on the 2012 IDHS, the average maternal mortality rate (MMR) reached 359 per 100,000 live births. Postpartum mothers are susceptible to infection due to perineal injury during labor. Betel leaf (piper betle) is known to have chemical properties that have antiseptic and antibacterial effects that can be used for perineal care.

The purpose is to assess the effectiveness of perineal wound healing by using betel leaf infusion and antiseptic drugs.

Methods: This study uses a quasi-experimental design with a pre-post control research approach. The treatment group was given betel leaf infusion and amoxilin antibiotics, while the control group used iodine and amoxilin antibiotics. Sampling was carried out by random sampling based on inclusion and exclusion criteria with the population are those postpartum mother in the Klaten Regency

(Independent Midwife practice) during April - September 2020: The treatment sample was 60 people and the control sample was 60 people. Assessment of wound healing uses the REEDA scale (Redness, Edema, Ecchymosis, Discharge and Approximation). Analysis of data using the Mann Whitney test.

Results: The duration of perineum wound healing in the experimental group averaged 4.47 days with a minimum of 4 days healing and a maximum of 6 days, while in the control group the average wound healing of the perineum was 6.15 days with a minimum healing of 5 days and a maximum of 9 days. Value p value 0.00 ($p < 0.005$).

Conclusion: The use of a combination of betel leaf infusion and antibiotics is more effective in healing perineal wounds compared with a combination of iodine and antibiotics. Suggestion: a combination of red betel leaf infusion can be used as an alternative treatment on perineal wounds healing for puerperal mothers.

Biography

She is head of midwifery Department at the Health Polytechnic of Surakarta. Born in Ngawi on 6th April 1972, she was completed her undergraduate education in Patria Husada Solo as a nurse, She took a Master of Midwifery at Australian Catholic University graduated in 2004. In 1995 She was working at St Carolus Hospital Jakarta as a Nurse from 1994 to n1995 . In 1996 She was a teacher at PPNI Nursing School of Solo. In 1998 up to now she was working Surakarta Health Polytechnic, but from 2010 to 2012 she worked at Murni Nursing College, Malaysia.



End-Of-Life care education needs of nurses: A cross-sectional study

Gladys W. Machira, Irene G. Mageto and James Mwaura
School of Nursing, University of Nairobi, Kenya

Background: Provision of good quality end-of-life nursing care (EOLNC) is the professional responsibility of nurses. Therefore, educating nurses about EOLNC is a priority in health care settings. More so, End of Life Nursing Care (EOLNC) education is an imperative fragment of the educational experience for nurses in specialized care units.

Aim: This study sought to assess nurses' perceived education needs regarding provision of EOLNC to patients.

Methods: Cross-sectional study design was used. The study was conducted among nurses working in eight specialized care units (SCUs; N=174) in one of the national referral hospitals in Kenya. For data collection, a self-administered questionnaire was used. Approval to conduct the study was granted by the National Commission for Science, Technology and Innovations (NACOSTI) and Kenyatta National Hospital/ University of Nairobi Ethics

and Research Committee (KNH/UON-ERC).

Findings: Of the 191 respondents who were issued with the questionnaires, 174 completed and returned the questionnaire yielding a response rate of 91.1%. The female comprised 52.4% (n=88) and some 31.4% (n=54) had practiced nursing for between 5.5 to 10 years with an average of 11.85 years. 87.5% of the respondents indicated that they cared for a dying patient while they were students in nursing school. Majority (92.3%; n=156) of the sample unit were of the opinion that it is very important for EOLC content to be included in basic nursing education program. Precisely, data analysis revealed that the basic nursing education program was inadequate in preparation of nurses to provide EOLNC.

Conclusion: The results provide direction for development of EOLNC education programs for Kenyan nurses.

Biography

Gladys Machira, PhD(c), MSc, BScN is the acting Deputy Registrar and Manager: Education, Examination & Research department at the Nursing Council of Kenya (NCK) responsible for regulation of Nursing & Midwifery education and practice in Kenya. She has more than 15 years of nursing/midwifery education and practice experience. She has been involved in the development and implementation of nursing & midwifery curricula. Currently, she is responsible for developing and implementing strategies that enhance effective & efficient administration and management of the education, research and examinations function in the Council. She also spearheads the implementation & review of the nursing education, research & examination policy and guidelines; and promoting quality nursing & midwifery education and practice in line with the national health goals and global best practices. Finally, she oversees the development and review of national training documents for the nursing & midwifery programmes in Kenya.

COVID-19 outbreak resources optimization rapid adaptation of a catheterization laboratory into a new intensive cardiac care unit

Miryam Gonzalez-Cebrian, Hector Gomez Garcia, Marta Alonso Fernandez-Gatta, Misericordia López Sanz, Francisca Ramos Daniel, Rocio Moreno Martín, Gema Barriga Miguel, M del Mar López Sánchez, Patricia Miguel Gómez, M de los Angeles Sánchez Calvo, Ana M Caramazana González, Belen González Sánchez, Mónica Torrecilla Jiménez, Alvaro Hernández García, Rosa Carreño Sánchez, Carmen Wallias Marcos, María García Casares, Soraya Alvarez Castelo and Andres Martín Iglesias

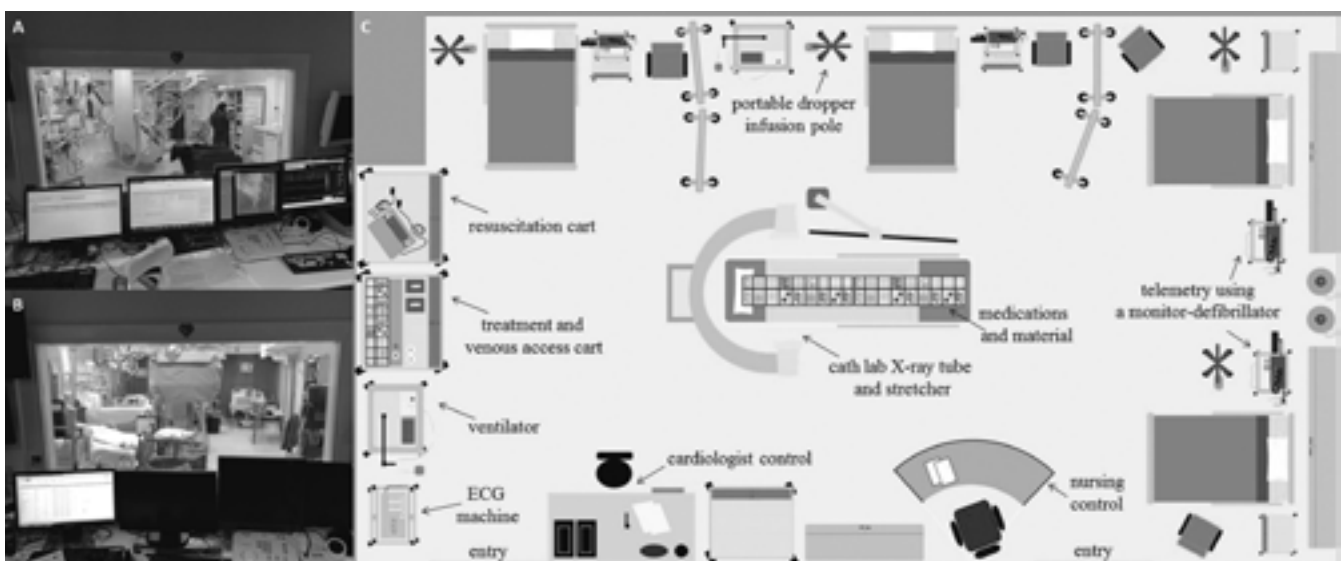
University Hospital, Spain

Introduction: The unexpected explosion outbreak of coronavirus disease 2019 (COVID-19) has required emergent planning and reorganization of resources in the most affected countries, like Spain, with 8300 hospitalized patients, 541 of them in intensive care units (ICUs), which rapidly became short of ICU resources. Our

COVID-19 ICUs quadrupled bed capacity—from 16 to 67 beds—and their occupation reached 58 hospitalized patients at the same time during the peak outbreak.

Methods: Our hospital created an ICU committee where intensivists, anaesthesiologists, cardiologists, paediatricians and Senior Director of Nursing in charge of ICUs manage all acute care beds as a unique hospital network, and decided to create a new “clean” (non-COVID-19) ICU area for critically ill patients with cardiovascular disease.

Results: The new cardiovascular ICU area was created by transforming 2 of the 4 catheterization laboratories of the cardiology department; 4 ICU beds were placed in each



This unit was opened from March 21, 2020, to May 6, 2020, during this period, we have admitted a total of 80 patients (Table).

laboratory, enabling 8 beds with the possibility of mechanical ventilation. In addition, the rooms were equipped with material to provide advanced therapies such as mechanical circulatory support, continuous renal replacement therapy, and therapeutic hypothermia. Transfer of material and its disposal, are shown in the figure, as well as the start-up of the units, was carried out entirely by the cardiology department staff led by nursing in less than 24 hours.

Conclusion: Although COVID-19 ICUs should be increased, we must simultaneously guarantee care in prevalent and critical pathologies such as cardiovascular disease

The relocation of cardiovascular ICU for patient care in other spaces is possible and its implementation is feasible in a short period. Versatility, Teamwork, effective and continuous communication, together with great nursing leadership were the key pieces in this adaptation.

Biography

Senior Director of Nursing in Cardiovascular ICU, University Hospital of Salamanca, Spain.

Master in Health Management and Planning for Health Managers, European University.

Master in Hemodynamic and Interventional Cardiology. Francisco de Vitoria University.

Master in Personal Development and leadership. Barcelona, Spain

Emergency Expert for Nursing, Cantabria University.

Post Graduate Teacher in the Spanish Nursing University for more than 7 years.

Member of Critical Committee Covid-19, University Hospital of Salamanca.

Scientific and Organizer Committee of Research, Development and Good Practices Nurse Meeting, University Hospital of Salamanca

Member of the Nursing Research Commission, University Hospital of Salamanca

Member of the Spanish Association of Cardiology Nursing

Author of scientific articles and several conferences and presentations at national and international meetings and congresses.

Empowering skills beyond syllabus

K. Suresh

*Retd. Sr. Program Officer- Health UNICEF, India
State Rural Development and Panchayat Raj University (KSRDPRU)
GADAG, India*

What tops the priority chart for recruiters of Nurses in India today?

Skills of Nursing, midwifery, community nursing, working under local constraints, out-of-box innovation for client centric approaches in hospitals and Health & Wellness Centers management, providing comprehensive primary health Care (CPHC), Policy and Health Administration, business attitude and aptitude, participatory learning for action (PLA), communication and counselling.

The ancient Indian system of education had an integrated approach to training of head (mind), hand (skills), and heart (human values and ethics), that holds good for Nursing education today too. However, most of the present-day Nursing courses are designed to expose candidates to core areas of basic sciences of Anatomy, Physiology, Pharmacology bedside nursing, midwifery, community nursing, psychiatry, Social and behavioral sciences.

It goes without saying that Nursing education must fall in line with almost all other disciplines, where there is a conscious effort to align not only with the evolving technology but also business dynamics as middle level health provider (MLHP)

Teaching scholars about the feelings of others lays the foundation for strong interpersonal

skills that will be invaluable in their professional and personal lives. To address the widening skill-gap, primarily introducing industry exposure and latest trends in the general nursing, domain specific nursing, MLHP/CHOs, national health programs and policies and health facilities management at primary health care levels is the need of the time.

Secondly the classroom experiences need to evolve from scholars competing for grades to scholars working together learning to form friendships and deal with complex social interactions. For students, it may be difficult to zero in on a skill set that would stand them in good stead. Faculty must know the ground reality and students should be exposed to it directly. Counselling and mentoring play a crucial role here.

The newer Nursing recruitment demands have got to enter the syllabus of the mainstream at least Bachelors and master's course of Nursing in any developing country that wants to prepare students for the future that awaits them.

In moderns Nursing graduate and postgraduate courses whenever a theory is taught, it must be related to something in the real world or from real time data. Even in the exit examinations, theory questions and practical's must be from

the real world. Teaching methodologies must look at going beyond the pedagogical lectures, books, presentations, and internet search to designing a curriculum that offers holistic education.

Materials and Methods: The interaction of the author as UNICEF officer and as Honorary Professor for MPH courses in last 10 years with

thousands of ANMs, hundreds of General nurses, tens of nursing graduates and Community Health Officers recently recruited and half a dozen nursing graduates doing MPH in 3 Public Health schools in Karnataka. My experience of overseeing ANM and LHV schools and conducting exams during 1985-1989 also came to my support in preparing this abstract and the presentations.

Biography

This is Dr. K. Suresh currently (2018-21) a visiting Professor for master's in public health courses of three Universities in Karnataka, apart from being independent consultant -Public Health and a free-lance researcher contributing articles. During 2015-19 I worked with, The World Bank India, UNICEF in 4 countries, PwC, INCLEN, AMALTAs & NCDC as a team leader for community-based health research activities on Immunization, MCH, Polio eradication, Integrated disease surveillance, & Health System strengthening projects. I count on my experience of having worked 1. Free-lance Public Health Consultant for over 16 years since 2006 2. As Epidemiologist /Senior Program Officer Child Health UNICEF India Country Office during 1989-2006, 3. My foundation for public health was laid as I Started my career as medical officer of PHC in Govt. Of Karnataka and have worked at all levels of Health system between 1968 to 1989. I hold Hon. Fellowship of Indian Academy of Pediatrics (FIAP), Indian Public Health Association (FIPHA), and Indian school of Malaria and other communicable diseases (FISCD) apart from my qualifications of MD (P&SM), DIH MBBS.I have work experience in India, Ethiopia, Azerbaijan, Nepal, Bhutan, Indonesia, Philippines, and Thailand..



A descriptive study to assess the job satisfaction among the nursing staff of selected hospital of Pune city

Shobha Jagadale and Supriya Chinchpure

Clinical Instructor, Sadhu Vaswani College of Nursing, India

Objectives:

- To assess the job satisfaction level among the nursing staff.
- To associate the selected demographic variables with job satisfaction level.

Design: A cross sectional survey design

Setting: Nursing staff of selected hospital in Pune city.

Participants: 60 nursing staffs fulfilling the inclusion criteria were selected by non probability convenient sampling technique.

Methodology: The tool consisted of two subsections. Section I – demographic data, section II- likert scale rating. All the participants fulfilling the criteria were approached, consent was taken , according to different shift timings of nursing staff. The average timing taken by the participants to fill the rating scale was 15-20 min.

Results : Out of 60 samples, majority of nurses 47% not satisfied with their job, 45% of nurses are neutral with there job, whereas less number of nurses 8% are satisfied with job satisfaction measured in Likert scale. Close association found between selected demographic data and the job satisfaction level, these were years of experience (the P-value is 0.030757) and working hours (the P-value is < 0.00001), the result is significant at $p < 0.05$. Out of 10 different factors influencing job satisfaction,

specific factors were: Safety issues, Poor communication and cooperation, Pay and benefits issues, Opportunities for professional upgrade, Composite satisfaction and working relationships

Conclusion: This study may be done in different hospitals as it was done in only one hospital. A comparative study among the hospital setup i.e. government and private setup can be done. To conclude with the help of above findings this study provides us with evidence that there are many factors which can affect the job satisfaction level among nurses, which will in turn affect the quality of patient care and health organization too. Thus importance should be given towards the safety issues in their job, with alleviation of safety hazards. Working relationships, support of management, and supervision should be also considered and emphasized for better nursing future.





Saudi nurses perception regarding patient safety in a major tertiary hospital

B.B.Alotaibi¹, A.E.Almadani² and O.salem³

¹Prince Sultan Military Medical City, KSA

²Al-Iman general hospital, KSA

³King Saud University, KSA

Background: The majority of nurses perceived low patient safety, and the majority of them perceived never occurrence of adverse events, and did not formally report adverse events. Nurses are critical to reduce adverse outcomes. the main aim of this study was to assess the perception of nurses regarding patient safety among nurses at prince sultan military medical city in Saudi Arabia.

Material and method: The study adopted a quantitative cross-sectional design which was carried out at prince sultan military medical city in Riyadh, Saudi Arabia. the data were collected from 215 nurses using convenience sampling method. The Hospital Survey on Patient Safety Culture (HSOPS) survey was used in the current study.

Result and discussion: Regarding the nurses' perception of patient safety, the study results revealed that the highest domain of their perception was illustrated in "Hospital management support for patient safety" with a mean of 3.68 out of 5.0, followed by "Organizational learning-continuous improvement" with a mean of 3.66, while, the lowest mean for their perception was in the domain of "Teamwork across hospital units"

with a mean 2.62. The total mean of nurses' perception regarding patient safety was 3.19 out of 5.0. The study results showed that there is a significant difference in the mean level of nurses' perception of patient safety between male and female nurses, in which female nurses have significantly higher level of perception of patient safety than males. Regarding the total perception of patient safety culture among study participants in the current study, having positive core (mean ≥ 3.0 or $\geq 60.0\%$) except in the domain of "frequency of event reported" and "hospital handoffs & transitions", which was below mean score of 3.0 (60.0%). In the present study, it has been identified that the study participants demonstrated a positive perception on the majority of study aspects.

Conclusion: The study revealed positive perception regarding patient safety culture in the majority of patient safety domains except in the domain of "frequency of events reported" and "hospital handoffs and transitions". Thus, the issues related to reporting events and hospital handoffs and transitions need to be enhanced and improved.



Risk factors for constant glycemic variability in pregnant women: A case-control study

Grasiela Martins Barros¹, Lyvia da Silva Figueiredo², Priscilla Alfradique de Souza³, Beatriz Paiva e Silva de Souza⁴, Helen Campos Ferreira⁵ and Ana Carla Dantas Cavalcante⁶

^{1,3}Federal University of Rio de Janeiro, Brazil

^{2,4,5,6}Fluminense Federal University, Brazil

Objective: To identify the factors associated with pregnancy that influence constant glycemic variability.

Method: This is a retrospective case-control study. The hospital unit selected for the survey was the Maternity School of a Federal University in Rio de Janeiro, Brazil. The study included medical records of all pregnant women who completed prenatal care at the hospital during the timeframe from 2009 to 2015, independently of gestational age (GA) they were in. Those with a diagnosis of Diabetes Mellitus (DM) prior to pregnancy were excluded. After analyzing 1040 medical records, 623 were excluded because they did not meet the criteria established in the study, thus 417 eligible medical records remained. The medical records of 417 pregnant women were divided into case group (200 pregnant women with constant glycemic variability) and control group (217 pregnant women without constant glycemic variability).

Results: The study demonstrated risk factors that, when associated with pregnancy, make women susceptible to constant blood glucose variability. Pregnant women older than or at 25 years old, ($p < 0.001$), first-degree relatives of DM ($p < 0.001$), second-or-over-degree relatives of DM ($p = 0.035$), with SH ($p < 0.001$), with PCOS ($p = 0.034$), leading a sedentary lifestyle ($p = 0.005$) and presenting pre-gestational obesity ($p = 0.001$) were more likely to have unstable blood glucose level (UG). There were no risk factors for UG height below 150 cm ($p = 0.875$) and use of hyperglycemic drugs ($p = 0.101$).

Conclusion: This study identified that factors associated to pregnancy, contribute to constant glycemic variability. These findings will enable the nursing diagnosis of unstable blood glucose level risks to be restructured in nurses' performance, providing improvement in care quality.

Biography

Master in Nursing - Aurora Afonso Costa Nursing School (EEAAC) - Fluminense Federal University (UFF) Graduated from Anna Nery School of Nursing (EEAN) - Federal University of Rio de Janeiro (UFRJ) Nurse Sector Risk Classification Maternity School UFRJ Teacher State Technical School of Health Herbert José de Souza (ETESHJS) - Foundation for Support to the Technical School (FAETEC).



Nursing Education in India- 2020

K. SESA KUMAR

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

Introduction: Education brings changes in behaviour, growth of the individual in a professional manner. It aims at all round development of an individual to become mature, self-sufficient, intellectually, culturally refined, socially efficient and spiritually advanced. If we talk about Nursing Education, Nursing itself is a selfish less, service oriented profession, where the quality is important to deal with the live human beings to care; to establish such a quality nurses and standards in nursing the INC & TNAI, New Delhi were played a major role in India for improvement of Nursing Profession during 20th century.

Objective:

- To know the Nursing Educational programmes currently available in India
- To know the development of Nursing Educational Programmes from Past to Present.

Concept: The INC (Indian nursing Council) is an Autonomous Body under the Government of India; Ministry of Health & Family Welfare was constituted by the central Government under INC Act 1947, to establish uniform standards of

training for nurses, midwives & health visitors. Along with these Organizations, there were significant decisions and recommendations were given by various committees and commissions which provided guidelines for improvement and growth of nursing education. Currently in India, several expanded Nursing Educational Programmes are available in the form of University & Non University Programmes, like ANM/MPHW, GNM, Basic-B.Sc (N), Post-Basic B.Sc (N), MSc (N), Nurse Practitioner in Critical Care Residential programme, Post Basic diploma in Super Specialities, Fellowship in nursing, M. Phil (N), Ph.D (N), and Post-Doctoral Programme in Nursing. With that the author concludes that in India there is enormous, fabulous changes were happened in these two centuries with the guidelines of various nursing authorities in and around India by various Nursing Experts, in which our INC more prefers MoU with International Nursing Education Universities for well happening this. 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.

Biography

I have 3.5 years of both teaching and clinical experience after my graduation and post-graduation. I participated in twenty continuing nursing education, six continuing medical education programmes and attended seven Nursing Workshops at state, national, international levels. I have Presented Oral Papers and Posters in Live and Virtual conferences. I have been trained in BLS & ACLS. I received three awards for the academic performance. I am a Life time member in thirteen nursing & health care organizations. I have participated more than ninety Webinars. Learning and gaining knowledge is my passion and encouraging and teaching others is my dream to develop self and society.



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

Gloria Tonye Dikibo

Texila American University, India

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. 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, 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 6.7% 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.

Biography

Gloria Tonye Dikibo is a RN and RM. She obtained her RN-BSN from Texila American University. She is currently the Nursing Manager Rubber Estates Nigeria Limited (RENL) Edo State Nigeria, a member of SIPH group in Africa. With well – rounded clinical experience of over 20 years; and publication of two articles in international journals, Gloria is open to more opportunities and poised to make phenomenal impact in her profession.

She is from Rivers state Nigeria and resides in Port Harcourt with her family.



Evaluating sleep quality in patients with hypertension

G. Arslan and M. Mollaoğlu

Faculty of Health Sciences, Cumhuriyet University, Turkey

Background: Recent guidelines from the National Institute for Health and Clinical Excellence recommend lifestyle advice and several lifestyle alterations as a treatment option for patients with hypertension. 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

Table: Hypertension classification and Pitsburg Sleep Quality Index scores

Hypertension classification	n	%	Pitsburg Sleep Quality Index scores		p
			Mean	SD	
Optimal	5	4.8	12.12	4.01	<0.001
Normal	10	9.6	11.10	5.37	
High normal	60	57.7	13.03	3.86	
Grade I	21	20.2	13.20	5.76	
Grade II	8	7.7	14.30	1.25	



The need to integrate physical education into Moroccan nursing curriculum to improve health-related quality of life

Doha ACHAK¹, Asmaa AZIZI¹, Ibtissam YOULYOUZ MARFAK¹, Fadila GUESSOUS², Younes EL ACHHAB³, Elmadani SAAD¹, Abderraouf HILALI¹ and Abdelghafour MARFAK^{1,4}

¹Hassan First University of Settat, Morocco

²Mohammed VI University of health sciences, Morocco

³Regional center for Careers Education and Training of Fes-Meknes, Morocco

⁴National School of Public Health, Morocco

The study assessed the health-related quality of life, physical activity level and body satisfaction of university students at two higher education institutes. All students were asked to complete the EQ-5D, Baecke, STAI and Stunkard questionnaires and their sociodemographic characteristics. As results, the majority of nursing students did not practice enough physical activity related to sport and were more anxious (sport-index = 2.48, state-anxiety = 46.81, respectively) than students in sport education (sport-index = 3.28, state-

anxiety = 46.81, respectively). Moreover, nursing students perceived their body size as too fat than those in sport education. Students who regularly practiced physical activity and satisfied with their body size were less anxious. We concluded that physical activities are important protector factors against anxiety on students. It is necessary to embed physical education in the nursing curriculum. Such strategy can be a turning point to ensure they are adopting and promoting healthier lifestyles.

Biography

I am doha ACHAK. A Moroccan PHD candidate at higher institute of health sciences. University Hassan the first, Settat. I am working on young and adolescent health.



MerleauPontal reflection: The perception of women with breast cancer regarding the impact on their children

Eliane Cristina da Silva Pinto Carneiro, Rose Mary Costa
Rosa Andrade Silva, Eliane Ramos Pereira, Maria Paula
Jahara Lobosco, Alessandra Cerqueira dos Santos
Andrade and Sandra Conceição Ribeiro Chicharro

*Faculdade de Enfermagem Aurora Afonso Costa, Núcleo de Pesquisa em Saúde, Filosofia e Educação
Humanizada, Universidade Federal Fluminense, Brazil*

Introduction: Despite advances in the diagnosis of breast cancer, the stigma of death still imposes itself. Clear communication with family is required, which is a challenge in the care of health team. The diagnosis of neoplasia changes the patient's routine and family structure, reflecting negatively in the family and patient herself; as a consequence, there is a negative repercussion for women with breast cancer, depending on how they perceive the influence of their disease and possible damage to their children's lives.

Objective: To reflect upon experiences of women with breast cancer in relation to the impact of their disease on children's lives.

Methods: Reflection based on Merleau-Ponty, after theoretical review of the psychological impact of female breast cancer on offspring and

its perception by this woman.

Results: Children whose mothers have breast cancer cope with stressful situations related to the diagnosis of maternal disease. The woman perceives such an impact, which affects the experience of the pathology, resulting in guilt and worsening psychological suffering in relation to the disease. For Merleau-Ponty, all consciousness is perceptive and the perceived world is the presumed basis of all rationality and existence.

Conclusion: The imminence of death of mothers with breast cancer may provide anticipatory grief in their children; the absence of these mothers, when dedicating themselves to cancer treatments, imposes itself as a stressing factor to the offspring, bringing greater anguish to women in facing the pathology.



Experience of nurses in the prevention and control of obesity in primary health care: Phenomenological study

Vanessa Augusta Souza Braga¹, Claudete Aparecida Conz¹, Renata Evangelista Tavares², Marcelo Henrique da Silva³, Maria Cristina Pinto de Jesus⁴ and Miriam Aparecida Barbosa Merighi¹

¹Nursing School - University of São Paulo, Brazil

²Governor Ozanam Coelho University Center, Brazil

³Primary Health Care, Juiz de Fora, Brazil

⁴Nursing School - Federal University of Juiz de Fora, Brazil

Objective: To understand the experience of nurses in obesity prevention and control in Primary Health Care.

Method: A qualitative research, with a phenomenological approach, involving 12 nurses working in Primary Health Care in a municipality of Minas Gerais, Brazil. The organization and analysis of data from the interviews were performed in accordance with the constructs of Alfred Schütz's social phenomenology and with the literature related to the theme.

Result: The analysis of the testimonies showed that this professional orientates mothers of children, pregnant women and adults with chronic diseases about healthy living habits, and collectively in the guided walking programs and in the educational groups that exist in the primary health care unit, as well as with pregnant women and users with chronic diseases. Difficulties for their performance

were revealed, which involved issues related to users' unhealthy habits and resistance to behavioral change, in addition to the limitations of the service and the health team. The nurses' expectations include knowing the dietary and weight profile of the population in the territory, conducting educational groups specifically focused on weight control, improving the articulation of the primary health care unit with other social facilities, working with children and adolescents outside the health service space, and receiving training to act against obesity.

Conclusion: The characteristics of the experience of nurses revealed in this research provide subsidies for reflection about the care received by the population in this part of the health system in the context of this Brazilian municipality. The results may offer clues to the management of health services to promote the effective development of health policies, ensuring quality care for users with obesity.

Biography

V.A.S. Braga has a degree in Nursing from the Federal University of Juiz de Fora (2014); Master in Nursing from the School of Nursing at the University of São Paulo (2018). She is currently a doctoral student at the Graduate Program in Nursing at the University of São Paulo School of Nursing. Member of the Nursing Research Group with Phenomenological Approaches at the University of São Paulo. Has experience in Nursing, with an emphasis on obesity, Primary Health Care, chronic diseases, Phenomenology.



Polarity management: An essential skill for leaders and teams

Eman Salman Taie

Faculty of Nursing, Helwan University, Egypt

Health-care industry evolves at an ever-accelerating pace, health-care providers are faced with the challenge of transforming the way they work. They are treating more patients with fewer staff and resources. They are expected to implement new technologies while maintaining the personal touch that is so important to patient care. Managers spend millions of dollars each year on books, trainings, and consultants to help them discover the best ways to identify

and solve the problems in their organizations. Polarities are competing values that need each other over time in order to achieve a greater purpose. Polarity Management is a model that involves a set of principles and tools for dealing with all polarities in life. For example, inhaling and exhaling are competing values. Over time we need to do both in order to achieve the greater purpose of sustaining "life." If we overdo one and neglect the other, we will die.

Biography

Professor Eman Salman Mohamed Salman Taie is professor of Nursing Administration - Faculty of Nursing- Helwan University- Cairo- Egypt. She is International Certified Trainer & Human Resource Development Consultant in International Board for Certified Trainer (IBCT). She is Senior Instructor in American Heart Association (Basic & Advanced Cardiac life support). She has 20 international published researches & three international published books. She is reviewer & membership in the editorial board in many of the international journals. .



Profile and level of hope in patients undergoing hemodialysis and peritoneal dialysis

**Rayane Alves Moreira¹ and
Moema da Silva Borges²**



¹Master's Degree in Nursing, Universidade de Brasília, Brazil

²Nursing Professor from Universidade de Brasília, Brazil

Introduction: Hope is a construct that facilitates adaptation to treatment. It is a multidimensional, universal and dynamic concept described as a cognitive process in which individuals actively seek to achieve their goals, in an effort to change their status, attempting to create more favorable conditions in the future. The life context of patients with chronic illness and their sociodemographic, clinical and psychosocial profile directly impact their levels of hope. The concept of hope has gained increasing relevance and strength in the health care field.

Objective: To identify the clinical and psychosocial profile and measure the level of hope of patients undergoing hemodialysis and peritoneal dialysis.

Method: Exploratory, descriptive and quantitative study conducted in a renal unit in Distrito Federal with patients undergoing dialysis. Data was collected in September and October 2018 with the use of a characterization

questionnaire and the application of the Herth Hope Index (HHI). The Herth Hope Index is a quick and easy to apply self-report scale. The HHI was developed and validated in the United States in 1992 and was culturally adapted and validated to the Portuguese language in 2007. Mann-Whitney test was used for comparison of the levels of hope.

Results: Overall, 122 patients participated in the study. The average hope score obtained was 39.79 (\pm 5.3) and the highest value was 48. A comparative test showed no significant difference between the levels of hope.

Conclusion: Despite all the limitations imposed by treatment and illness, this population has a high level of hope. The present study contributed to the expansion of scholarly debate, which allowed the identification and establishment of the key elements of an effective planning of nursing care, especially in the context of the treatment of chronic kidney disease.



Factors contributing to students' satisfaction with direct observation of procedural skills in the school of nursing sciences at the University of Zambia

M. Mbewe¹, N. Mbewe¹ and C.M. Ngoma²

¹Department of Basic and Clinical Sciences, University of Zambia, Zambia

²Department of Midwifery Women's and Child Health, University of Zambia, Zambia

Introduction: Direct observation of procedural skills is an evidence-based assessment tool used for assessing competence in the practical procedures that nursing students undertake during clinical placement. Having knowledge about students' satisfaction with their educational issues is very important as it helps both faculty and students to achieve educational goals. However factors that may influence student satisfaction with this method of assessment are not known in the school of nursing sciences at the University of Zambia.

Objective: The main objective of this study was to identify factors influencing student satisfaction with direct observation of procedural skills in the school of nursing sciences at the University of Zambia.

Methodology: A descriptive cross sectional quantitative survey guided by the modified version of the Keaveney and Young customer satisfaction model of 1997 was used on ninety two (92) conveniently sampled final year undergraduate nursing students. Data were collected using a validated self-reported questionnaire and analysed using IBM SPSS Version 20. Fisher's exact tests were used to determine association between student

satisfaction and the independent variables. A p-value of .05 was considered statistically significant.

Results/Discussion: Major findings revealed that factors which influenced student satisfaction included poor clinical environment (98.9%) which was not conducive for assessments as it lacked many essential medical surgical supplies and faculty non availability (98%) in the clinical area who were needed to provide feedback, guidance and supervision to the students. Other significant associations were clinical experiences, and feedback, with $p < 0.05$. Most of the students reported critical shortages of medical surgical supplies coupled by inadequate equipment and non-availability of qualified assessors as contributing factors to bad clinical experiences. Furthermore students reported delayed feedback and expressed fear of repeating the same mistakes in the final examination as they would not know the right way to do some procedures without timely feedback.

Conclusion: Improving the clinical environment, ensuring faculty availability to provide timely and constructive feedback may help students and faculty achieve their learning objectives.

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Direct observation of procedural skills still remains an appropriate tool to assess student clinical competence. However, further research and development of cheap, less stressful and

economic methods of clinical evaluation to blend with this tool is required in the school of nursing sciences.

Biography

I'm a Lecturer at the University of Zambia, and a qualified nurse practitioner with Master of Science in Nursing. I have over twenty years' experience in various fields of the nursing profession. Generally, as a nurse educator, I am a dedicated, organized, open minded, receptive, innovative and methodical individual with an inquiring mind. This has made me more interested in the scientific inquiry of the environment I operate in by conducting research. I like offering many of my existing skills to make a positive contribution to the workforce while willing and keen to learn new skills. I also have good interpersonal communication skills making me an excellent teacher, team worker, reliable, dependable and often seek new responsibilities within a wide range of the nursing profession. I have an active and dynamic approach to work independently and collaboratively getting things done for I am determined to identify and develop opportunities to advance the nursing knowledge, skill and attitudes towards new ideologies of the health care profession. I have a passion in clinical research and nursing education.

The effects of education through role-playing on self-concept among older adults

Parand Pourghane and
Fatemeh Mansouri

*School of Nursing and Midwifery,
Guilan University of Medical Sciences, Iran*

Background: Self-concept (SC) is one the psychological characteristics affected by aging.

Objectives: This study aimed to assess the effects of education through role-playing on SC among elderly people.

Methods: This quasi-experimental study was conducted in 2018 using a two-group pre- and

posttest design: Participants were 72 older adults randomly recruited from retirement centers in the East of Guilan province, Iran, and randomly allocated into control group and intervention group. Participants in the intervention group received education through role-playing in six-weekly sessions. Participants' SC was assessed before the intervention onset and 1.5 months after its end using the Rogers Self-concept Questionnaire. The independent sample t-test, the Mann-Whitney U test, and

the Chi-square test were used for the data analysis.

Results: There was no statistically significant difference between the intervention and the control groups respecting the pretest mean score of SC (10.69 ± 2.21 vs. 9.77 ± 2.59 ; $P = 0.11$). However, the posttest mean score of SC in the intervention group was significantly less than the control group (8.44 ± 2.70 vs. 9.69 ± 2.40 ; $P = 0.046$). The pre- and posttest mean difference of SC in the intervention group was also significantly greater than the control group (2.25 ± 2.43 vs. 0.10 ± 1.58 ; $P < 0.001$).

Conclusion: Education through role-playing is effective in significantly improving older adults' SC. Therefore, health-care providers can use this method for SC improvement among older adults.



**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, Beijing, China*



CCOVID-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: MPT, Ph.D., 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.



Knowledge of breastfeeding among postpartum women attending the first level of care

**Enriqueeta Téllez Pérez, Guillermina Margarita
Romero Quechol and Gloria María Galvan Flores**
Instituto Mexicano del Seguro Social, Ciudad de México, Mexico

Introduction: Breastfeeding provides the newborn with the nutrients it needs for growth and development, so it is important for the mother to have knowledge about breastfeeding, since there is no clear information about the knowledge women have about breastfeeding during the puerperium. Let us remember that the puerperium is the most relevant stage in terms of breastfeeding, since it is here that the woman should put into practice the knowledge she has acquired during prenatal control or that she has received by other means. It has been reported in previous studies that the quantity and quality of information should be reinforced to facilitate the woman and her companion in decision making and help her in the early initiation of breastfeeding.

Objective: To identify the level of knowledge that postpartum women have about breastfeeding at the first level of care.

Methodology: Descriptive cross-sectional study with 100 postpartum women, from July to December 2016. The instrument was validated by round of 3 experts. Knowledge was rated: high from 37 to 53 points, medium from 18 to 36 and low from 0 to 17. Descriptive statistics and chi2 were used.

Results: The highest schooling was preparatory, medium knowledge level 69%, when knowledge crosses with age, marital status and schooling were significant with $P < 0.005$ and 0.000 .

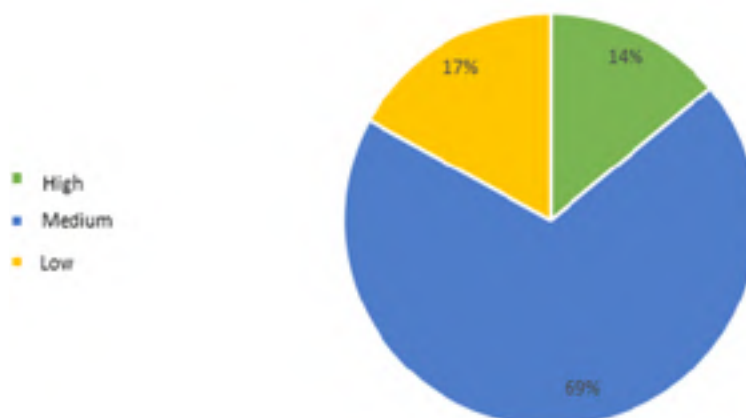
Conclusions: The level of knowledge found was medium, detecting areas of opportunity to increase the knowledge of postpartum women, reiterating that one of the factors contributing to the success of breastfeeding is the information received by the mother during prenatal care, which should be reinforced during the postpartum period.

Table 1 General characteristics of the population

Variable	Frecuency	%
Age:		
18 a 23	24	24.0
24 a 29	40	40.0
30 a 35	24	24.0
36 y más	12	12.0
Escholarship:		
High school	30	30.0
Preparatory	47	47.0
Degree	23	23.0
Civil estatus:		
Single	11	11.0
Married	47	47.0
Free Union	42	42.0
Occupation:		
Housewife	52	52.0
Employe	48	48.0

Source: Questionnaire "Level of knowledge that women in the puerperium have in the first level of care" n =100

GRAPH 2
Global knowledge about LM
n = 100



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Factors that trigger girls' absenteeism in school during menstruation



Anil Sigdel, Abhilasha Gurung, Deepak Dulal and Thatcher Ng'ong'a

World Vision International Nepal, Nepal

In 2018, an estimated 15 to 22 percent of girls missed school due to menstruation in Nepal, directly affecting their educational status. According to the World Bank, the adult literacy rate of females (15-24 years) is 82.7 percent compared to 92.8 percent among males. There are limited studies in Nepal that focus on factors associated with school absenteeism during menstruation.

A cross-sectional study was conducted with a representative sample of 3,495 adolescent girls aged 10-19 years from all seven provinces of Nepal. Two stage random sampling was used to select the respondents. A structured self-administrated questionnaire was used for data collection. Written consent was obtained from each respondent, and consent from parents was obtained for respondents below 18 years. Data was analyzed using SPSS version 21. Binary logistic regression was used to identify the factors associated with school absenteeism.

More than one quarter (26.7%, 95% CI: 25.2-28.2) missed school during their last

menstrual period. Disadvantaged (AOR:2.79; CI 95%=1.43-5.42) and relatively advantaged (AOR:1.67, CI 95%=1.09-2.54) Janajatis (a 'lower' caste) were more likely to be absent in school due to menstruation compared to 'upper' caste groups. Adolescent girls from Province 1 and Lumbini were 53 and 46 percent respectively less likely to miss school compared to Sudurpaschim province, likely due to high prevalence of social-cultural taboos like Chaupadi and low literacy rate in Sudurpaschim. Adolescent girls with higher menstrual stress (AOR:1.4, CI95%= 1.02-1.81) were more likely to miss school than their counterparts, and those with higher menstrual annoyance and higher shame and secrecy were 1.5 times and 1.7 times respectively more likely to miss school.

Development and implementation of gender responsive education plans and policies by local government and multi-sectoral engagement is required to address the taboos and social norms that hinder adolescent girls from attending school during menstruation.



Prescription errors in a basic pharmacy in the federal district



Anna Cecília Soares Santos¹ and Cris Renata Grou Volpe²

¹*Enfermeira na Secretaria de Estado da Saúde, Brazil*

²*Enfermeira. Docente da Universidade de Brasília, Brazil*

To analyze electronic and manual prescriptions regarding the occurrence of polypharmacy and potential types of medication errors in the context of primary care. Material and method: A descriptive, cross-sectional and retrospective study based on the evaluation of prescriptions filed at the pharmacy of a Basic Health Unit of the Federal District of Brazil. Copies of prescriptions for chronic non-communicable diseases were included. Results: 1500 prescriptions were analyzed according to evaluation criteria, such as illegibility (35.5 %), abbreviations (97.7%), dosage form (57.6%), and concentration (32.4%). Polypharmacy was identified in 46% of users and it was directly related to the age of the user. Conclusion: Prescriptions presented incomplete information regarding current legislation. Strategies that seek to improve health promotion in primary care, such as permanent education and more awareness from prescribers and other actors involved in the process of prescribing medications, are required.

“ Outlining the challenges of covid-19 pandemic on Africa’s maritime industry: The case of marine and seafaring professionals ”

**A.D. Sackey¹, R.O. Lee-Dua², B. Tchouangeup³, J.E. Segbefia⁴, A.D. Sackey⁵,
B.L. Lamptey⁶, B. Lometey⁷ and A.A. Teye⁸**

¹Ant Marine W. A Consulting Services, Ghana

¹Sinotech Marine Hong Kong Representative, Hong Kong

^{1,2,3}RROC Industrial Limited, Ghana

^{1,2,3}DNV GL Oil and Gas/Grassfield Maritime Consultants Lagos, Nigeria

⁴GISMA Business School, Germany

⁵German Institute of Technology, Ghana

⁶National Center for Atmospheric Science School of Earth and Environment, University of Leeds Fairbairn House, UK

⁷Ben Marine Services, Ghana

⁸Ghana Navy, Naval Headquarters Burma Camp, Ghana

Failure to accord seafarers a ‘Key Worker’ status amid Covid-19 pandemic before the December 1, 2020, resolution, during moments of demonstrated selflessness (in food, medicines, consumables like PPEs and energy supply), is evidence of the lack of genuine interest in their concerns despite the calls from major stakeholders thus, United Nations and International Maritime Organization. The calls associates with various covid-19-related policies and regulations resulting in crew change crises, maroon and overstay of contracts, poor mental health, covid-19 infections and other unrelated illnesses. To what extent are non-traditional seafaring nations of Africa being impacted?

The study examines these concerns with the aim, a resolution per objectives will assist counter future crises and consequential fallouts for mariners. The objective is to identify and investigate implemented covid-19 policies and regulations to develop the understanding of key aspects of its impact on maritime operations and crew ‘wellbeing’. The study then examines contingency measures and innovations that most appropriately helped in mitigating responses with minimal challenges to seafarers and marine professionals.



The study followed a case study approach focusing on West Africa's maritime corridor (focus on Ghana, Ivory Coast and Nigeria) hosting various ports and offshore installations. The instruments chosen for this research were personal field observations, as well as questionnaires and interviews of expert or 'eye witness' account, deployed via phone calls, online social media and emails.

The study finds embarkation quarantine implement for offshore Ghana after the outbreak was effective in identifying cases. Stigma concerning positive test cases amongst the crew was prevalent in the first six months of pandemic declaration. The survey of 71 vessel crew showed 32.14% were certain of Covid-19 positive cases on Jobsite, 91.06% support for IMO-led interventions, 30% complained of uncertainty fueling poor mental health. Only

19% addressed issues of proximity to covid-19 as shown in Fig 1. They however shared with researchers that the situation led to delays, further isolation and cancellation of embarkation of vessels for identified individuals.

The study observed crew were not notified of cases detected or suspected—particularly, influencing remorse and agitations onboard. Crew decried having a continuous episode of anxiety and stress. Concerns for families back home fueled anxiety and depression. Vaccine inoculations upon commencing March 2021 remains low in the region. Mitigating measures observed include increased internet and call access, and extensive boarding protocols. The study recommends transparency with information while accelerating recognition for preferential treatment.



An imperative for the national public health school in Burkina Faso to promote the use of information and communication technologies in education during the covid-19 pandemic: Critical analysis



Arzouma Hermann Pilabr ¹, Patrice Ngangue², Abibata Barro¹ and Yacouba Pafadnam¹

¹Institut de Formation et de Recherche Interdisciplinaires en Sciences de la Sant  et de l' ducation, Burkina Faso

²Facult  de m decine et sciences de la sant , Universit  de Sherbrooke, Canada

Background: Several studies have reported the positive impact of information and communication technologies (ICTs) on academic performance and outcomes. Although some equipment is available, the ICTs for education at the National Public Health School (NPHS) of Burkina Faso have many shortcomings. These shortcomings were clearly revealed during the search for responses to the crisis caused by the COVID-19 pandemic. Indeed, to curb the spread of COVID-19, some measures were taken, such as closure of educational institutions. This resulted in a 2.5-month suspension of educational activities. Despite its willingness, the NPHS was unable to use ICTs to continue teaching during the closure period of educational institutions.

Objective: In this paper, we aim to propose

practical solutions to promote ICT use in teaching at the NPHS by analyzing the weaknesses and challenges related to its use.

Methods: We conducted a critical analysis based on information from the gray literature of NPHS. This critical analysis was preceded by a review of systematic reviews on barriers and facilitating factors to using ICTs in higher education and a systematic review of ICT use during the COVID-19 pandemic in higher education. An ICT integration model and a clustering of ICT integration factors guided the analysis.

Results: The weaknesses and challenges identified relate to the infrastructure and equipment for the use of ICTs in pedagogical situations in face-to-face and distance learning;

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training of actors, namely the teachers and students; availability of qualified resource persons and adequate and specific financial resources; motivation of teachers; and stage of use of ICTs.

Conclusions: To promote the use of ICTs in teaching at the NPHS, actions must be performed to strengthen the infrastructure and equipment, human resources, the skills of actors and the motivation of teachers in the pedagogical use of ICTs.



Telehealth tools for postoperative nursing follow-up in major outpatient surgery services



Edmundo João Mansilla-Cordeiro

Universidad de Los Lagos, Chile

Introduction: Major ambulatory surgery has experienced a growing increase in recent years. This modality has gone hand in hand with new challenges for nursing professionals, who carry out postoperative follow-up of these users by using different telehealth tools.

Objective: To identify, in scientific databases, the main telehealth tools used in the follow-up of patients who received major ambulatory surgery.

Methods: Integrative review of the literature about studies published in Spanish, English and Portuguese, from 2013 to 2019 in the databases MEDLINE/PubMed, CINAHL and SciELO. Using the PRISMA methodology.

Conclusions: The main telehealth tools used in the postoperative patient of major outpatient surgery were identified. Each has advantages and limitations for its use. Mobile applications stand out as a tool to continue innovating due to their great potential regarding benefits.



Comparison of post-operative pain measured with Visual Analog Scale(VAS) reported by the operating surgeon versus nurse in patients of hip fractures



Faaiz Ali Shah

Orthopaedic & Traumatology Division, Lady Reading Hospital MTI Peshawar, Pakistan

Background: Orthopaedic surgeons tend to improve treatment outcome by measuring patient reported outcome measures (PROMS). 1-3 Visual Analog Scale (VAS) is an effective tool to measure post operative pain in patients of hip fractures. We hypothesize that post operative pain measured by the surgeon would be significantly higher than reported by the nurse.

Objectives: To determine inconsistency in reporting post operative pain measured with Visual Analog Scale (VAS) by the operating surgeon versus Nurse in post operative patients of hip fractures.

Methods: This descriptive study was conducted in Orthopaedics & Traumatology Division Lady Reading Hospital Peshawar from 21st April 2017 to 22nd April 2019. All adult patients of either gender and age with hip fracture surgeries fulfilling the inclusion criteria were included in this study. Post operative pain assessment was done with VAS simultaneously by the nurse and then by the operating surgeon. The VAS scale ranging from 0 to 10 with the worst possible pain labeled as 10 and no pain labeled as 0.

Student's t-test was used for comparison of continuous variables while Chi-square test of significance was used to compare proportions between two qualitative parameters. P-value < 0.05 was considered significant.

Results: A total of 100 patients were included in our study. The mean age was 62 ± 4.2 years. Male patients were 69 (69%) and female 31 (31%). The type of hip surgery was Dynamic hip screw (DHS) in 52 (52%) patients, Total Hip Replacement in 25 (25%), Bipolar hip prosthesis in 11 (11%), Austin More Prosthesis (AMP) in 7 (7%) and cannulated screw fixation in 5 (5%) patients. The mean VAS reported by the nurse was 3.3 whereas mean VAS reported by surgeon was 5.4 ($P < 0.05$).

Conclusion: Our results showed inconsistency in post operative pain measured with Visual Analog Scale (VAS) by the operating surgeon and Nurse in post operative patients of hip fractures. In patients with hip fracture surgery significantly higher post operative pain was reported by the operating surgeon than the nurse.



Impact of self study module (SSM) on mechanical ventilation knowledge among critical care nurses in Ayub teaching hospital Abbottabad



Farman Ali

Khyber Medical University, Pakistan

Objective: Impact of self-study module for critical care nurses knowledge toward mechanical ventilation and find out the association between critical care nurses knowledge and reading of self-study module

Methodology: Quasi experimental (pre and post study design) study was used to carry out the study in Ayub Teaching Hospital Abbottabad. A universal sample (30) critical care nurses were selected from Intensive Care Units. Data was collected by a self-administered questionnaire that was validated and found reliable after the pilot study. Questionnaires consist of two parts the first one demographic information and second parts is knowledge of mechanical ventilation. SPSS version 20 was used for the analysis of information. Descriptive statistical analysis method (frequency, mean and standard deviation) inferential statistics the Fisher exact test value was used. Findings were portrayed in the form of graphs, figures and tables.

Results: The results showed that 56.66% of the nurses had poor knowledge on the framed parameters in the initial phase of the study which was reduced to 10% in the later on stage of the study. Further the analysis reported that the mean score knowledge was (52.03+12.24) in the pre phase assessment of knowledge through multiple choice questions while the results were significantly found better with the mean score knowledge of (70.133+13.35) in the post intervention phase with a p value (0.011).

Conclusion: The findings of the study showed that nurses were having inadequate knowledge regarding mechanical ventilation that may affect the care of critical ill patients. Therefore nurses may be updated with the latest guidelines, session, manuals and study modules that may improve the level of knowledge among nurse towards the provision of best possible care.



Instructions of child weaning in view point of Iranian traditional medicine compared with contemporary medicine: Review



Fatemeh Kolangi², Maryam Naeimi¹ and Somayeh Zakeri¹

¹Department of Persian Medicine, School of Persian Medicine, Babol University of Medical Sciences, Iran

²Counseling and Reproductive Health Research Centre, Department of Persian Medicine, School of Persian Medicine, Golestan University of Medical Sciences, Iran

Background: Since breastfeeding is an important phase, also weaning of mothers milk has special emphasis. Negligence during this stage of a child's life can have profound effects on the physical and mental health of the child and even the mother. Anxiety, restlessness, weight loss, and disruption of the child's relationship to mother and distrust are the most common.

Methods: This is a descriptive review study. The content of infant weaning in view point of Iranian traditional medical manuscripts was studied. For this purpose, 7 books were selected from the most prestigious sources of Iranian medicine and data were extracted from the lactation section on how to wean. Then the contents of each title from the extracted notes were put together. The texts with difficult prose were simplified and Arabic texts were translated.

Results: In ancient medical texts of Iran, the weaning of the baby from mother was reported. It was believed that the best duration for a baby to breastfeed is about one year and nine months to two years of age. The

best season for weaning is spring and then autumn. Weaning is not recommended during summer. Weaning should be donning gradually and breastfeeding should be replaced with age-appropriate foods. For auxiliary food Persian scholars have recommended a range of suitable foods, including breadcrumbs, egg yolk with breast milk and chicken breast. It should be noted during weaning the child does not become dehydrated, so it is advisable to consume sufficient fluids, including cucumber juice, buttermilk, and purslane extract, as well as locally preventive use of henna on the palm of the hand and head. Putting something bitter that was not harmful for baby is another recommendation.

Conclusions: Studying Iranian traditional medicine texts and using the recommended items (after updating them) along with the current methods, may help us for better management of weaning phase with the least physical and psychological damages, based on specialized and harmless recommendations for each individual and each season with appropriate food.



Anxiety and domestic violence in pregnancy during the covid-19 pandemic



Forouzan Olfati¹ and Faezeh Ramezani²

¹Reproductive Health, Social Determinants of Health Research Center, Qazvin University of Medical Sciences, Iran

²Midwifery Counseling, Student Research Committee of Qazvin University of Medical Sciences, Iran

Objectives: Violence is on the rise, according to the World Health during the COVID-19 Pandemic.

Methods: The present paper is written to attract the attention of experts and politicians to this field. This study is a narrative review which aimed at categorizing and reviewing studies focused on anxiety and domestic violence during the COVID-19 Pandemic.

Lack of information about transmission routes, risk factors, prohibitions, the way of access healthcare and counseling during pregnancy and postpartum periods have increased the mothers' worries, fears and anxiety. Pregnancy anxiety affects the pregnancy outcome. Side effects of maternal anxiety include the preeclampsia, depression, increased nausea and vomiting in pregnancy, premature delivery, low Apgar score, and low infant weight. There is also a greater state of mental health loss for women who deal with complex life issues such as poverty, spousal unemployment due to quarantine, and their economic problems, and domestic violence. Reducing the mental health of families affects the level of domestic violence. Adverse effects of violence

in pregnancy include the higher sexually transmitted diseases, abortion, low birth weight, intrauterine growth disorder, alcohol use, unwanted pregnancy, digestive problems, mortality of pregnant women, their disability, abnormal genital bleeding, stillbirth, preterm labor, and pelvic inflammatory diseases, post-traumatic stress, and anxiety. Due to the psychological effects caused by violence, the pregnant mother's immune system is severely weakened and makes her susceptible to viral diseases such as COVID-19. A pregnant mother enters a vicious cycle of anxiety and domestic violence. Anxiety increases violence that also increases anxiety; hence, this cycle should be stopped.

Conclusion: Interventions include increasing the frequency of screening, pharmacological and non-pharmacological treatments, medical counseling and the use of tele midwifery as a method of providing services. It is essential to include mental health and midwifery counseling interventions in managerial programs. Consulting interventions reduce anxiety and cause the cessation of this vicious cycle by increasing the awareness.



Effect of yoga-nidra on blood pressure among elderly with hypertension residing at selected old age homes, Coimbatore



Fuela Esther Thangam and Dhivya Bharathi. A

Maitri College of Nursing, India

The lifetime of developing hypertension is approximately 90% in the middle aged and older. (Anchala, 2014). Hypertension is the major contributor of stroke, ischemic heart disease, renal dysfunction and blindness and the treatment are expensive only few people manage to keep their blood pressure under control. Yoga-nidra is a dynamic state of sleep and it is a systematic method of inducing complete physical, mental and emotional relaxation. (Pandya,2007)

Scope: In 2010, 100 million people were aged above 60 years and by 2020 it will be 177 million globally. Many hypertensives require two or more drugs of different combinations which may lead to adverse drug interactions and side effects. Yoga-nidra is a safe, effective and inexpensive treatment adopted either alone or an adjunct therapy. It has been found to reduce systolic readings by an average of 15-20 mm Hg and diastolic readings by 10 mm Hg. (Kumar, 2005)

Statement of the problem: Effect of Yoga-nidra on Blood Pressure among Elderly with Hypertension Residing at Selected Old age Homes, Coimbatore.

Objectives of the Study:

- To assess the level of blood pressure among elderly with hypertension residing at selected old age homes.
- To evaluate the effect of yoga-nidra on blood pressure among elderly with hypertension residing at selected old age homes.
- To find an association between selected demographic variables and blood pressure.

Hypotheses:

- H1: There will be a significant difference in the level of blood pressure among elderly with hypertension residing at selected old age homes before and after yoga-nidra in experimental group.
- H2: There will be a significant difference in the level of blood pressure among elderly with hypertension between experimental and control group.

Methodology: Quantitative research approach was adapted for this study with Quasi Experimental, Pre-test, Post-test Control

Effect of Yoga-nidra on Blood Pressure among Elderly with Hypertension

Blood Pressure (mm of Hg)	Group	Mean	SD	Mean difference	't' value
Systolic blood pressure	Experimental Group	130.4	11.68	-16.93	4.19***
	Control Group	147.33	11.23		
Diastolic blood pressure	Experimental Group	82.8	3.06	-5.73	3.98***
	Control Group	88.53	4.97		

***Significant at 0.001 level

Effect of Yoga-nidra on Blood Pressure among Elderly with Hypertension

group design at two selected old age homes. By using convenient sampling technique, 20 elderlies with hypertension were assigned for experimental group and 15 elderlies with hypertension for control group. In this study, the independent variable was yoga-nidra and the dependent variable was level of blood pressure. Yoga-nidra was given for the elderly in the experimental group for 20 minutes in the morning between 6-8 AM once daily for 15 days. In the experimental and control group blood pressure measurements were taken in the sitting position on the first and fifteenth day in the morning between 6-8 AM.

Results: Un paired 't' test was used to compare the level of blood pressure after the intervention among the experimental and control group. The calculated 't' value for systolic and diastolic blood pressure was 4.19 and 3.98 which was greater than the table value at 0.001 level of significance. Hence the

research hypothesis was accepted.

Major findings

- The study shows that the mean systolic blood pressure and diastolic blood pressure was found to be reduced from 154.5 to 130.4 and 92.2 to 82.8 mm Hg respectively after yoga-nidra in experimental group.
- In control group there is no change in the level of systolic and diastolic blood pressure before and after the intervention, majority are having moderate level of systolic (66.67% & 73.33%) and diastolic blood pressure (66.67%) respectively.

Conclusion: The present study shows a significant difference in the level of blood pressure at 0.001 level. Hence yoga-nidra can be considered as an effective practice to be introduced as a preventive measure of the silent killer hypertension.

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**The empowerment
and strengthening
of nursing in
integrative and
complementary
practices**
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GUATURA. Gabrielle and **ARIANO. Nicole**

Santo Antonio University, Brazil

Complementary Integrative Practices are considered a form of treatment that uses traditional knowledge therapeutic resources, with objective of prevention or even palliative treatment of chronic diseases. The COFEN nº 197 of 1997 recognizes as PICs: Acupuncture, aromatherapy, Iridology, Phytotherapy, Reflexology, Chiropractic and Massage Therapy, among others. At nursing there is still a barrier in relation to alternative care, with new methods of providing health, prevailing knowledge cultural scientific value as correct and unique. It is necessary then to invest in innovative and modifying myths and conservatism, showing empowerment

of nursing in the space where you want to insert. Objective: analyze the possibility of empowering and strengthening nursing to the proposal of insertion of comprehensive practices in nursing care. Methodology: This is a literature review study built on reading criticism of the PNPIC that will meet the objective proposed in this article. Conclusion: The research shows the lack of knowledge of nurses and academics about the PICs and specific training for professional performance in this area. Thus, there is a need to include theoretical practical disciplines of integrative and complementary therapies in graduation.



Improving quality of life among women with endometriosis: An intervention study



Mervat Mostafa Abdel Monem Desoky and **Hanan Morsy Salim Metwally**

Faculty of Nursing, Zagazig University, Egypt

Background: Endometriosis is among the most common gynecological diseases, which could have considerable physical, psychological, and social effects on the patient's Life. Endometriosis affects the safety and wellness of women, and decreases the physical quality of life. Aim of the study was to improve quality of life among women with endometriosis.

Subjects& methods: Research design: A quasi-experimental design was used.

Setting: the study was carried out in obstetrics and gynecology outpatient clinic at Zagazig university hospitals, Sharkia Governorate, Egypt, between the period from July 2017to January 2018.

Subjects: a purposive sample of 60 women diagnosed with endometriosis and divided equally into intervention and control groups.

Tools of data collection: Four tools were used in this study. A structured interviewing

questionnaire, Numerical rating scale, Endometriosis Health Profile Questionnaire-30 and intervention program.

Results: The findings of this research showed that, there was no statistically significant difference in demographic and obstetric characteristics between two groups (p 0.05). There are significant improvement regarding quality of life and decreasing level of pain among the intervention group than the control group after using of self-management strategies than pre assessment.

Conclusion: The educational program about self-management strategies to cope with endometriosis has a significant improvement of women's quality of life. Recommendations: Provide continuous health educational program on self-management strategies for women diagnosed with endometriosis to improve quality of life and reduce pain.



Exploring caring challenges in neonatal intensive care unit: Content analysis of health care team viewpoints



Haydeh Heidari¹ and Marjan Mardani²

¹Faculty of Nursing and Midwifery, Modelling in Health Research Center, Shahrekord University of Medical Sciences, Iran

²Faculty of Nursing and Midwifery, Iran University of Medical Sciences, Iran

Objective: Our purpose was to explore nurses' and physicians' viewpoints of caring challenges in the neonatal intensive care unit (NICU).

Methods: This qualitative study was applied using conventional content analysis. Research areas were two NICUs of university hospital in Iran, having 12-15 active beds. Purposeful sampling was used in this study. Twenty-three persons including 18 nurses and 5 physicians participated in the study. Interview was used for data collection.

Results: Data analysis was identified with 3 categories of human resource challenges, parental dissatisfaction, and health system management challenges. The human resources challenges include 3 subcategories:

the lack of sufficient personnel, lack of time and role confusion. Parental dissatisfaction was identified with 2 subcategories inadequate interactions with parents and undesirable care, and the health system management challenges included 2 subcategories requiring changes in structures and lack of resources.

Conclusions: Our study showed that health authorities should take measures to employ adequate staff. Also, the need for managerial changes in the health system is obvious. On the other hand, clarifying the physicians and nurses' responsibilities is suggested to avoid role confusion of nurses. This study showed that nurses are very busy in NICU and they do not have authority in working.

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**Advancing healthcare
transformation: The
new era of nursing
education, research
and practice**
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Helen Idubamo Wankasi

Department of Community Health Nursing, Niger Delta University, Nigeria

In this era that health systems' transformation has become critical to meet the increasing healthcare needs of the rapidly growing global population, emerging health challenges and the technological processes that are supplanting the mundane ones, nursing as one leading profession in the healthcare industry would not be complacent in advancing healthcare transformation process.

The purpose of this presentation was to highlight the New Era of Nursing Education, Research and Practice as key aspects in advancing healthcare transformation process. To achieve this purpose, this presentation clarified the key terms; advancing, healthcare, transformation as well as nursing.

To have a clearer view of nursing: - the definition, scope, prerequisites to practice nursing and functional areas were highlighted.

The presentation briefly explained the pre and post Nightingale nursing as well as the present levels before focused on the future.

Owing to the peculiarity of nursing in healthcare industry, insufficient qualified faculties to teach and train future nurses: cyber insecurity: and ineffective inter-sectored collaboration. Others are: lack of mentorship, manpower and poor remuneration: are some of the challenges that affect the process.

Whereas, the way-forward is to develop measures not limited to-: integration of theoretical learning into practice, inter-sectored collaboration and cyber protection as well as mentorship would reduce some of the challenges. In conclusion, if the identified challenges are addressed unequivocally, nursing would play a pivotal role in the new era of advancing healthcare transformation in the true sense of it.



Construction and validation of a checklist for operating room as a patient safety device



Ilana Mirian Almeida Felipe da Silva³, Chrystiane Campos Costa¹, Daniela Bassi Dibai¹, Euziense Furtado Mota Silva², Wellyson da Cunha Araújo Firmo¹, Adriana Souza Rêgo¹, Poliana Pereira Costa Rabêlo³ and Flor de Maria Mendonça Araújo¹

¹Universidade Ceuma, Brazil

²Hospital UDI, Brazil

³Universidade Federal do Maranhão, Brazil

Objective: To construct and validate a checklist for the organization of operating rooms.

Method: Methodological study conducted from June to December 2018 in a private hospital in the state of Maranhão, Brazil. It consisted of the following steps: literature review for the construction of the checklist, elaboration of the instrument and content validation. Seventy-four (74) members of the surgical team made assessments to validate the content. Reliability test by Cronbach's alpha coefficient and degree of internal consistency ≥ 0.70 were used.

Results: An instrument with three items (functionality of fixed and mobile equipment/accessories in the operating room; surgery; anesthesia) and 33 sub-items was developed. Cronbach's alpha coefficient was 0.956.

Conclusion: The checklist has high reliability, good internal consistency and is suitable to the organization of the preparation of operating rooms. It contributes to a better management of incidents, safe surgical care and support for new studies.



Epidemiological characteristics and strategies for the prevention of diarrheal disease in indigenous children: A scoping review



Raquel Santos Brito¹, José Rodrigues do Carmo Filho², Vanessa da Silva Carvalho Vila² and Adenícia Custódia Silva e Souza²

¹Nursing School, Feral University of Mato Grosso, Brazil

²Master's Program in Health Care, Faculty of Social and Health Sciences, Pontifical Catholic University of Goiás, Brazil

Aim: The aim of the present scoping review was to map the scientific evidence about diarrheal disease in indigenous children and the strategies that can be used to prevent it.

Methods: A scoping review of literature published between January 2006 and June 2016 was conducted using LILACS, PubMed and Web of Science. A key term search strategy was employed using "Indigenous population", "child", "diarrhea", "dysentery", "epidemiology", "primary prevention"; and the non-controlled descriptors: "characteristic", "epidemiologic study" and "children" to identify relevant studies.

Results: Application of the search strategy resulted in a hit total of 268 studies were identified and, after applying the eligibility criteria, six studies were selected, and five additional studies were identified through reference tracking. The final sample consisted of 11 articles. Only three articles were intended to investigate diarrheic disease in indigenous children. In the remainder, other diseases than diarrhea were discussed. In the studies, high morbidity rates due to diarrhea

were verified in indigenous children, who are socially disadvantaged, living in precarious hygiene and basic sanitation conditions. Childhood diarrhea was associated with a low economic level, water quality, defecation in the garden, lack of hand washing, and lack of hygiene in general. The primary prevention strategies include basic sanitation, health education for hygiene habits, animal control, breastfeeding, zinc supplementation, vitamins and vaccination against Rotavirus. The secondary prevention strategies include the use of oral rehydration solutions, adequate diet, prescription of antimicrobial agents, intravenous fluid replacement with glucose and electrolyte correction in severe cases.

Conclusions: Public policies aimed at indigenous people need to be strengthened, ensuring access to health, holistic care, but without disrespecting their culture, addressing aspects that influence the emergence of diarrheal disease. As it turns around the world, publications on the study of this problem are scarce. Few studies presented an in-depth discussion on the theme.



Effectiveness of music therapy on selected physiological and psychological symptoms among patients with head and neck cancer in selected hospital at Kanyakumari district, Tamil Nadu, India



L. Josephine Sutha

P .S. College of Nursing, India

Handling most cancers may be less horrifying experience, while a holistic approach and technique is incorporated into the primary scientific remedy. The world is emerging in the direction of diverse kinds of non-communicable sickness that are referred to as cutting edge epidemics. WHO suggest that cancer is second leading cause of death globally, and is responsible for an estimated 9.6 million death in 2018. Besides conventional treatment complementary and alternative therapies are harmonious with many values in nursing. The present study was undertaken to assess the effectiveness of music therapy on selected physiological and psychological symptoms among patients with Head and neck cancer. Listening to music increases the neurotransmitter dopamine in the brain.

The study was conducted in International cancer centre Neyyoor, Kanyakumari District, Tamil Nadu, India. Head and neck cancer patients selected for this study. By quantitative approach with quasi experimental pre and post control group design 200 samples were

selected based on inclusion criteria. After collecting the demographic and clinical data the sample were assigned in two groups experimental and the other one is control group. The samples were asked to rate their physiological and psychological symptoms based on standardized scale. Instrumental music therapy was given to experimental group samples continuously 7 days during night time. Post test was conducted on final day. The data were analyzed by inferential and descriptive statistics. It shows that all patients had severe to moderate level of symptoms during pretest and post-test in control group while in experimental group all patients reduced their symptoms in post-test. The Table below shows the frequency and percentage distribution of physiological and psychological symptoms before and after music therapy in Experimental group from pre-test to post-3-test. The result of the study concluded that intervention given was effective in reducing symptoms among cancer patients.

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Variable	Category	Score	Pre-test		Post-test 1		Post-test 2		Post-test 3	
			No	%	No	%	No	%	No	%
Pain	No	0	0	0	0	0	0	0	0	0
	Mild	1-3	0	0.0	0	0.0	0	0.0	31	28.2
	Mod-erate	4-6	110	100.0	110	100.0	110	100.0	79	71.8
	Severe	7-10	0	0.0	0	0.0	0	0.0	0	0.0
SBP	Normal	120	3	2.7	4	3.6	36	32.7	56	50.9
	Ab-normal	>120	107	97.3	106	96.4	74	67.3	54	49.1
DBP	Normal	80	63	57.3	81	73.6	101	91.8	109	99.1
	Ab-normal	>80	47	42.7	29	26.4	9	8.2	1	0.9
Pulse	Normal	60-80	96	87.3	110	100.0	110	100.0	110	100.0
	Ab-normal	82-100	14	12.7	0	0.0	0	0.0	0	0.0
Sleep duration	Normal	4-6	12	10.9	7	6.4	101	91.8	108	98.2
	Ab-normal	<4 hours	98	89.1	103	93.6	9	8.2	2	1.8
Anxiety	Normal	0-7	0	0.0	0	0.0	0	0.0	0	0.0
	Border	8-10	0	0.0	0	0.0	1	0.9	103	93.6
	Clinical	11-21	110	100.0	110	100.0	109	99.1	7	6.4
Depression	Normal	0-7	0	0.0	0	0.0	0	0.0	0	0.0
	Border	8-10	0	0.0	0	0.0	2	1.8	65	59.1
	Clinical	11-21	110	100.0	110	100.0	108	98.2	45	40.9



Are BAME communities really reluctant to take the covid-19 vaccination?



Julie Roye

South East London Clinical Commissioning Group (SELCCG), UK

Background: COVID-19 has afflicted tens of millions of people in a worldwide pandemic. Vaccine hesitancy remains a barrier for Black Asian Minority Ethnic (BAME) groups. The rapid development of COVID-19 vaccine has brought into question the efficacy and safety concerns of the vaccination. A small study with retired 65-85 year old BAME population living in London were asked to join a short trial study on how willing there were to accept the vaccination and other health issues which would cause them to either decline or to delay the vaccine. The research undertook a series of telephone interviews with the participant which lasted for 45 minutes. The results showed that after an appropriate discussion with a health care profession on the safety of

the vaccination and how it works improved uptake of the vaccine.

In conclusion it was recognized that the BAME population were not necessarily hesitant but had concerns of past medication negligence towards their population, a genuine fear and mistrust of health professional due to past history. In addition there was a lack of information on the vaccination and misleading information shared on social media which impacted their decision. Openly addressing health inequalities with the BAME community has shown to be a start at improving the health outcomes and establishing trust with their health care professional.



Retinoblastoma: A case study



K. Edvina Princy

Army Institute of Nursing, India

Retinoblastoma is also a rare malignancy of the eye affecting children, most typically four years recent and younger. Though therapy and radiation treatment aim to spare the eye, in some cases, Enucleation (i.e., removal of the eye) is needed to forestall cancer metastases or recurrence. Surgical procedures primarily performed at specialty establishments and may involve the surgical

placement of an implant at intervals the orbit of the eye. It is vital part of the nurse to offer psychological support to the kid and members of the family. As a nurse it's our responsibility to find out proper nursing diagnoses and to the interventions. After doing nursing interventions its great pleasure to know that the child is safe and cured and the care was given was beneficial for the child and her family.



Effect of intra-dialytic stretching exercises on muscle cramps among patients undergoing hemodialysis



Lakhwinder Kaur¹ and Rajvir Kaur²

¹*SGL Nursing College, India*

²*MSc Medical Surgical Nursing, India*

Patients on maintenance of hemodialysis are confronted with several complications, among them muscle cramps in lower extremities are common which results in pain to patient and early termination of dialysis. Therefore, nurses are in pivotal to manage it through effective nursing intervention that are economical in terms of time and resources. Quasi experimental research design was used in this study to assess the Effect of Intra-dialytic Stretching Exercises on Muscle Cramps among Patients undergoing hemodialysis in selected hospitals of India. The sample size was 60 patients undergoing hemodialysis i.e. 30 in experimental group and 30 in control group and was selected using purposive sampling technique. Research tool includes-demographic data, Leg Cramp Assessment Scale and intervention for intra-dialytic stretching exercises. The content validity and reliability (0.89) of research tool was checked. Ethical consideration were followed during research study. The mean pretest grade of muscle cramps in control & experimental group

were 6.20 ± 1.27 and 6.73 ± 1.21 respectively. The mean posttest grade level of muscle cramp in control & experimental group were 5.33 ± 1.18 and 3.63 ± 1.56 respectively. Results indicated that there is significant reduction in grade of muscle cramps among patients undergoing hemodialysis in experimental group as compared to control group. There was significant difference between mean posttest grade of muscle cramps in control and experimental group ($t_{cal} = 4.746$ at $p < 0.05$). The results of the study described that age ($F = 5.021$, $df = 2/27$), Family income ($F = 4.275$, $df = 3/26$) and weight of fluid removed during dialysis ($F = 2.995$, $df = 6/23$) were associated with level of muscle cramps. Increased muscle cramps with ageing may be due to decrease muscle strength with ageing and elevation of serum creatinine kinase may lead to an abnormal utilization of energy by muscles. Hence, it is concluded that the intra-dialytic stretching exercises had significant effect on muscle cramps among patients undergoing hemodialysis.



Roy adaptation model in patient with covid-19



Leila Ghanbari-Afra¹ and Mohsen Adib-Hajbaghery²

¹Faculty of Nursing and Midwifery, Kashan University of Medical Sciences, Iran

²Trauma Nursing Research Center, Kashan University of Medical Sciences, Iran

Scope: COVID-19 is an acute disease of the respiratory system with diffuse inflammation. In this disease, a wide range of symptoms can cause biological and psychological changes in performance. Skillful preparation of the patient to find the optimal way to deal with this disease, as well as maintaining the independence and vitality of life, is an important part of the treatment process in these patients. So the aim of this study was to use Roy's adaptability model in patient care for COVID-19 and to prepare the patient to deal with the problems caused by the disease based on the nursing process, which is made according to the instructions of the Roy model.

Materials & Methods: The case report study was conducted in March 2020 in one of the hospitals of Qom University of Medical Sciences. A patient with COVID19 was examined and the Roy pattern was performed on him. Nursing

care was performed based on the Roy nursing process in 6 stages.

Results: The results of the study showed that the patient had maladaptive behaviors in 4 modes (physiological, adaptation of self-perception, role-playing, independence and dependence (. After performing nursing care based on the Roy adaptation pattern, maladaptive behaviors decreased.

Conclusion: According to the results of the present study, Implement a nursing care program based on Roy adaptation model can be effective on the physical, psychological adaptation and reduction of maladaptive behaviors in patient with COVID 19. In this regard, Nurses can play a more effective role in improving the maladaptive behaviors of these patients by applying nursing care based on the adaptation model.



Discontinuation of tuberculosis treatment among children in the Kampala Capital City Authority health facilities: A mixed methods study



Leonard Kibirige¹, Jonathan Izudi^{1,2} and Stephen Okobo^{1,3}

¹Institute of Public Health and Management, Clarke International University, Uganda

²Department of Community Health, Faculty of Medicine, Mbarara University of Science and Technology, Uganda

³Infectious Diseases Institute, School of Medicine, Makerere University College of Health Sciences, Uganda

Introduction: Discontinuation of tuberculosis treatment (DTT) among children in sub-Saharan Africa is a major obstacle to effective tuberculosis (TB) control and has the potential to worsen the emergence of multi-drug resistant TB and death. DTT in children is understudied in Uganda. We examined the level and factors associated with DTT among children at four large health facilities in Kampala Capital City Authority and documented the reasons for DTT from treatment supporters and healthcare provider perspectives.

Methods: We conducted a retrospective analysis of records for children <15 years diagnosed and treated for TB between January 2018 and December 2019. We held focus group discussions with treatment supporters and key informant interviews with healthcare providers. We defined DTT as the stoppage of TB treatment for 30 or more consecutive days. We used a stepwise generalized linear model to

assess factors independently associated with DTT and content analysis for the qualitative data reported using sub-themes.

Results: Of 312 participants enrolled, 35 (11.2%) had discontinued TB treatment. The reasons for DTT included lack of privacy at healthcare facilities for children with TB and their treatment supporters, the disappearance of TB symptoms following treatment initiation, poor implementation of the community-based directly observed therapy short-course (CB-DOTS) strategy, insufficient funding to the TB program, and frequent stock-outs of TB drugs. DTT was more likely during the continuation phase of TB treatment compared to the intensive phase (Adjusted odds ratio (aOR), 5.22; 95% Confidence Interval (CI), 1.76-17.52) and when the treatment supporter was employed compared to when the treatment supporter was unemployed (aOR, 3.60; 95% CI, 1.34-11.38).



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Conclusion: Many children with TB discontinue TB treatment and this might exacerbate TB morbidity and mortality. To mitigate DTT, healthcare providers should ensure children with TB and their treatment supporters are accorded privacy during service provision and provide more information about TB symptom

resolution and treatment duration versus the need to complete treatment. The district and national TB control programs should address gaps in funding to TB care, the supply of TB drugs, and the implementation of the CB-DOTS strategy.



Effectiveness of self- instructional module on knowledge regarding breast self-examination among young female adults: An experimental study



Manisha Gupta

Rabindranath Tagore University, Institute of Nursing, India

Introduction: Breast cancer accounts for 19-34% of all cancer cases among women in India. There is high mortality due to late stage diagnosis as patients usually present at an advanced stage because of lack of awareness and nonexistent breast cancer screening programs. Early detection and prompt treatment offer the greatest chance of long-term survival and breast self-examination (BSE) seems to be an important viable optional substitute for early detection of cancer.

Objective of study:

1. To assess the level of knowledge of young female adult on BSE in selected institute.
2. To determine the effectiveness of planned teaching program among young female adult on BSE in selected institute.

Research Methodology: The Preexperimental one group pre test and post test research design research was used among 50 young female adult from a selected Rabindranath Tagore University Bhopal, MP. Structured questionnaire consist of 30 items on knowledge regarding Breast self Examination among young female adults were used to assess pre existing knowledge. Self Instructional module was provided to the participants. Post

test knowledge was assessed after 7 days of provided Self Instructional module.

Results: The study revealed that majority 66% of young female adult were in the age group of 21-25 years, 48% of them were Graduates, 58% attained menarche between the age of 13-15 years. 54% of them gained knowledge from family and friends.

In the pre-test the overall level of knowledge 74% had an average score, 24% of them had poor knowledge whereas 2% had good knowledge. In the pre-test the total knowledge score was 46% with mean±SD 17.54±4.61. In post-test the average knowledge was 68% and good knowledge was 32%. In post-test the total knowledge score was 68% with mean±SD 25.86.92±2.76.

Findings indicated that there was a highly significant difference ($t=15.97$, $P<0.05$).

Interpretation and conclusion: The study revealed that Young female adults had inadequate knowledge regarding breast self examination. Before STP this indicates the necessity of an effective teaching programme regarding breast self examination. After STP the knowledge was increased.



Effectiveness of percutaneous electrolysis in supraspinatus tendinopathy: A single- blinded randomized controlled trial



Manuel Rodríguez-Huguet

Department of Nursing and Physiotherapy, University of Cádiz, Spain

Supraspinatus tendinopathy is one of the most common causes of shoulder pain. Many studies support conservative treatments such as exercise, trigger point dry needling or corticosteroid injections. Otherwise, a minimally invasive approach with percutaneous electrolysis (PE) has also been used successfully in shoulder pain, although evidence about its long-term effects is scarce. The aim of this trial was to determine the effects of PE on supraspinatus tendinopathy compared with trigger point dry needling (TDN). Thirty-six patients with supraspinatus tendinopathy were randomly assigned to either a PE group (n = 18) or a TDN group (n = 18). Both groups also performed eccentric

exercises. The main outcome to be measured was the Numerical Pain Rating Scale (NPRS), but the shoulder range of motion (ROM) and trigger point pressure pain threshold (PPT) were also considered. A one-year follow-up was conducted. Significant differences favoring the PE group were found regarding pain at one-year follow-up (p = 0.002). The improvement achieved in the PE group was greater in the NPRS (p < 0.001), proximal PPT, middle PPT, distal PPT (all p < 0.001) and ranges of movement. PE seems to be more effective than TDN in relieving pain and improving ROM and PPT supraspinatus values in patients with supraspinatus tendinopathy, both right after treatment and at one-year follow-up.



Challenges of nursing teachers in virtual teaching-learning environments



Maria Niurka Vialart Vidal¹ and Inarvis Medina González^{1,2}

^{1,2}National School of Public Health, Cuba

Introduction: The educational trends of the twenty-first century are marked by scientific and technological integration that allows the academic management of all the stakeholders, assisted by the technologies of information and knowledge, as well as the development strategies and academic perspective generated mainly by technological platforms, and the methods based on an educational setting with new conditions for self-learning, manifested in electronic learning.

Objective: To present the challenges of nursing professors regarding the use of virtual learning environments in their performance, when considering the current trends of educational technologies in higher education.

Methods: Cross-sectional and descriptive study. A descriptive bibliographic review was carried out from 2015 to 2018, together with interviews. Systematization and documentary

study were applied as scientific methods. Triangulation of the sources was performed to obtain results.

Results: The educational approach of nursing teachers, together with the introduction and development of the pedagogical process with the use of virtuality, led to a relevant challenge associated with the use of these virtual environments as aspects positive for academic training in blended learning courses. However, there are still difficulties that lead to new challenges, which make them be overcome more and more.

Conclusions: There is the availability in the network and the intelligent potential necessary for nursing teachers to overcome increasingly and assume a permanent education, and assume these challenges as transformative processes to face and achieve.



Nutritional study and plasma levels of lipids and micronutrients in a group of perimenopausal women



Iglesias López M.T. and Renghea A

Francisco de Vitoria University, Spain

Objective: The object of study is to examine the lifestyle and the intake of nutrients as well as their relationship with analytical parameters, in a group of women in the perimenopausal period, professionals and with a higher education level.

Material and methods: The study was carried out in April 2018, involving 30 volunteers (45-55 years). The women participating in the study belong to a medium-high socioeconomic status, they are professionals with a high cultural level (graduates). Anthropometric measurements and blood pressure were taken by trained personnel. Food intake was evaluated using a 3-day food recall survey and DIAL © program. In parallel, they were given a standardized survey of dietary and lifestyle habits. SPSS 22 was used to statistical study.

Results: In dietary habits, a high intake of lipids with a high contribution of saturated fatty acids stands out. Low intake of complex carbohydrates and fiber. Within the contribution of micronutrients, the low contribution of folic acid and calcium stands out. The analytical parameters were all in the normal range, highlighting a vitamin D deficiency. Regarding their physical activity, the sedentary lifestyle and little outdoor activity stand out.

Conclusions: The intake of this group of women despite their educational level they had a high intake of protein and fat and low carbohydrates. The intake of fiber, calcium, physical activity, anthropometric measurements and levels of vitamin D are not the most adequate to control the highest cardiovascular risk at this stage of life in women.



The protagonism of nursing in the covid-19 pandemic: What does this profession have to learn and teach global society?



Marli Terezinha Stein Backes¹, Patrícia da Rosa Damiani¹, Karini Manhães de Carvalho¹, Evangelia Kotzias Atherino dos Santos¹, Andreas Büscher² and Dirce Stein Backes³

¹Universidade Federal de Santa Catarina, Brazil

²Hochschule Osnabrück, Deutschland

³Universidade Franciscana, Brazil

Introduction: The Covid-19 pandemic has affected life in society globally and has generated great changes in all directions.

Objective: to promote a theoretical reflective analysis of what nursing has to learn and teach to global society in times of Covid-19 pandemic.

Methods: reflective theoretical essay aimed at contributing new knowledge and raising new questions, based on the assumptions of Edgar Morin's complexity thinking, subsidized by readings of texts extracted from electronic databases, as well as speeches by health professionals available in open communication tools.

Results: the new coronavirus (SARS-CoV-2 and its variants) has shown us that this current pandemic is not fought with nuclear or fire weapons, but with science and care in its multiple dimensions: physical, emotional, spiritual, family, social, political and economic. Nursing has much to learn and teach with and in global society because its main object of work, care, is related to the expansion of systemic

interactions and associations and the ability to strengthen the interlocution with complex reality, especially in times of pandemic in which the new coronavirus/Covid-19 is the villain. It is necessary, gradually, to overcome the paradigm of simplification and consider complexity as inducing new possibilities and opportunities to (re)organize nursing as a science and profession highlighted at the moment.

Final considerations: the thought of complexity, illuminating multidimensional nursing care, transcends the sovereignty of the instituted order and conceives the dialogical relation between order, disorder and organization. Under this approach, the nursing professional assumes, besides being the protagonist, a mediating and interlocutor role in care, which implies considering human singularities and multidimensionality. To achieve this interactive and associative process, it is necessary to transcend the paradigm of simplification, characterized by principles of disjunction, reduction and fragmentation, and gradually consider the complexity of being and nursing.



Intracortical circuits in the contralesional primary motor cortex in patients with chronic stroke after Botulinum toxin Type A injection: Case studies



Zoghi M¹, Hafezi P², Amatya B^{3,4}, Khan F^{3,4} and Galea MP^{3,4}

¹Department of Physiotherapy, La Trobe University, Australia

²Monash Health, Australia

³The Royal Melbourne Hospital, Australia

⁴University of Melbourne, Australia

Spasticity and motor recovery are both related to neural plasticity after stroke. A balance of activity in the primary motor cortex (M1) in both hemispheres is essential for functional recovery. There is considerable variability in the onset of spasticity, which may occur in the short-, medium- or long-term after stroke, and the relationship between spasticity and motor recovery remains poorly understood by clinicians and researchers.

In this study, we assessed the intracortical inhibitory and facilitatory circuits in the contralesional M1 area in four patients with severe upper limb spasticity after chronic stroke and treated with botulinum toxin-A (BoNT-A) injection and 12 weeks of upper limb rehabilitation.

There was little to no change in the level

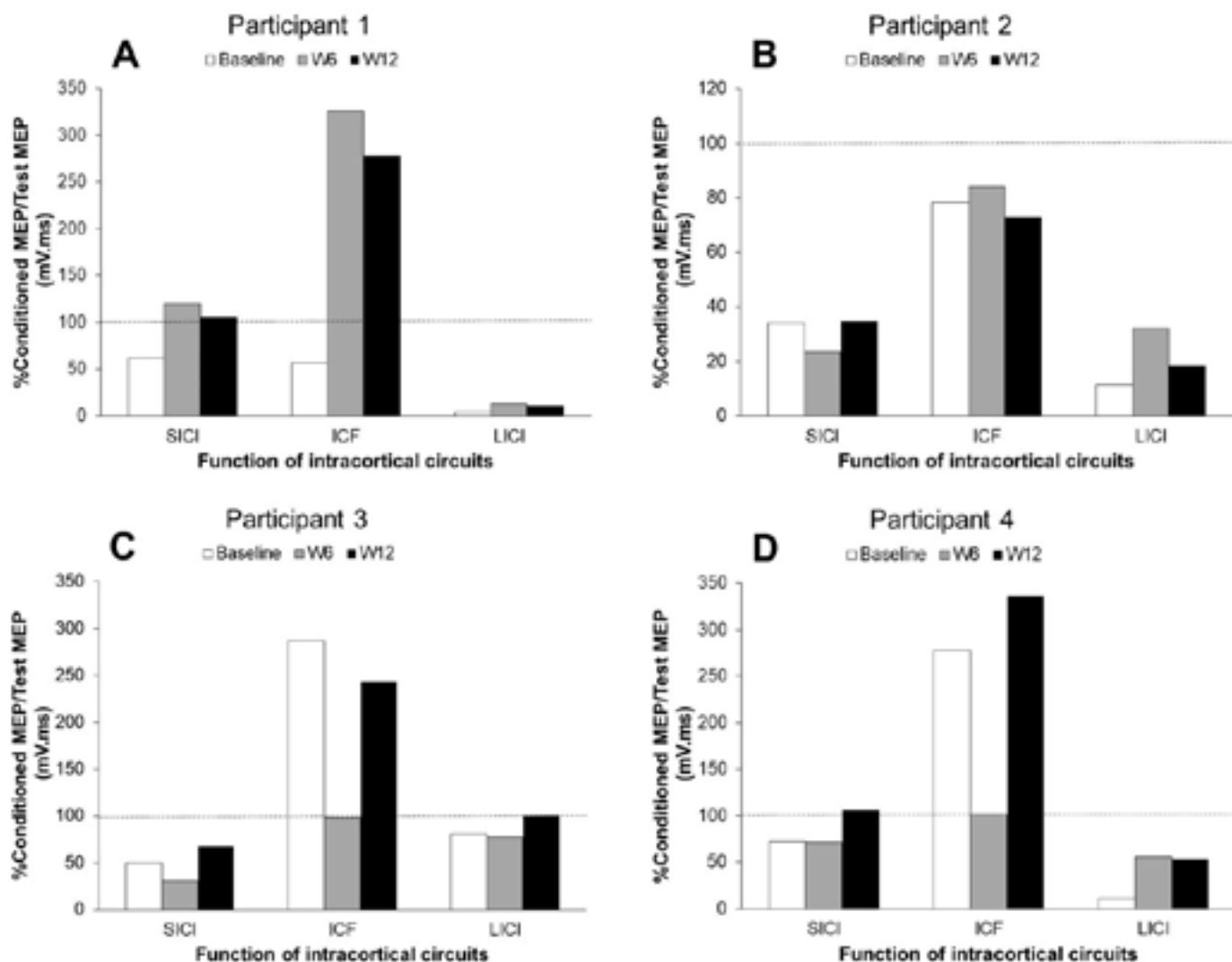
of spasticity post injection, and only one participant experienced a small improvement in arm function. All reported improvements in quality of life (Table below).

ARAT: Action Research Arm Test, EQ-5D-5L: Euro-Quality of Life, FIM: Functional Independence Measure; FDS: = Flexor digitorum superficialis, FCU: = flexor carpi ulnaris, FCR: = flexor carpi radialis, FDP: = flexor digitorum profundus, FPL: = flexor pollicis longus

However, the levels of intracortical inhibition and facilitation in the contralesional hemisphere were different at baseline for all four participants, and there was no clear pattern in the response to the intervention (Figure below).

Scales	Participant 1			Participant 2			Participant 3			Participant 4		
	B	W6	W12	B	W6	W12	B	W6	W12	B	W6	W12
ARAT												
Grasp (0–18)	0	0	0	0	0	0	0	0	0	0	0	0
Grip (0–12)	0	0	0	0	0	0	0	0	0	0	0	0
Pinch (0–18)	0	0	0	0	0	0	0	0	0	0	0	0
Gross movement (0–9)	4	9	9	2	2	3	2	3	3	2	3	3
Total (0–57)	4	9	9	2	2	3	2	3	3	2	3	3
FIM Motor												
Total (13–91)	74	75	75	63	63	63	74	79	78	74	79	79
Self-care (6.42)	31	31	31	27	27	27	30	32	33	32	35	35
Sphincter (2–14)	14	14	14	12	12	12	14	14	14	12	14	14
Locomotion (2–14)	11	12	12	7	7	7	9	12	12	12	12	12
Mobility (3–21)	18	18	18	17	17	17	21	21	19	18	18	18
FIM Cognition												
Total (5–35)	33	33	33	30	30	30	30	30	30	35	35	35
Communication (2–14)	12	12	12	12	12	12	12	12	12	14	14	14
Psychosocial (1–7)	7	7	7	6	6	6	6	6	6	7	7	7
Cognition (2–14)	14	14	14	12	12	12	12	12	12	14	14	14
Motor Assessment Scale												
Upper arm movement (0–6)	2	2	2	2	3	4	0	0	1	1	1	1
Hand movement (0–6)	1	2	2	1	2	2	0	0	1	1	1	1
Advanced hand activities (0–6)	1	1	1	0	0	0	0	0	0	0	0	0
Total (0–18)	4	5	5	3	5	6	0	0	2	2	2	2
Modified Ashworth Scale (0–4)												
FCR	3	2	3				3	2	2			
FCU	3	2	2									
FDS	3	2	2	3	2	3	3	2	2	3	3	3
FDP				3	3	3	3	2	3	3	3	3
FPL				3	3	3				3	3	3
Biceps										2	+1	+1
EQ-5D												
Mobility (1–5)	2	2	1	3	1	1	2	3	3	1	1	1
Self-care (1–5)	2	2	2	3	3	3	2	1	1	1	1	1
Daily activity (1–5)	2	3	2	3	4	3	2	1	1	0	0	0
Pain/discomfort (1–5)	1	0	1	3	2	1	2	2	2	0	1	0
Anxiety/depression (1–5)	1	0	1	3	0	0	2	2	2	0	1	0
Overall health (0–100)	70	90	75	70	70	80	70	70	75	60	80	85

B = Baseline assessment, W6 = week 6 assessment, W12 = Week 12 assessment



Changes of SICI, LICI, and ICF in unaffected M1 areas in each participant with chronic stroke after BoNT-A injection and 6 weeks upper-limb rehabilitation program. Panel (A) shows participant 1 data. Panel (B) shows participant 2 data. Panel (C) shows participant 3 data. Panel (D) shows participant 4 data. SICI, short-interval intracortical inhibition; LICI, long-interval intracortical inhibition; ICF, intracortical facilitation; MEP, motor-evoked potential; W, week.

Further investigation is needed to understand how BoNT-A injections affect inhibitory and facilitatory circuits in the contralesional hemisphere, the severity of spasticity, and functional improvement.

“ Modeling the structural relationship of early maternal maladaptive schemas and children's temperamental problems: The mediating role of child adjustment ”



Masoud Hejazi and Mohammad Kazem Salamat

Department of Psychology, Islamic Azad University, Iran

Background: Characteristics of maternal schemas play an important role in the child's psychological health. Identifying the mechanism of the relationship between maternal schema and temperament problems can be the focus of therapeutic interventions.

Objectives: The aim of the present study was to investigate the ways to predict the relationship between early maladaptive schemas of mothers and children's temperament problems with child adjustment mediator.

Method: This is a descriptive-analytic study based on correlation and path analysis. The sample consisted of 447 Zanjan preschool students who were selected through multistage cluster sampling method. Data were collected using a questionnaire and Parents of preschool children answered early maladaptive schemas Yang, adolescent child adjustment, and the Malahotra temperament questionnaire.

Pearson's correlation coefficient and path analysis were used to analyze the data.

Results: The results of the research on preschool children and their mothers showed that the direct estimation coefficients of temperament problems based on components of maladaptive schemas were between -09 % to -.20%. Also, the direct coefficients of estimation of temperamental problems based on child adjustment were 46%. Overall, maternal maladaptive schemas account for 08% of the variance of adjustment and .33% of the variance in temperamental problems ($P = 0.01$).

Conclusion: According to the results, it seems that measuring and detecting maladaptive schema of the mother and identifying the type of maladaptive schema and helping to cure them can lead to their children being adjustment and improving their children's temperamental problems.



Infectious diseases: Current epidemiology and key dimensions for the prevention and control



I.E. Mba¹, H.C. Sharndama¹, Z.K. Anyaegbunam^{1,2} and O.P. Okeke¹

¹University of Nigeria Nsukka, Nigeria

²Institute for Drug-Herbal Medicine-Excipient-Research and Development, University of Nigeria, Nigeria

Infectious disease prevention, control and management remain a critical issue in clinical settings. The recent outbreaks of Zika, Ebola, dengue, influenza, Middle East respiratory syndrome (MERS), and more recently, Severe acute respiratory syndrome coronavirus (SARS-CoV-2) have questioned whether the current global health system can offer the needed protection against an array of infectious disease threats. HIV, tuberculosis (TB) and malaria remain the major pathogens, with more than 5 million mortality annually. The emergence of antimicrobial resistance (AMR) infections has compounded the whole issue. Statistics show that in the US alone, more than 2.8 million AMR infections occur yearly, resulting in more than 35,000 deaths annually. The rapid emergence of resistant microbes has placed a substantial clinical and financial burden on patients and the overall health care system. As of 2018, AMR had become a global health threat and a threat to the implementation of universal health coverage. Recently, *Acinetobacter baumannii*, *Pseudomonas aeruginosa* and

Enterobacteriaceae were classified as critical in the WHO priority pathogens, thus making infections caused by these organisms a serious public health threat. Antimicrobial agents usually designed to fight and eliminate infectious pathogens are proving ineffective day by day. The truth remains that the increase in the emergence of AMR infection in the future is nearly inevitable since microbes are very versatile, and their evolution is highly unpredictable. The need to properly understand the incidence and prevalence of infectious diseases, re-evaluate the effectiveness of several proposed interventions and develop more effective preventive, treatment and control measures cannot be overemphasized. Here, we critically reflect on the basic principles and management of infectious diseases. Interestingly, we provide an up-to-date overview of AMR infectious diseases, which persists as a critical challenge in public health worldwide. Moreover, we also review the major infectious diseases monitoring and evaluation concepts, best practices and challenges.

“ Lived experiences of transgender individuals Regarding the family's reaction to gender dysphoria: A phenomenological study ”



Mehrdad Abdullahzadeh and Nahid Heidari

Department of Nursing and Midwifery, Isfahan (Khorasgan) Branch, Islamic Azad University, Iran

Family as a social institution of shaping identity for individuals can play an exacerbating or reducing role in symptoms of many physical and mental disorders. Understanding how transgender people experience the reaction of the family to Gender Dysphoria demonstrations can be beneficial for a better understanding of the problems of these clients, and that addressing these issues. This study aimed to explain the lived experiences of transgender people regarding the family's reaction to Gender Dysphoria. Participants in this qualitative study with the phenomenological approach were ten transgender individuals (six biological males, four biological females). They were selected by the targeted and snowballing method according to the inclusion criteria from the field of forensic medicine in the south of Iran. Semi-structured in-depth interviews were used. Data were analyzed using the seven-step approach of Colaizzi. Lincoln and Guba's criteria were used to assess the reliability and validity of data. After analyzing the data, the two main themes of maladaptive reaction and adaptive reaction and six general categories of denial of reality, destiny test, punishment instead of

treatment, disparaging until breaking the habit, accompanying with desperation, and coping with fate were classified. According to the results, the reaction of transgender individuals' families to gender dysphoria includes a significantly different pattern of behavior. The reaction in the family of transgender people to the person with this disorder can be interpreted as an attempt to avoid the experience of shame in society. See figure.

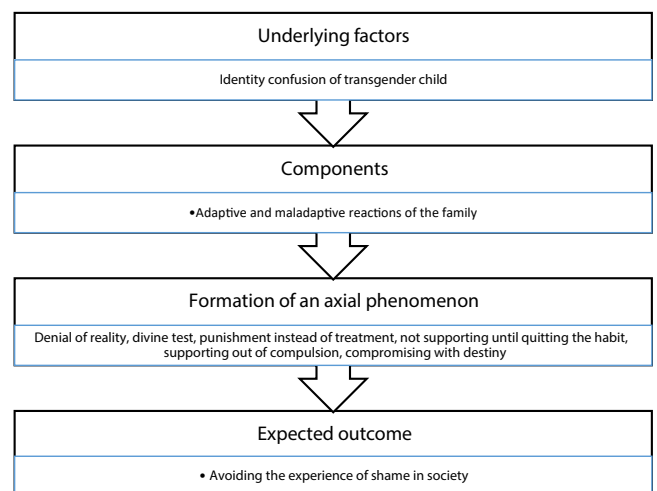


Figure: Experiences of transgender individuals Regarding the family's reaction to gender dysphoria

“ Violence in nursing: A silent epidemic ”

M. Squire and K. Hessler

UC Health Medical Center of the Rockies, USA

Background: Healthcare workers face a daily threat that has a potential to injure them both psychologically and physically, patients who are violent. The actual prevalence of verbal and physical violence is not known as professionals tend to under-report violent incidences. Violence faced by healthcare workers at the hands of patients and/or visitors is not discussed openly. Reflecting this hidden narrative, little can be found in the existing literature that explores the physical and psychological toll of sitting with a patient for long hours in a one-to-one assignment. There is an existing culture and undercurrent that violence is just “part of the job”.

Purpose: The purpose of this study was to gain understanding of the experience of staff asked to complete a one-on-one assignment (also known as a sitter) with a patient who has become verbally and/or physically violent.

Method: The method of phenomenology was used in five focus groups conducted virtually clinical nurses and nursing assistants who were employed in a hospital setting. Focus groups were conducted with five or fewer participants and were recorded for transcription purposes.

A semi-structured interview guide lead focus group discussion about the experience of patient to healthcare worker violence in a one-on-one assignment. All interview transcripts were transcribed word-for-word and analyzed for codes and themes in an iterative and repetitive qualitative analysis process.

Results: Qualitative analysis produced 4 themes: (1) Silent Epidemic, (2) Culture of UNSafety, (3) Emotional Occupational Hazard, and (4) Policies and Response. Presentation of findings will include discussion of each of theme with participate quotes to support each.

Implications: Resources and policies currently in place may not be robust enough for clinical applicability at the bedside. Staff should be encouraged to report events when they occur no matter the diagnosis of the patient and provide necessary feedback toward the goal of improving safety of patients and staff. Regular educational offerings to ensure staff are competent in de-escalation techniques, current policy, and last resort clinical judgement actions that protect their own safety are essential.



Coronavirus disease 2019 (covid-19, perinatal and neonatal outcomes: A systematic review study



Mohammad Taha Saadati Rad

Psychiatry and Behavioral Science Center, Mazandaran University of Medical Sciences, Iran

Background: 2019 Novel coronavirus (SARS-CoV-2) originated in China, and causes unexplained pneumonia. The risk of adverse pregnancy outcomes increases in respiratory viral infected pregnant women. The aim of this systematic review is determination of maternal and neonatal pregnancy outcome in infected mothers.

Methods: Searches were conducted in PubMed, Elsevier and Google scholar to identify original research paper, review and case report paper which describing pregnant women affected by coronavirus. We used the search term "2019 novel coronavirus", "COVID 19", "Pregnancy", "Pregnancy outcome" and "Neonatal outcome". We reviewed all full texts and extracted data. The quality of included studies was assessed. Evidence level was recorded blindly. Data were extracted; demographic data, maternal imaging- diagnostic testing- outcome and perinatal and neonatal outcomes and neonatal

diagnostic test.

Results: The search of PubMed and scholar Google and other database were identified 87, 7280 and 12 results respectively. Finally all of 20 papers were included. The number of women in each paper was 1 to 16 (total: 78). All of women was in trimester III except 2 cases who were less than 28 weeks. The most prevalent clinical symptom are fever, cough and sore throat. The most of maternal outcome was intrauterine distress, PROM and preterm delivery. The most of baby had delivered by cesarean section. The most complication of babies was prematurity, small for gestational age, fetal distress, low birth weight and bacterial pneumonia.

Conclusion: In this systematic review we found some evidence to suggest that COVID-19 pneumonia causes negative maternal and neonatal pregnancy outcomes.



New exercises program with the ultimate-fit approach to prevent the occurrence of various types of pain and musculoskeletal disorders in the elderly



M. Babaei Khorzoghi

Health Group in Teaching and Work Environment, Center of Physical Education, Isfahan University of Technology, Iran

One of the critical periods of human life is old age. With age, some physiological changes cause negative effects on various dimensions of physical health. The most important issue is related to maintaining independence in daily activities and continuing to live actively.

As a result, one of the things that may have been able to play a major role in the health of the elderly as well as the negative effects of aging is regular and continuous physical activity.

Such exercises should be accompanied by spending the least amount of time in a safe environment, with minimal equipment and a reduction in the amount of transportation, especially in the conditions of corona epidemics (exercise at home and Tele-exercise).

As most research has pointed out, combination exercise can have beneficial effects on various

aspects of physical health in all age groups, especially the elderly. But how different exercises work together and with what approach they become an exercise program has many challenges.

One of the new approaches is called Ultimate-Fit, which is offered as a combination of different types of exercises in each session is based on the ability of each person. "such as Cardiovascular endurance, balance, muscular strength, muscular endurance, range of motion and other exercises such as self-awareness, mental and ... ", And it is necessary to explain that each part is repeated 2 to 3 times. In this approach, the elderly condition will be assessed before prescribing exercises. In the continuation of sports exercises in the form of one or more physical postures such as lying, sitting, standing and a combination of each is designed and implemented.

“ View of graduates of the nursing course on the training process ”

Mônica Lá - Salette Da Costa Godinho¹ and Maria José Clapis²

¹*School of Nursing of the Federal University of Alfenas-MG, Brazil*

²*School of Nursing of the University of São Paulo, Brazil*

The view of graduates on the training process experienced in the academic trajectory allows institutions to follow the professional path and correct directions in search of training excellence.

Objective: Identify the perception of the egress from their professional practice and insertion in the world of work.

Scope: The theoretical framework used is anchored in curriculum theories and training for the Unified Health System, in force in Brazil.

Results: The sociodemographic profile of the participants showed the predominance of female graduates (89%), white race (81%), age group between 30 and 40 years (56%), wage income between two and seven minimum wages (59%)¹ and with housing site concentrated in one region of the country. It was found that professionals feel technically prepared for the world of work, recognize the tradition of the institution, teacher training,

the ease of the teacher/student relationship and experience in extracurricular activities, but demonstrate dissatisfaction with remuneration and professional appreciation, with the practical workload experienced in the course of training, with the interweaving between academy and preceptory of health services and with the teaching of management/management, autonomy, leadership and decision-making.

Method: Descriptive, exploratory research, with quantitative-qualitative approach, 68.5% of graduates graduated between 2008 and 2018 were interviewed. Descriptive statistical analysis and thematic analysis were performed.

Conclusion: Studies of this nature allow the evaluation of the training process and point to the need to maintain the link with graduates, enabling the continuous review of the curriculum and the reformulation of the dynamics of the training process, facilitating the transition between academia and the world of work.



The relationship between knowledge, attitudes, and practices of kangaroo mother care among nurses and midwives in selected settings in Botswana



Ncube M.M, Swart N.C and Magowe M

Lecturer at University of Botswana School of Nursing, Botswana

Background: Globally, over 2.7 million newborns die annually, which makes about 44% of children dying before the age of five years (Chan, Labar, Wall, & Atun, 2016). Reports also indicate that complications of preterm birth are the leading cause of death among new-borns (Chan et al., 2016). The practice of Kangaroo Mother Care is one strategy that has been used to prevent new-born deaths globally. This strategy was developed in Bogota, Colombia in the 1970s with a goal to have preterm and low birth weight infants cared for by their mothers using continuous skin to skin contact 24 hours a day (Strand, Blomqvist, Gradin, & Nyqvist, 2014; Uwaezuoke, 2017).

Purpose: The purpose of this study is to describe the relationship between knowledge, attitudes and practices of kangaroo mother care among nurses and midwives in selected settings in Botswana.

Methods: This study will use a descriptive quantitative correlational and cross-sectional observational design to describe the relationship between knowledge, attitudes, and practices of kangaroo mother care among nurses and midwives in selected settings in Botswana. A simple random sample of 111 nurses and midwives will be selected from Princess Marina Hospital, Sekgoma Memorial Hospital and Goodhope Primary Hospital using a stratified random sampling method. Data collection will be done using an investigator developed kangaroo mother care instrument that measures knowledge, attitudes and practices towards kangaroo mother care in selected settings in Botswana. SPSS 25 software will be used to analyze data using descriptive statistics, and multiple logistic regression models.



Exploring experience of Iranian medical sciences educators about Best Evidence Medical Education: A content analysis



Seyed Amir Hossein Emami¹, Hamidreza Khankeh², Maryam Karbasi Motlagh³,
Nazila Zarghi⁴ and Mandana Shirazi⁵

^{1,3,5}Tehran University of Medical Sciences, Iran

²University of Social Welfare and Rehabilitation, Iran

⁴Mashhad University of Medical Sciences, Iran

Objective and scope: Applying the Best Evidence Medical Education (BEME) in real educational arena is a necessity in medical education. As to the literature, there are enough evidence; however, their application by educators and policymakers has been still failed. Therefore, this study conducted to explore the experience of educators about applying BEME in Iranian context.

Methods: Qualitative approach using content analysis method was utilized for exploring 25 participants involved with medical education in different levels, introduced the study using purposeful sampling. Data were collected through a semi-structured interview by which they answered to researcher's questions in around 45 min about how they apply evidence in their educational setting. To make more clarification, probing questions were used. Interviews were recorded and transcribed and then analyzed by coding paradigm immediately.

Results: Three categories were emerged

as: applying different levels of evidence, substitution of evidence-based medicine for BEME, and variation of understanding BEME. The first category includes subcategories of using personal experience, textbooks, and filtered papers. The second contains lack of knowledge about BEME elements, time and motivation as well as no priority for applying available medical education evidence; and third, using different terminology and having some problems in applying process, based on individual understanding and using papers with or without modification.

Conclusion: For effective evidence application, it is necessary to operationalize BEME terminology and overcome any ambiguity surrounded it. It is also important to suggest educators to apply the appraised evidence as well as teach them how they search and appraise evidence independently. Certainly, in the first steps, supervision and providing a proper context for BEME applications are crucial.



Building Bangladesh's capacity on covid-19 prevention and control through inclusive nursing



Neaz Mujeri

Center for Research Initiatives (CRI), Bangladesh

This paper investigates the pathways of enhancing Bangladesh's capacity to prevent and control the spread of the Covid-19 pandemic, particularly on how inclusive nursing can inhibit the spread of the coronavirus. In Bangladesh, a South Asian country with nearly 166 million people, the experience with Covid-19 since March 2020 shows an unparalleled humanitarian crisis with a strong public health dimensions. Bangladesh's struggle against the pandemic is primarily constrained by its inept healthcare system along with its huge deficit of nursing personnel and facilities in both urban and rural areas. To attain these objectives, data have been from secondary sources which included publicly available information from articles in newspapers or popular magazines, books, articles, data found in scholarly journals and websites. The analysis with available data points to policy responses covering two phases of the pandemic response involving

inclusive nursing practices. The first phase, covering two months, characterises strict lockdown and physical distancing along with widespread restrictions on economic activities and social gathering. The second phase involves a phased reopening of economic activities. In both phases, inclusive nursing has been critical in caring for the patients and propagating the Covid-19 prevention related messages and practices. The study highlights that Infection prevention and control (IPC) requires practical, evidence-based approaches that can safeguard the safety and quality of care and prevent patients and health workers from being infected by Covid-19. Effective IPC would result in consistent measures throughout the health system chain including policymakers, facility supervisors, healthcare professionals and workers, and above all, the patients and population at large in an inclusive manner.



Family care in managing the covid-19 pandemic



Nur Hamim, Sunanto and Ro'isah

Nursing Study Program, Sekolah Tinggi Ilmu Kesehatan Hafshawaty Pesantren Zainul Hasan, Probolinggo, East Java Indonesia

The condition of the Corona Virus Disease 2019 (Covid-19) pandemic indirectly has an impact on the living conditions of people, in other parts of the world, including Indonesia. The outbreak of the Covid-19 virus which has claimed many lives was caused by a zoonotic event. In these conditions, the role of the family, in this case, the concern among fellow family members, is very large in preventing the spread of the Corona virus because the family is the only social institution that is given the first responsibility to regulate behavior. Therefore, the family and the members in it can at the same time become the main agents of socialization so that each individual is moved and is responsible for carrying out health protocols and taking care of each other in this case is Family Concern. The purpose of this study was to determine the family's concern in dealing with the Covid 19 pandemic. The method in this study used a survey approach, namely research that took samples from the family population, where the questionnaire was the main data collection instrument. Meanwhile, based on the time this research uses a cross-sectional design that is to provide an explanation (explanatory research), based on respondents' perceptions,

which is to explain the causal relationship between variables based on respondents' answers. The results of the study show that there is an influence of family resilience on family beliefs during the Covid 19 pandemic. From the analysis results show that the effect of family resilience on beliefs with a T-Statistic value of 14,972 (T count > 1.96). During the Covid 19 Pandemic, there is an influence of Family Resilience on Family Communication. The results of the analysis show the effect of family support on Family Communication with a T-Statistic value of 13,784 (T count > 1.96), There is an effect of Family Resilience on Family Management, Shows the effect of Family Resilience on Family Management during the Covid 19 pandemic period with a T-Statistic value of 23,071 (T count > 1.96), There is an Influence of Family Resilience on Social Services. The table shows the effect of Family Resilience on social services during the Covid 19 pandemic with a T-Statistic value of 8,200 (T count > 1.96). That family care is influenced by the way the family understands the services provided by one family with other family members, so that between family members Contribute whenever there is a condition that requires proper treatment.

“ Determinant factors of hypertension in the elderly ”

Nur Hamim and Nafolion Nur Rahmat

Nursing Study Program Sekolah Tinggi Ilmu Kesehatan Hafshawaty Pesantren Zainul Hasan, Indonesia

Hypertension is still a major public health problem, especially in developing countries. Elderly as a special group that is susceptible to degenerative diseases, which is influenced by many factors including the behavior of awareness of the importance of maintaining health which is still lacking so that they experience hypertension. Therefore hypertension is a risk factor for cardiovascular disease. Which suffers a lot by the elderly. This study aims to analyze the risk factors for hypertension in the elderly over 50 years of age.

The method in this study is a survey approach, designed to determine the determinants of hypertension, especially in the elderly. While the observational design was used to examine the risk factors for hypertension in the age group above 50 years with a cross-sectional approach. The sampling technique used purposive sampling. There are 61 respondents.

Collecting data using a questionnaire and observing the variables of blood pressure and anthropometry in each respondent.

The results showed that the prevalence of hypertension sufferers in the sample population was 71.6% (male 70.5%, female 72.7%). Adherence to treatment is 19 percent, level of awareness is 30 percent, and care for the elderly with hypertension is 21 percent. The results of logistic regression analysis showed that the prevalence of hypertension was associated with the Madurese population, obesity, stroke and with outpatient care.

Thus, the prevalence in the elderly group is still quite high which puts them at risk for cardiovascular disease. The low level of self-care, level of awareness and treatment are strong reasons for the need for continuous health education, social and family support for the elderly in managing hypertension.



Evaluate the effectiveness of awareness program on breast cancer and skill training on breast self-examination among rural women in Chittoor Dist, Andhra Pradesh - A collaborative research



Padmaja A¹, Mohanasundari S K², Dr Munuswamy³, Murali⁴ and K. Sessa kumar⁵

^{1,3}SVIMS, India

²AIIMS Jodhpur, India

⁴District Rural Development Authority Officer, India

⁵Ambigara Chowdaiah College of Nursing, India

Objectives: To evaluate the effectiveness of awareness programme on breast cancer and skill training on breast self-examination among rural women in Chittoor-Dist Andhra Pradesh.

Method: Post-test only design was conducted among 3015 women who was not diagnosed for breast cancer aged >30 years of 54 villages in Chittoor Dist, India. They were selected through 2 stage cluster sampling technique. Structured knowledge questioner on breast cancer and check list on breast self-examination (BSE) used to collect data.

Result: Results showed that most of the women (69.7%) had adequate knowledge on breast cancer and mean was 8.04 ± 1.62 . BSE showed 100% women had developed good skills and mean was 15.21 ± 1.98 .

Discussion: In this study women who received health education on breast cancer showed improved level of knowledge and they were able to perform BSE proficiently irrespective of their demographic variables. This study results were supported by study of Anantha Lakshmi et.al (2014), Safiya K et.al (2017) and Swapna MK (2016).

Conclusion: During breast self-examination 90 women felt pain with tenderness and 65 women had lump over the breast. They were referred for further investigations. Empowering women through awareness and skill training programme improved their knowledge on breast cancer and skill on BSE, would decrease the incident of morbidity and mortality rate.

Level of knowledge	Score	Interpretation	Frequency (%)
Level of knowledge	<5	Inadequate knowledge	90 (3)
	5-7	Moderately adequate knowledge	825 (27.3)
	>7	Adequate knowledge	2100 (69.7)
Level of practice	<9	Poor skill on BSE	0
	>9	Good skill on BSE	3015 (100)

Table-1: Distribution of level of knowledge on breast cancer and skill on BSE N=3015.

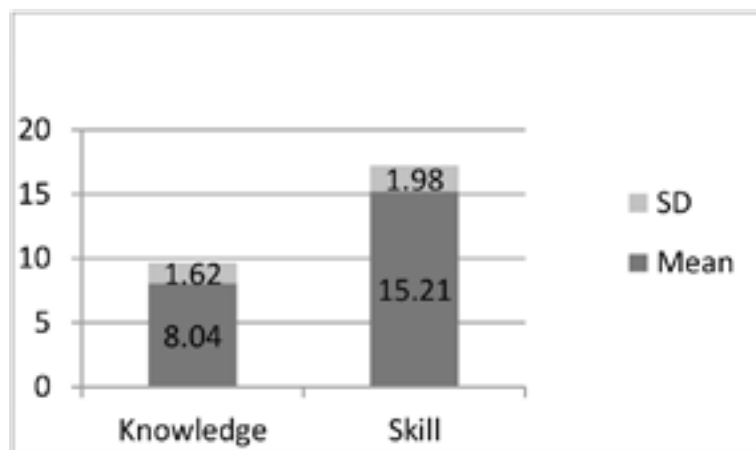


Figure-1: Mean and SD of knowledge on breast cancer and skill on BSE



Development of a need-based interventional skin care protocol on Incontinence Associated Dermatitis (IAD) among critically ill patients



Prashant Sharma

Pal College of Nursing and Medical Sciences, India

Background: Incontinence –associated dermatitis (IAD) is a potentially serious skin injury that can lead to pressure ulcers (Pus). Many studies have indicated the need for evidence to find the most effective skin care protocol to reduce the incidence and severity of IAD in critically ill patients.

Objective: To develop a need-based interventional skin care protocol on IAD after identifying the risk for development IAD in critically ill patients and by assessing Nurse's knowledge and practice on IAD.

Methods: Quantitative research approach with exploratory research design was adopted in the study. Total of 40 staff nurses and 100 patients were included. To assess the knowledge of staff nurses regarding IAD, knowledge questionnaire was administered and the IAD prevention practice among

staff nurses was assessed with the help of observation checklist. The risk of IAD among 100 critically ill patients was observed by the investigator, using perineal risk assessment tool. The obtained data were analyzed by using descriptive and inferential statistics. Hence protocol was developed by researcher and it was validated by 5 experts.

Results: The results revealed that most of patients (60%) had high risk for development of IAD. Most of the nurses had poor knowledge (40%) and had poor practice in assessment, perineal area and prevention of infection area. Hence considering all these aspects a protocol was developed.

Conclusion: The researchers developed need based skin care protocol to decrease the development of IAD.



Undergraduate nursing students' challenges when writing research proposals at the University of Namibia



Daniel Opotamutale Ashipala and Rebecca Musore Livingi

University of Namibia, Namibia

Research topic selection and problem formulation are prerequisites when preparing a proposal for conducting research. However, nursing students find this a daunting task when doing it for the first time, despite the research methodology module that introduces nursing students to research. Institutions of higher learning should, therefore, establish the challenges that undergraduate nursing students face when writing their research proposals to develop strategies in order to mitigate these challenges. In Namibia, students' challenges when writing research proposals have not been extensively researched. This study aimed to explore and describe undergraduate nursing students' challenges when writing research proposals at the University of Namibia (UNAM), with a view to describing the factors that affect this. Accordingly, a qualitative, explorative, descriptive and contextual design

was applied and purposive sampling was used to select 20 undergraduate nursing students enrolled for the Bachelor of Nursing Science (Clinical) (Honours) at UNAM. Individual interviews were conducted, using semi-structured interviews in line with an interview guide. Data were analysed by means of qualitative thematic analysis, which identified the following themes: challenging experiences when writing the research proposal; influence of the supervisor; and recommendations for improvement. The findings of this study call for well-articulated plans and actions from the lecturers and supervisors involved to address the challenges highlighted in this study, as well as actions and plans that should inform the curriculum. A need was identified for a strong focus on library information literacy and English for academic writing to be taught simultaneously with the writing of research proposals from the third year



Investigating the effective factors on improving the operational planning process in the hospital



Reza Besharati

Department of Nursing, Islamic Azad University, Iran

Objectives: The operational planning is a process that by it managers regular the actions for receiving to goals. One of The problems in management of Iranian hospitals is the lack of native model for operational planning. This study has been conducted to designing a model for operational planning in Hospitals affiliated to the Ministry of Health and Medical Education of Iran

Methods: In this functional study, the theoretical models of operational planning were examined through Library Studies and after determining the variables of different models of operational planning a questionnaire was developed and a survey from 176 experts from academic and administrates of hospitals, the data was collected and Exploratory and confirmatory factor analysis was performed. In order to identify the factors influencing planning, the method of analyzing special values and rotation using the method of varimax and also the cumulative percentage of variance has been used. In order to verify the accuracy of the factor analysis performed on the data and also the adequacy of the sample

size from the Kaiser-Meyer-Alkin Index and the Bartlett Spread Test, and for validating and verifying the final model of the Amos22 software, and to examine the model obtained from the fitting model Used.

Results: Results of exploratory analysis indicated that effective factors on operational planning in Iranian hospitals were 8 factors. These factors to the effect arrangement in model consist of: guidance of planning operational and coordinating formation (0/916), goals management (0.912), policy and organizational procedures (0/878), planning rules (0/846), statistical reports and evaluation (0/837), problems management (0.830), providing of resources for plan performing (0/829), organizing of planning team (0/761)

Conclusion: Guidance of planning operationals and coordinating formation and goals management are most effective factors in operational planning in iranian hospitals and use of them and other factors of model can improve the performance of operational planning in hospital.



Severity, risk factors and quality of life of patients associated with chemotherapy- Induced peripheral neuropathy



Srivastava Prakash Saumya¹, Sinha Prashant Aditi², Sharma K.Kamlesh³ and
Malik Singh Prabhat⁴

¹Masters of Science in Oncology Nursing, AIIMS, India

^{2,3}College of Nursing, AIIMS, India

⁴Department of Medical Oncology, India

Introduction: Chemotherapy-induced peripheral neuropathy (CIPN) refers to numbness, tingling and burning sensation caused due to nerve damage by chemotherapeutic agent that can lead to impairment in overall Quality of Life (QoL) of the patients.

Aim and objectives: The aim of the study is to assess the severity, risk factors and quality of life of patients associated with chemotherapy-induced peripheral neuropathy and its association with selected variables.

Methods: A cross sectional descriptive study was conducted at day care ward, tertiary care hospital, New Delhi. Total of ninety eight patients receiving paclitaxel based regimens for ≥ 4 months were enrolled by convenient sampling. Data regarding demographic, clinical characteristics, CIPN, Risk factors and QoL were collected by structured questionnaires. Standardized self-reported EORTC QLQ – CIPN20 tool was used for assessing the severity of chemotherapy induced peripheral neuropathy (CIPN). Total Neuropathy Score-Nurse (Modified) was used for the objective assessment of chemotherapy induced peripheral

neuropathy (CIPN). Risk factors predisposing CIPN, details on comorbid illnesses and lifestyle factors were assessed using datasheet. Quality of life of patients was assessed using Standardized tool FACT-GOG-Ntx.

Outcomes: Median score of autonomic symptoms was found to be higher as compared to sensory and motor symptoms. Majority (31.63%) had sensory symptoms limited to toes/fingers. Mean score of FACT/GOG-Ntx sub-domain was 99.05 ± 20.87 on a scale of 0-152. ECOG Performance status, current exercise behaviour and fruit and vegetable intake was found to be significantly (at $p \leq 0.05$) associated with sensory, motor and autonomic symptom score. Sensory, motor and autonomic symptom scores were significantly inversely correlated ($p \leq 0.05$) with almost all the sub-domains of Quality of Life (QoL) except social-well-being.

Conclusion: Chemotherapy induced peripheral neuropathy (CIPN) was found to be severe enough to cause impairment in quality of life of patients receiving paclitaxel for ≥ 4 months.



Interprofessional Collaborative Practice (IPCP) in resource- Poor settings improves health care delivery



Sudha Ashok¹ and Nandakumar Menon²

¹ASHWINI School of Nursing, India

²Former Director, ASHWINI Gudalur Adivasi Hospital, India

Definition: Collaborative practice as occurring when multiple health care workers from different professional backgrounds working together (team) to provide comprehensive services by working with the patient, their families, and communities to deliver the highest quality of care (World Health Organisation).

Objectives: To understand the role of IPCP in improving health care in India

Scope: IPCP was initiated in a 50-bed rural secondary care hospital with a 6-bed High Dependency Unit

Method: Health care workers including doctors, nurses, pharmacists, counsellors, physiotherapists, lab technicians, and students examined, in the presence of their relatives, patients in the HDU, new admissions in the ward, and those to be discharged in the next few days. They worked out the goals to be achieved, activities planned for the patient and activities for each team member, and when it was to be done.

At the end of rounds, the team would discuss over What's App the plans with the public health nurse who was the patient's primary caregiver.

Result:

1. Greater understanding both by the team and the patients regarding the problems faced
2. Greater efficiency in deciding what treatment is appropriate for the patient Co-ordination by various members over time allocated in patient's timetable for various activities e.g. nurses patient care time not clashing with physiotherapists
3. Patients less anxious regarding the plans for the day as they are enunciated at the beginning of the day.
4. Greater trust between team members.
5. Greater co-operation between team members and patients as relatives as they are all on the same page.
6. In discussing patient's care with the public health nurse 2-way flow of information occurs – at admission the hospital team learns about the patient's prehospital status and home situation and at discharge the PHN is updated regarding the diagnosis and aftercare.

Conclusion: IPCP improves health care delivery for the patient and improves the health teams morale



Effect of prefeeding oromotor stimulation on preterm infants: A systematic review



Suvashri Sasmal¹ and Asha P. Shetty²

¹Indian Nursing Council, India

²College of Nursing, AIIMS Bhubaneswar, India

Background: Oromotor stimulation is currently preferred intervention for influencing oral skills in preterms. Thus, this review is carried out with the objective to generate evidence showing efficacy of prefeeding oromotor stimulation among preterm babies.

Methods: PRISMA guidelines are followed and searched in PubMed, Cochrane library, Clinical trials database, and reference list of related articles which were published from Jan. 2000 to 31 Dec. 2020 in English language. We included

only randomized controlled trials.

Results: Twelve eligible studies out of 88 studies were screened and included for qualitative synthesis. It was found that prefeeding oromotor stimulation initiates early achievement of independent oral feeding though the treatment protocol is not standardized.

Conclusions: Practice of prefeeding oral stimulation has variety of protocol thus results should be comprehended carefully.



Desired health education topics during first pregnancy visit in low-income communities



T. Noncungu and J. Chipps

University of the Western Cape, South Africa

Objectives: In reflecting on the minimal important approaches of antenatal care for women with low-risk pregnancies, these vary from providing advice, education, reassurance, and supporting them with providing valuable information. However, in some instances this approach is not effectively executed due to most time spent discussing irrelevant health education to pregnant women, while limited time is spent on desired health education topics. Hence, the current study describes the desired health education needs of pregnant women during their first antenatal visit in low-income communities.

Scope: The participants of the study were IsiXhosa speaking women whose ages ranged at 18 years and older. Their gravida was not a determining factor in the study. However, the inclusion was that the participants had to be presenting for their first antenatal visit. The purpose of the study was to describe the preferred health education topics during pregnancy. A total of 240 researcher administered questionnaire were collected within a period of 11 weeks, in the period of May and July 2016.

Results: The desire of health education topics was high ($m=80.5$, range: 77.6 – 83.2). The majority of respondents were interested

the discussion of pregnancy-related topics such as knowledge related to the growth and development of the infant in utero. Data revealed low ratings of interest in respect to topics related to lifestyle health education such as how much weight a woman should gain during pregnancy and how the consumption alcohol affects the baby and the woman's pregnancy.

Methods used: A quantitative descriptive survey study was conducted in a low-income community of Khayelitsha, South Africa. Data was collected in IsiXhosa speaking pregnant women at two randomly selected antenatal clinics. An IsiXhosa back translated questionnaire was used, adapted from Shieh, McDonald and Ke (2009). The data was analysed descriptively.

Conclusion: Pregnant women showed greatest desire for all the health education topics discussed during first antenatal visit. Furthermore, health education topics on pregnancy-related information were highly rated than psychosocial and lifestyle information. The prioritization of discussing the pregnancy-related health education topics might decrease anxiety that is usually experienced during first antenatal visits and improve pregnancy outcomes.



Impact of awareness teaching programme on behavioural outcomes regarding sexual violence among adolescent girls from selected schools of Bangalore



Usha Rani. R and Dhanalakshmi.N

JSS College of Nursing, India

Sexual violence is a common and serious public health problem affecting millions of people each year throughout the world.

Objectives: To assess the pre-existing knowledge and perception regarding sexual violence among adolescent girls from selected high schools. 2] To determine the effectiveness of awareness teaching program on behavioural outcomes regarding sexual violence among adolescent girls. 3] To find out association of behavioural outcomes regarding sexual violence among adolescent girl's with their selected demographical variables.

Scope of the study: Nursing practice: The Nurses play a major role in educating the children's regarding sexual abuse in community or in the hospital.

Nursing education: Conference, workshop and seminars can hold for nurses to impart and to update their knowledge, to develop a positive attitude and practices regarding sexual violence.

Nursing research: The result of the study encourages future researchers to conduct further explorative studies regarding prevention of sexual abuse.

Nursing administration:

1) Self instructional material regarding sexual abuse and its prevention can be distributed in the hospitals and schools.

Methodology: Pre Experimental research design was used 40 adolescent girls were selected by using purposive sampling technique. Structured knowledge questionnaire was administered to assess the knowledge level and likerts scale used to assess the attitude of adolescent girls.

Results and discussion: In pre test majority of them 21(52.5%) had poor knowledge and 16 (40%) had average knowledge and 03 (7.5%) had good knowledge. In post test majority, 32 (80%) had good knowledge and 08 (20 %) of them had average knowledge regarding sexual violence. In pre test majority of them 23(57.5%) had unfavorable attitude and 17(42.5%) had favorable attitude. In post test all 37 (93%) were having favorable attitude and 3 (7%) were having unfavorable attitude towards sexual violence.

Conclusion: The study highlighted the need for creating awareness among adolescent girls because examination is a potential strategy for dissemination of information and their knowledge to other female family members and friends in the society.

Level of knowledge	Pre test (Frequency)	Pre test (Percentage)	Post test (Frequency)	Post test (Percentage)
Poor knowledge(<19)	21	52.5	00	00
Average Knowledge (20-30)	16	40	08	20
Good Knowledge(> 30)	03	7.5	32	80

Table: 1 shows the Frequency and percentage distribution of study subjects according to their level of knowledge.

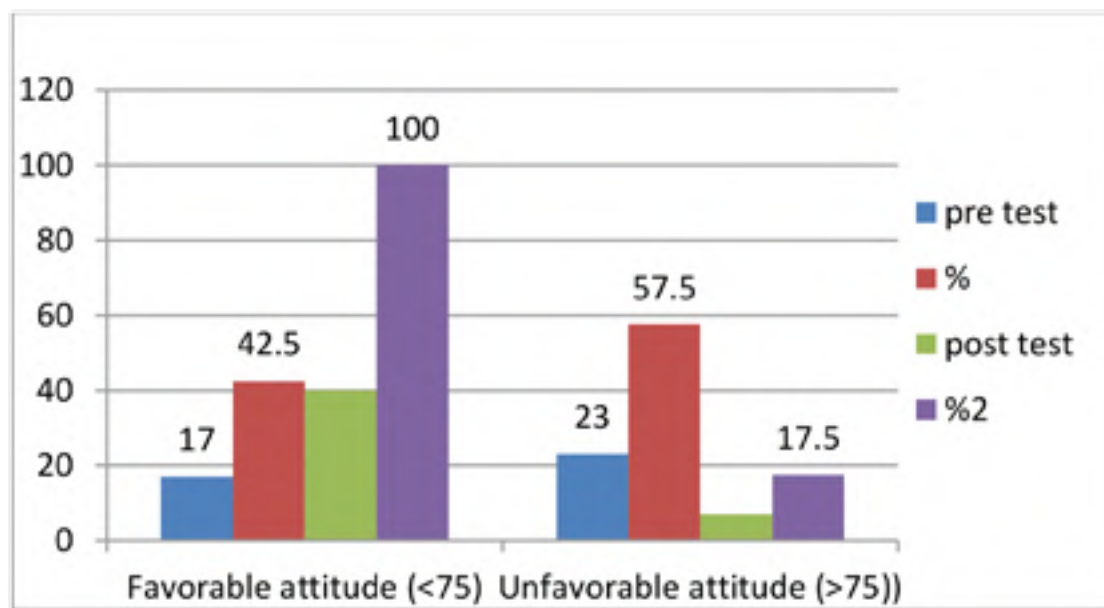


Figure no 1: Shows the Frequency and percentage distribution of adolescent girls according to their level of Attitude

“ Nursing assistance in patient care with external ventricular drain: Development of a nursing care guideline ”

**Victoria Tiyoko Moraes Sakamoto, Tainara Wink Vieira, Carine Raquel Blatt
and Rita Catalina Aquino Caregnato**

Federal University of Health Sciences of Porto Alegre (UFCSA), Brazil

Introduction: Promotion of patient safety culture is essential for qualification of the work process. Provided care requires patient-centered and evidence-based practice¹.

Objective: To develop a nursing care guideline to promote the safety of adult patients undergoing external ventricular drain assisted in intensive care units.

Method: This is a technological development in health study for the development of a nursing guideline. The research was carried out in three stages: a) scoping review^{2,3} previously performed; b) evidence was assessed for its quality level; and c) development of the nursing care guideline, according to the recommendations of the Guide for the Construction of Nursing Care Protocols⁴ that includes the essential items for a quality material, and the Appraisal of Guidelines Research and Evaluation (AGREE II)⁵.

Results: The scoping review resulted in the selection of 54 articles from different information resources. Each of them was

evaluated according to the GRADE System⁶, resulting in 2 studies with high quality, 13 with moderate quality, 34 with low quality and 5 with very low quality. The nursing clinical practice guideline presents an introduction to the theme, including algorithms that help and speed up the team's decision-making. In addition, it presents actions based on the studies selected in the scoping review. Twenty nursing interventions were considered essential for a standardized, qualified and safe practice, optimizing the work process of the nursing team. Such care was subdivided into five categories, namely: positioning and mobilization in bed; drainage system; catheter care; monitoring of intracranial pressure; and medication administration.

Conclusion: The promotion of patient safety is a fundamental component for the qualification of care and it is a responsibility of all professionals. Guidelines are tools that underlie and qualify the process of safe, effective and quality care.



**An experimental
study to
assess the
effectiveness
of concept
mapping on
depression
among students**



Hari Mohan Singh and Vijesh Patel

Apollo Institute of Nursing, India

An experimental study to assess the effectiveness of concept mapping on depression among students in selected colleges of Gandhinagar. The main objective of the study was to evaluate the effectiveness of concept mapping on depression among students in selected colleges of Gandhinagar. The 'General system model' adopted from Ludwig Von Bertalanffy was used as the conceptual framework. A quantitative approach with true experimental study design was used to achieve the objective of the study. The samples consisted of 60 students of selected colleges of Gandhinagar. The samples are divided into two groups, 30 students in control

group and 30 students in experimental group. The control group was treated using traditional method and the experimental group was treated using traditional method and concept mapping both. The simple random sampling technique was used to collect the sample. A structured questionnaire was used to assess the knowledge of student of selected colleges and the tool was found reliable. In the present study it is seen that control group improved in scores when it was given traditional method and experimental group who was given concept mapping along with traditional method improved more in scores as compared to control group.



The effect of lullaby on sleep patterns changes in premature neonates after endotracheal suctioning in neonatal intensive care unit



Zahra Zahadatpour, Mitra Edraki and Seyed Mostajab Razavinejad Ardekani

¹Shiraz University of Medical Sciences, Iran

²Fatemeh (S) Faculty of Nursing, Shiraz University of Medical Sciences, Iran

³Department of Pediatrics, Shiraz University of Medical Sciences, Iran

Goal: Multiple exposure to invasive procedures in the neonatal intensive care unit (NICU) can cause a great deal of stress that is at odds with the neural-sensory development of the newborn. Direct observation of the baby and knowledge of the baby's behaviors can help nurses perform developmental supportive care and help control pain and stress; Therefore, this study was performed to determine the effect of lullaby on changes in sleep patterns of premature infants following endotracheal tube suctioning.

Methods: 25 confined to bed preterm infants were studied in NICU ward of Hazrat Zeinab hospital of Shiraz in 1395 in this clinical trial. Samples were selected by packing method accidentally and allocated to two groups of A, B. If preterm infant was in group A, at first received lullaby by headphone 10 minutes before and also 10 minutes after suction. Then a headphone without lullaby (silent) was put on head of preterm infants 24 hours later. If preterm infant was in group B, it will be reversed. At last, each infant was evaluated

twice In both cases the physiological responses were recorded, then Collected through the APIB tool. Physiological filmed responses were recorded by tool of APIB. Data were analyzed by use of software SPSS, Mann- Whitney Test.

Results: The results showed that there was not significant difference between mean sleep score 10 minutes before suction in lullaby and silence group ($P=0/077$), but the mean sleep score of 10 minutes after suctioning was significantly difference in the two groups ($P=0/004$). Also, Comparison of the mean sleep score in the lullabies group before and after the suction and also in the silence group with a significant level of 0.001 Showed a significant difference.

Conclusions: According to the findings of this study, lullaby is effective in improving sleep patterns of preterm infants following painful procedures. It is recommended that nurses use this method as an effective intervention to improve the sleep patterns of neonates admitted to the neonatal intensive care unit.



Study on the mechanism of regulating the hypothalamic CRH/ CRHR1 pathway by vibro-annular abdominal massage under the brain- intestine interaction in the treatment of insomnia



Ye Zhang¹, Deyu Cong², Peng Liu³, XiaoYu Zhi⁴, Congcong Shi, M.N⁵ and
Jiajun Zhao⁶

¹Acupuncture and Massage College of Changchun University of Chinese Medicine, China

^{2,3}Affiliated Hospital of Changchun University of Chinese Medicine, China

⁴Acupuncture and Massage College of Changchun University of Chinese Medicine, China

⁵School of Nursing, Changchun University of Chinese Medicine, China

⁶M.N candidate, School of Nursing, Changchun University of Chinese Medicine, China

Background: Insomnia is a common disease associated with different nervous system stress response and endocrine disorders. It has been reported previously that abdominal vibration and ring massage therapy can significantly improve the symptoms of insomnia patients, enhance the activity of neurons. In addition, functional MRI (Rs_fMRI) of the resting state brain test has proved that the functional connection between hypothalamus and parahippocampal gyrus could be significantly enhanced after abdominal massage treatment. It has been confirmed that there is possible involvement of brain-gut interaction effect in the treatment of insomnia, but there is a lack of research to elucidate the possible mechanisms of brain-gut interaction in the treatment of insomnia. The purpose of this study is to investigate the relationship between the hypothalamus and intestinal interaction in the

treatment of insomnia by abdominal massage.

Objectives Study Objectives: 1) To determine the potential efficacy of treatment of insomnia ring vibrating abdominal kneading method. 2) To decipher the various neural mechanisms underlying vibrating abdominal ring rubbing method for treating insomnia.

Methods and design: A single blind randomized controlled trial will be conducted. 60 chronic insomnia volunteers and 30 healthy volunteers will be recruited for this study. 60 insomnia volunteers will be randomly divided into a drug group and a massage group, and 30 healthy volunteers will be assigned to the healthy group. The manipulation of the treatment group will be mainly carried out through abdominal rubbing and vibration massage, once a day, 30min/ time, 5 days for a course of treatment, and a total of

4 intervention courses will be carried out. Patients in the drug group will be given orally spleen-invigorating bolus, twice a day, 1 pill in the morning and 1 pill in the evening. The course of treatment will be carried for 5 days, and a total of 4 courses of treatment will be administered.

Treatment programs: After being enrolled, 30 patients will be treated with abdominal vibration and ring kneading therapy. The main techniques that will be used include rubbing the abdomen, rubbing the abdomen, shaking the abdomen, and pressing the abdomen. The main points to be considered will be Zhongwan(CV12), Shenque(CV8), Zhongji(CV3). The acupoint location that will be used refers to the 2006 National Standard of the People's Republic of China (GB/T12346-2006) "Acupoint Name and Location".

During the treatment, room temperature will be kept appropriate, and the environment quiet and tidy. The patient will be laid in the supine position, exposing the abdomen and maintain it in a relaxed state. The doctor will sit on the right side of the patient. The doctor will rub the entire abdomen clockwise with CV 8 as the center for 5 minutes, up to CV 12, and down to CV 3. The left and right sides will be placed between the left and right meridians of the foot Taiyin Spleen meridian, so as to regulate the air movement and allow the blood to flow. Thereafter, the whole abdomen will be kneaded with both hands for 10 minutes to adjust the internal organs and to balance the yin and yang. CV 12 will be vibrated with one hand for 2 minutes, palm CV 8 for 3 minutes, and flash CV 3 for 5 minutes with one hand, at a frequency of more than 200 times per minute to invigorate the spleen and stomach, and replenish qi and blood. Thereafter, abdomen will be pressed with the palm of the hand centered on CV 8, it will be pressed deeply while breathing in, and will be lifted gently while breathing out, for 5 minutes, to induce the air to return to the original body, and to calm the mind. Patients will undergo

the therapy for 30 minutes duration each time, once a day, 5 days as a course of treatment, the treatment interval will be two days, and intervention will be conducted over 4 courses. There will be a follow up conducted once during the 4th week after the treatment.

The massage group will be compared with the healthy group and the drug group by PSQI, HAS, HAMD, FS-14 and WAIS scales using to observe the sleep quality. Rs-fmri will be used to observe various BOLD signals in the brain and compare the values of Reho, fALFF and FC.MRS technology will be used to observe the contents of GABA and 5-HT in the hypothalamus. Additionally, the contents of CRH, ACTH, COR, GABA, NE, PGE2 and 5-HT in the serum will be also detected. The serum of each group will be taken for 1HNMR metabolomics study to analyze the various common metabolites, differential metabolites, potential metabolic biomarkers and metabolic pathways among the three groups. Finally, in combination with the brain functional imaging and brain spectrum, the potential mechanism of abdominal vibration and ring massage will be discussed.

Discussion: The results of this study will be used to possibly elaborate the various mechanisms of brain and intestine interaction in the treatment of insomnia by employing abdomen ring rubbing.

The treatment method of this project is derived from the Affiliated Hospital of Changchun University of Traditional Chinese Medicine, which regulates zang-fu organs through affecting different meridians. According to the principle of "meridian adjustment viscera", the idea of "improve the brain by treating the intestines" has been put forward. Abdominal massage treatment of insomnia has been carried out for 15 years. It has been found that good clinical effects have been achieved, but there is still a lack of basic research. This project is an important example of the beneficial impact of abdominal massage in the treatment of neurological diseases, which

could possibly explain the treatment of brain diseases through abdomen massage, and also explain to some extent the theory proposed in Huangdi Neijing that "if you feel uncomfortable in your stomach, you will not sleep well". The hypothesis of the study was that abdominal massage can treat insomnia through affecting HPA axis, hence a scientific and systematic research and analysis on this clinical practice was carried out, the mechanism of action of abdominal massage in treating insomnia was analyzed, and the findings could potentially provide novel ideas for the future clinical practice and scientific research.

Based on the theory of brain-gut interaction in the treatment of insomnia with abdominal massage, this study will further analyze the possible relationship between hypothalamus and brain-gut axis, CRH/CRHR1 pathway and sleep, and between HPA axis and sleep. On the basis of previous research and literature analysis, it has been established that the hypothalamus CRH/CRHR1 signaling pathway may play a pivotal role in the initiation of the HPA axis, coordination of the important pathways in the human nervous and endocrine systems but can also participate in the central nervous stress reaction, and can be involved in regulating the gastrointestinal smooth muscle contraction and mucous membrane of transshipment and thereby may play an important role in the process of brain gut interaction. Therefore, the proposed hypothesis that the treatment of insomnia by abdominal vibration and ring massage could be related to the intervention of hypothalamic CRH/CRHR1 signaling pathway, activation of HPA axis, regulation of different mediators such as ACTH, COR, 5-HT, GABA and other metabolites in the body, thus contributing to the maintenance of neuroendocrine homeostatic state will be analyzed.

In this project, insomnia patients will be used as research objects, and scale screening, fMRI test, MRS test, serum ¹HNMR test and serum ELISA test will be carried out, so as to

clarify the efficacy and influence on the HPA axis as a result of abdominal vibration and ring massage on insomnia patients from the clinical perspective.

CRH is the promoter of the HPA axis. CRH not only regulates the activity of the NE and 5-HT systems in the locus coeruleus, but also that of ACTS on the CRH receptors in the hypothalamus.[15] There are two different kinds of CRH receptor reporter in mammals, first one is a type \square adrenocorticotrophic hormone releasing hormone receptor (CRHR1), and the other is a type \square adrenocorticotrophic hormone releasing hormone receptor (CRHR2). The affinity of CRH to CRHR1 is higher than that of CRHR2. After CRH neurons in the hypothalamic paraventricular nucleus (PVN) are stimulated by stress, they will synthesize and release CRH and transport it to the anterior pituitary area, where it will bind to CRHR1 receptors on the cell membrane surface, and activate G-protein and downstream pathways after the reaction occurs, to stimulate the pituitary gland to produce and secrete ACTH. ACTH reaches the adrenal glands through peripheral blood circulation, and causes the release of corticosterone, cortisol and other substances by ACTH.[16] It has been previously reported that CRH/CRHR1 pathway in the hypothalamus can regulate sleep related mechanism(s), but evidence to support the results are not consistent, and findings are more focused on the downstream pathways associated with metabolism such as detection of ACTH, cortisol etc. However, there is no exact experimental data to indicate that how patients with insomnia could exhibit stress response in the hypothalamus. CRH is the CNS is one of the main stress factor, there is no exact experimental data for patients with insomnia exact stress changes in the hypothalamus. At present, there are few studies related to the role of CRH on insomnia, and the experimental results are not consistent. This research program can hopefully prove that the vibrating belly and ring kneading method can treat insomnia through modulating the CRH/

CRHR1 pathway of brain-gut interaction, and thereby verify the correctness of the brain-gut interaction theory.

Advantages and limitations of proposed study

- The study will comprise of a safe and reliable clinical trial, which will only perform abdominal massage in patients with insomnia with almost no risk as well as high comfort level, and will thereafter investigate the possible therapeutic effects of abdominal massage on patients with insomnia.
- After treatment, the volunteers and patients will be assessed by PSQI, FS-14,

as well as heart rate variability (HRV), and RS_fmRI, MRS, and serum metabolomics will be detected. The techniques used will be safe, harmless and will be able to explain the potential difference between insomniacs and healthy volunteers.

- The basic advantages of this study will be its safety, reliability, practicability and high comfort level. In this clinical trial, patients will be treated in a standard way, and the rights and interests of the subjects will be fully guaranteed. The limitation is the lack of double-blind control, and the drug group uses the recommended drug in the TCM guidelines.



A review of interventions supporting parent's psychological well-being after a child's intensive care unit discharge



Z. Bedford¹ and **S. Bench²**

¹Surrey University, UK

²Southbank University, UK

Background: Having a child admitted to a Paediatric Intensive Care Unit is a highly stressful experience and post-traumatic stress among parents is well documented. How best to support these parents is currently unclear.

Aim: To review research on interventions to support the psychological well-being of parents after their child's discharge from Paediatric Intensive Care (PICU).

Review Methods: Searches were conducted using Medline, PsycINFO, PubMed, CINAHL and The Cochrane library in January 2017. Study selection was carried out using pre-specified criteria. Following appraisal of methodological quality and risk of bias, data were extracted and analysed using a narrative synthesis.

Findings: Six quantitative studies met the

inclusion criteria. Intervention types included follow-up appointments, telephone calls, educational information and post admission interviews. Insufficient evidence was found to fully support any intervention in isolation.

Conclusions and recommendations: Testing costly interventions is challenging and takes time. In the meantime, a low-cost intervention (such as an information leaflet) to raise awareness of potential problems to staff and to provide a support resource for parents is recommended.

Relevance to clinical practice: Parents and carers of children admitted to PICU can develop post-traumatic stress symptoms after their child's discharge from PICU. This paper addresses how best to support these parents to improve their psychological well-being.



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1126 59 Ave East, V5X 1Y9, Vancouver BC, Canada

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