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Singapore

7TH ASIA-PACIFIC

**ADVANCED
NURSING PRACTICE
NURSING EDUCATION
AND LEADERSHIP CONCLAVE**

18
19 | **JUNE**

SCIENTIFIC PROGRAM

SCIENTIFIC PROGRAM

DAY 01

THURSDAY

JUNE 18, 2026

08:00-08:30

Registrations

08:30-08:40

Inaugural Ceremony

Moderator

Rose Eva Constantino, *University of Pittsburgh School of Nursing, USA*

Topics: Advanced Nursing Practice | Nursing Education | Nursing Research | Midwifery | Emergency Nursing | Family Nursing | Healthcare | Pediatrics | Mental Health Nursing | Nursing Informatics | Nursing Leadership and Management | Obstetrics and Gynecology Nursing | Patient Safety | Telenursing | Nurse Practitioners | Travel Health Nursing | Public Health Nursing

Distinguished Speaker Talks

Session Chair

Roy M. Fujitani, *University of California, Irvine School of Medicine, USA*

Session Chair

Ralf-Bodo Tröbs, *St. Vincenz-Hospital Paderborn, Germany*

08:40-09:00

Title: The Critical Role of Certified Operating Room Nurses (CNOR) in the Algorithmic Management of Ruptured Endovascular Abdominal Aortic Aneurysm Repair (REVAR)

Roy M. Fujitani, *University of California, Irvine School of Medicine, USA*

09:00-09:20

Title: Resilience as the 6th Vital Sign

Rose Eva Constantino, *University of Pittsburgh School of Nursing, USA*

09:20-09:40

Title: Recommendation for the Practice of Total Intravenous Anaesthesia

Shigeki Yamaguchi, *Dokkyo Medical University, School of Medicine, Japan*

09:40-10:00 Title: Competency Assessment and Perceived Barriers of Registered Nurses on Nursing Informatics/Health Informatics
Vanitha Rajakumar Sudalaimani, *Royale Hayat Hospital, Kuwait*

10:00-10:20 Title: Empirical Study on the Use of Artificial General Intelligence Healthcare in the Elderly
Jin Taek Jung, *Hansung University, South Korea*

GROUP PHOTO 10:20-10:30

REFRESHMENT BREAK 10:30-10:50

10:50-11:10 Title: ICD Dilemmas in Patients with "PRIMARY" VF in Non-STEMI
Elad Asher, *Jesselson Integrated Heart Center, Shaare Zedek Medical Center, Israel*

11:10-11:30 Title: Neonatal Surgery at the Centre versus Surgery at the Perinatal Centre Outside
Ralf-Bodo Tröbs, *St. Vincenz-Hospital Paderborn, Germany*

11:30-11:50 Title: Vaccination Coverage and Adherence to Scheduling in Children Aged 0 to 18 Months: Effects of COVID-19 and Age
Dora Isabel Pino Arana, *National University "San Luis Gonzaga", Peru*

11:50-12:10 Title: The Oral Microbiome and Pathogenesis: Defining the Systemic Risk Factor
Zbigniew Rybak, *Wrocław Medical University, Poland*

12:10-12:30 Title: Reimagining Integrity: How Creative and Mindful Thinking Sustain Ethical Nursing Education in the AI Era
Yovav Eshet, *Zefat Academic College, Israel*

12:30-12:50 Title: Superficial Venous Thrombosis Following Intravenous Immunoglobulin in Immune-Mediated Neurological Disorders: Case Reports and Implications for Nursing Practice

Thuy Trinh Pham, *Vinmec Central Park International Hospital, Vietnam*

GROUP PHOTO 12:50-13:00

LUNCH BREAK 13:00-13:40

Session Chair **Roy M. Fujitani**, *University of California, Irvine School of Medicine, USA*

Session Chair **Ralf-Bodo Tröbs**, *St. Vincenz-Hospital Paderborn, Germany*

13:40-14:00 Title: Bridging the Silent Gap: Nurses' Role in Supporting Muslim Orthopaedic Patients' Spiritual and Prayer Needs

Mohd Ariff Sharifudin, *Universiti Sultan Zainal Abidin, Malaysia*

14:00-14:20 Title: Sleep Patterns and Short-Term Memory Performance Among Saudi University Students: A Structural Equation Modelling Approach

Abdullah Abdulrahman Alasmari, *Imam Muhammad Ibn Saud Islamic University (IMSIU), Saudi Arabia*

14:20-14:40 Title: Beyond the Urban Lure: Factors Associated with Medical Students' Intentions to Practice in LMIC's Disadvantaged Areas

Farah Christina Noya, *Universitas Pattimura, Indonesia*

14:40-15:00 Title: Impostor Phenomenon Among Nursing Leaders: Socio-Demographic Predictors and its Impact on Innovative Work Behavior

Hanan Hammad Alrashidi, *Prince Sultan Military Medical City, Saudi Arabia*

15:00-15:20 Title: Challenges to Error Disclosure Among Nurses in Saudi Arabia: Implications for Patient Safety

Ebaa Marwan Felemban, *King Abdulaziz University, Saudi Arabia*

15:20-15:40 Title: Designing a Mobile Health Platform for Effective Medical Records Management in Hospitals
S. Nithya Priya, *Sri Ramachandra Institute of Higher Education and Research (DU), Chennai, India*

REFRESHMENT BREAK 15:40-16:00

16:00-16:20 Title: Optimising Paediatric Cardiac Follow-Up Through Low-Threshold Trend Monitoring: A Concept to Reduce Unnecessary Clinical Encounters
Massimiliano Perini, *Univertisy of Applied Sciences Zwickau, Germany*

16:20-16:40 Title: Effects of Photobiomodulation on the Sleep Quality and Quality of Life of Night-Shift Nurses
Chuan-Tsung Su, *Department of Intelligent Healthcare and Sustainable, Management, Ming Chuan University, Taiwan, R.O.C.*

16:40-17:00 Title: Challenges of Clinical Sampling and Ethno-Cultural Risks of Antenatal Lead Exposure in South Asian Women in the UK
Sharmind Neelotpol, *BRAC University, Bangladesh*

NETWORKING

END OF DAY 1

SCIENTIFIC PROGRAM

DAY 02

FRIDAY

JUNE 19, 2026

08:30-08:40

Introduction

Moderator **Orna Baron-Epel**, *University of Haifa, Israel*

Topics: Advanced Nursing Practice | Nursing Education | Nursing Research | Midwifery | Emergency Nursing | Family Nursing | Healthcare | Pediatrics | Mental Health Nursing | Nursing Informatics | Nursing Leadership and Management | Obstetrics and Gynecology Nursing | Patient Safety | Telenursing | Nurse Practitioners | Travel Health Nursing | Public Health Nursing

Distinguished Speaker Talks

Session Chair **Ruslinda Mustafar**, *Universiti Kebangsaan Malaysia, Malaysia*

08:40-09:00 Title: Social Support as a Bridge between Health Literacy and Health Outcomes in the Age of Technological Change

Orna Baron-Epel, *University of Haifa, Israel*

09:00-09:20 Title: Beyond Language Learning: Virtual Reality Narratives for Humanistic Nursing Education

Tuyuan Cheng, *National Tainan Junior College of Nursing, Taiwan, R.O.C.*

09:20-09:40 Title: Divergent Perceptions of the "Second Victim" Phenomenon Among Policymakers and Nurses in Israel

Rachel Nissanholtz - Gannot, *Ariel University, Israel*

09:40-10:00 Title: Clinical and Biochemical Factors Associated with Delayed Renal Response in Proliferative Lupus Nephritis: A 20-Year Single-Center Multiethnic Cohort Study

Ruslinda Mustafar, *Universiti Kebangsaan Malaysia, Malaysia*

10:00-10:20 Title: Optimizing Nursing Education with Digital Tools: A Pilot Evaluation of the iCAN Chatbot's Impact on Emergency Nurses' Child Abuse Reporting Training

Li-Cheng Kao, *Hualien Tzu Chi Hospital, Taiwan, R.O.C.*

GROUP PHOTO 10:20-10:30

REFRESHMENT BREAK 10:30-10:50

10:50-11:10 Title: Job Preferences Among Traditional Chinese Medicine Clinical Graduates in China: A Discrete Choice Experiment

Yichun Gu & He Da, *Shanghai Health Development Research Center, China*

11:10-11:30 Title: Care-Led Communicative Acts and Practices: Visualizing and Understanding Contextuality

Katsunori Shimohara, *Doshisha University, Japan*

11:30-11:50 Title: Impacts of Fear of Falling and Low Physical Activity on Quality of Life Among Community-Dwelling Older Adults

Yih-Jian Tsai, *National Cheng Kung University, Taiwan, R.O.C.*

11:50-12:10 Title: From Fear and Blame to Reflection and Recovery: Human-Centred Responses to Suicide and Serious Incidents in a Community Mental Health Service

Nandi Abdalla, *Bayside Health, Alfred Care Group, Australia*

12:10-12:30 Title: Clinical Outcomes of Early Postoperative Dressing Removal and Shampooing Following Cranial Surgery at Vinmec Central Park International Hospital

Thuy Trinh Pham, *Vinmec Central Park International Hospital, Vietnam*

12:30-12:50 Title: The Health-Driven Security for Older Adults with Partial Dependency in Activities of Daily Living Who Experience Loneliness: A Research and Development

Phatchanun Vivarakanon, *Boromarajonani College of Nursing, Nakhon Lampang, Faculty of Nursing, Praboromarajchanok Institute, Thailand*

GROUP PHOTO 12:50-13:00

LUNCH BREAK 13:00-13:40

Session Chair

Ruslinda Mustafar, *Universiti Kebangsaan Malaysia, Malaysia*

13:40-14:00

Title: Risk Prediction Model for Malnutrition in Older Adults: A Systematic Review

Yuan Li, *The Second Affiliated Hospital of Zunyi Medical University, China*

14:00-14:20

Title: Psychometric Properties of Patient-Reported Outcome Measures for Cancer-Related Cognitive Impairment: A Systematic Review

Yuan-Mei Lan, *Peking Union Medical College Hospital, Chinese Academy of Sciences & Peking Union Medical College, China*

14:20-14:40

Title: Psychosocial Needs of Women Undergoing Perinatal Intimate Examinations

Ntsoaki Margaret Tshabalala, *University of Pretoria, South Africa*
Sefako Makgatho Health Sciences University, South Africa

14:40-15:00

Video
Presentation

Title: The Effect of Low-Level Laser Therapy on the Healing of Soft Tissue Graft Donor and Recipient Sites: A Randomized Clinical Trial

Mohammad Gerayeli, *Mashhad University of Medical Sciences, Iran*

15:00-15:20

Title: Humanitarian Crises, a Roadblock to Global Health Vaccination Initiatives

Nkiese Julius Kenkoh, *Mboppi Baptist Hospital Douala, Cameroon*

Title: Effectiveness of a Multimodal Intervention on Weight Management and Nutritional Knowledge Among Community-Dwelling Older Adults

Wan-Ling Wang, *Saint Paul's Hospital, Taiwan, R.O.C.*

Title: Informing Paediatric Orthopaedic Nursing Practice: A Scoping Review of Outcome Measures for Children's Upper Limb Fractures

Mohd Ariff Sharifudin, *Universiti Sultan Zainal Abidin, Malaysia*

Title: Experiences of Patients with Cervical Cancer Undergoing Concurrent Chemo-Radiation Therapy at the Korle Bu Teaching Hospital in Ghana: An Explorative Qualitative Study

Enam Adzo Setsoafia, *Korle-Bu Teaching Hospital, Ghana*

15:20-16:00
Posters

REFRESHMENT BREAK 16:00-16:20

NETWORKING

END OF DAY 2

BOOKMARK YOUR DATES

8TH ASIA-PACIFIC

**ADVANCED NURSING PRACTICE,
NURSING EDUCATION AND
LEADERSHIP CONCLAVE**

June 2027 | Singapore

DAY 01



7th ASIA-PACIFIC

ADVANCED NURSING PRACTICE, NURSING EDUCATION AND LEADERSHIP CONCLAVE

JUNE 18-19, 2026 | SINGAPORE

SPEAKER TALKS



The Critical Role of Certified Operating Room Nurses (CNOR) in the Algorithmic Management of Ruptured Endovascular Abdominal Aortic Aneurysm Repair (REVAR)

Roy M Fujitani, Jeraline Dela Cruz, Darrell Saprid, Maureen Barnes, Matthew Roberts, Anthony Chau, Samuel L Chen, Siwei Dong, Isabella Kuo, Sheela Patel and Nii-Kabu Kabutey

Division of Vascular and Endovascular Surgery, Department of Surgery, University of California, Irvine School of Medicine, USA

Background: Ruptured abdominal aortic aneurysm (rAAA) is one of the most time critical emergencies in vascular surgery, with survival dependent on rapid hemorrhage control and coordinated team response. As endovascular repair (rEVAR) becomes the preferred intervention for anatomically suitable patients, the responsibilities of Certified Operating Room Nurses (CNOR) have expanded substantially. CNORs are integral to the activation, preparation, and execution of rEVAR algorithms, yet their contributions remain underrepresented in surgical literature. Clearly defining CNOR roles within these pathways is essential to improving outcomes and strengthening inter-professional practice.

Methods: This analysis synthesizes current rEVAR workflow models, nursing practice standards, and institutional emergency response protocols to delineate CNOR specific responsibilities across the rAAA care continuum. Key domains include hybrid OR readiness, equipment and device management, communication pathways, intraoperative coordination, and postoperative transitions. The review highlights nursing driven interventions that influence door to aortic control times and team performance during high acuity vascular emergencies.

Results: Integration of CNORs into a structured rEVAR algorithm enhances procedural efficiency, situational awareness, and patient safety. CNORs initiate rapid OR activation, prepare rupture carts, verify availability of occlusion balloons and modular endograft components, and coordinate with anesthesia, radiology technologists, and blood bank services. Their technical fluency with graft systems, access equipment, and bailout devices supports anticipatory preparation and minimizes intraoperative delays. CNORs maintain

sterility, manage equipment flow, and facilitate transitions between algorithmic steps such as femoral access, proximal control, and graft deployment. Use of standardized checklists and closed loop communication reduces variability and strengthens interprofessional alignment.

Conclusion: CNOR expertise is indispensable in the algorithmic management of rEVAR. Their leadership in preparation, coordination, and real time problem solving directly influences procedural speed, safety, and patient outcomes. As rAAA pathways evolve, formal recognition of CNOR roles, targeted education in endovascular technologies, and incorporation of nursing specific responsibilities into institutional algorithms are essential to advancing high reliability care during this high stakes emergency.

Presenter:

Roy M. Fujitani

Division of Vascular and Endovascular Surgery, University of California, Irvine School of Medicine, USA



Resilience as the 6th Vital Sign

Rose Eva Constantino¹ and Vivian Hui²

¹University of Pittsburgh School of Nursing, USA

²The Hong Kong Polytechnic University, Hong Kong

Objectives: There are five vital signs that healthcare providers assess: body temperature, pulse, respiration, blood pressure, and pain. Normal levels for the five vital signs are published by the American Heart Association and other specialty organizations. The authors are suggesting a sixth vital sign: resilience. Resilience is the ability of the immune system to respond to attacks and defend effectively against infections and inflammatory stressors, and psychological resilience is the capacity to resist, adapt, recover, thrive, and grow from a challenge or a stressor.

Purpose: The purpose of this presentation is to suggest that resilience become the sixth vital sign by conceptualizing, contextualizing, and operationalizing all six vital signs.

Methods: The first five vital signs will be reviewed. We suggest measuring resilience subjectively and objectively. Subjectively, use a 5-item guided interview revised from the Connor-Davidson Resilience Scale (CDRC), a scale of 10 items. To measure resilience objectively, we suggest using Immune Resilience (IR) levels, the level of resilience to preserve and/or rapidly restore immune resilience functions that promote disease resistance and control inflammation and other inflammatory stress. IR levels are gauged with two peripheral blood metrics that quantify the balance between CD8 and CD4 T-cell levels and gene expression signatures tracking longevity-associated immunocompetence and mortality, or entropy-associated inflammation. IR deregulation is potentially reversible by decreasing inflammatory stress. IR metrics and mechanisms have utility as vital signs and biomarkers for measuring immune health and improving health outcomes.

Results: IR deregulation is potentially reversible by decreasing inflammatory stress. Gene expression signatures track longevity-associated immunocompetence. and mortality- or entropy-associated inflammation. IR metrics and mechanisms have utility in understanding vital signs and biomarkers for measuring immune health and improving health outcomes.

Presenter:

Rose Eva Constantino

University of Pittsburgh School of Nursing, USA



Recommendation for the Practice of Total Intravenous Anaesthesia

Shigeki Yamaguchi

Department of Anesthesiology, Dokkyo Medical University,
School of Medicine, Japan

Total intravenous anesthesia (TIVA) is one of the standard anesthesia management methods and is taught and practiced in many facilities. The techniques for TIVA are detailed in various literature, including textbooks, and new insights from clinical studies and case reports are accumulating daily. Therefore, Japanese Society for Intravenous Anesthesia (JSIVA) has published the “Recommendation for the practice of total intravenous anesthesia” with the aim of providing information to support appropriate clinical decision-making. The summary of this recommendation is as follows: 1) Anesthesiologists should acquire and maintain the necessary knowledge and skills to be able to administer TIVA properly, 2) A secure venous access is critically important for TIVA, 3) To visualize and understand the pharmacokinetics of intravenous anesthetics, use of real-time pharmacokinetic simulations is strongly recommended, 4) Syringe pumps are essential for the infusion of intravenous anesthetics, which should be prepared according to the rules of each individual anesthesia department, particularly with regard to dilution, 5) Syringes should be clearly labeled with content and drug concentration, 6) When managing TIVA, particularly with the use of muscle relaxants, monitoring processed electroencephalogram (EEG) is advisable, 7) However, the depth of sedation/anesthesia must be assessed comprehensively using various parameters, rather than simply relying on a single EEG index, 8) TIVA should be swiftly changed to an alternative method that includes inhalation anesthesia if necessary, 9) Use of antagonists at emergence may be associated with re-sedation risk, 10) Casual administration of antagonists and sending patients back to surgical wards without careful observation are not acceptable, etc. This seminar will outline the details of these recommendations.

Presenter:

Shigeki Yamaguchi

Department of Anesthesiology, Dokkyo Medical University
School of Medicine, Japan



Competency Assessment and Perceived Barriers of Registered Nurses on Nursing Informatics / Health Informatics

Vanitha Rajakumar Sudalaimani¹, Vimala Varatharajan² and Beryl Juliet Sam³

¹Chief Nursing Officer, Royale Hayat Hospital, Kuwait

²Lecturer & Corresponding Author, College of Nursing Gulf Medical University, UAE

³Assistant Professor, College of Nursing, Gulf Medical University, UAE

The integration of technology into healthcare systems has underscored the critical need for nursing informatics (NI) competencies among nurses. NI, a specialty that merges nursing science with computer and information science, enables the effective use of information and communication technologies to improve healthcare delivery.

Objectives: This study aimed to assess the competency levels of registered nurses in NI and health information systems and explore their association with demographic and professional variables.

Scope: It focuses on evaluating nurses' skills in computer literacy, informatics literacy, and informatics management using the NICAT tool. The study also explores the relationship between these competencies and various demographic factors, such as age, education, experience, and access to digital devices. The findings aim to inform strategies for improving informatics training and digital readiness among nurses in clinical settings.

Method: A quantitative, cross-sectional descriptive study was conducted among 144 registered nurses at Royale Hayat Hospital, Kuwait, using the validated Nursing Informatics Competency Assessment Tool (NICAT). Data collection occurred over three months (October–December 2023) through a self-administered Google Form questionnaire. Data were analysed using IBM SPSS v25, employing descriptive statistics, Spearman correlation, and Chi-square tests.

Results: Results revealed that 81.3% of nurses were experienced in using electronic health records (EHRs), and nearly half (47.9%) exhibited proficient competency levels. There were significant positive correlations among computer literacy, informatics literacy, and management skills ($p < 0.05$). Addition-

ally, the availability of digital devices in clinical settings showed a significant association with competency levels ($p < 0.05$). No significant correlations were observed with other demographic variables.

Conclusion: The study findings highlights the importance of fostering NI competencies to ensure effective utilization of health information systems, emphasizing the need for targeted training programs and the availability of digital resources in clinical settings. Enhanced informatics competencies are essential for optimizing nursing practice and improving healthcare outcomes.

Presenter:

Vanitha Rajakumar Sudalaimani

Cheif Nursing Officer, Royale Hayat Hospital, Kuwait



Empirical Study on the Use of Artificial General Intelligence Healthcare in the Elderly

Jintaek Jung and **Seungho Seo**

Hansung University, South Korea

This paper explores the potential use of artificial intelligence (AI) and AI-based healthcare systems for the elderly and empirically analyzes the impact of these technologies on the daily life satisfaction of elderly individuals. Recent advancements in Artificial General Intelligence (AGI) have opened up innovative possibilities in the healthcare sector, particularly in systems that monitor and support the health conditions of elderly individuals, providing personalized health management and daily life assistance. This study utilized data from the '2023 Digital Divide Survey' collected by the National Information Society Agency of Korea, analyzing the impact of the degree of AI usage assistance on the daily life satisfaction of 2,300 elderly individuals aged 55 and older. The results showed that the degree of AI usage assistance had a significant positive impact on daily life satisfaction, while education level and monthly household income also had positive effects. Conversely, age had a negative impact. This study suggests that AGI technology can play a crucial role in enhancing the quality of life for the elderly, emphasizing the need for policy support to facilitate this.

Presenter:

Jin Taek Jung

Hansung University, South Korea



ICD Dilemmas in Patients with "PRIMARY" VF in Non-STEMI

Elad Asher, Asher Schnor and Michael Glikson

Jesselson Integrated Heart Center Shaare Zedek Medical Center, Israel

Background: Primary ventricular fibrillation (VF) and sustained ventricular tachycardia (VT) are potentially lethal complications in patients suffering from acute myocardial infarction (MI). In contrast with the profound data regarding the incidence and prognostic value of ventricular arrhythmias in ST elevation myocardial infarction (STEMI) patients, data regarding contemporary non-ST elevation myocardial infarction (NSTEMI) patients with ventricular arrhythmias are scarce. The aim of the current study was to investigate the incidence of VF/VT complicating NSTEMI among patients admitted to an intensive coronary care unit (ICCU).

Methods: Prospective, single-center study of patients diagnosed with NSTEMI admitted to ICCU between June 2019 and December 2022. Data including demographics, presenting symptoms, comorbid conditions, and physical examination, as well as laboratory and imaging data, were analyzed. Patients were continuously monitored for arrhythmias during their admission. The study endpoint was the development of VF/sustained VT during admission.

Results: A total of 732 patients were admitted to ICCU with a diagnosis of NSTEMI. Of them, six (0.8%) patients developed VF/VT during their admission. Nevertheless, three were excluded after they were misdiagnosed with NSTEMI instead of posterior ST elevation myocardial infarction (STEMI). Hence, only three (0.4%) NSTEMI patients had VF/VT during admission. None of the patients died during 1-year follow-up.

Conclusions: VF/VT in NSTEMI patients treated according to contemporary guidelines including early invasive strategy is rare, suggesting these patients may not need routine monitoring and ICCU setup.

Presenter:

Elad Asher

Jesselson Integrated Heart Center Shaare Zedek Medical Center, Israel



Neonatal Surgery at the Centre versus Surgery at the Perinatal Centre Outside

Ralf-Bodo Tröbs

Department of General-, Visceral- and Pediatric Surgery
St. Vincenz-Hospital Paderborn, Germany

Objectives and scope: The pathological substrate of acute abdomen in newborns mainly consists of ischaemia, obstruction, perforation and necrosis of the intestine. These are life-threatening conditions. Timely detection enables prompt, risk-adapted therapy. Specific indications are required for surgery on small, critically ill infants at an external perinatal centre.

Material and Methods: This is a single-institution retrospective cohort study of a population of 157 infants who underwent emergency or urgent surgery due to acute abdomen. Exclusion criteria were abdominal wall surgery, hypertrophic pyloric stenosis, and anorectal malformations. 136 operations were performed in the theatre of a tertiary university center, and in 26 newborns surgery was performed offsite at the NICU. Biometry, clinical course, surgical procedure, and outcome were evaluated.

Results: The mean birth weight was 1547 g, the mean corrected post-conception age at surgery was 32 weeks. Necrotising enterocolitis (43, NEC), spontaneous intestinal perforation (15, SIP) and meconium obstruction (20, MO) were predominant. Duodenal and small intestinal atresia affected 31 newborns. There was a high incidence of co-morbidities. Generally, newborns with NEC, SIP and MO had a high risk of significant bowel loss and *quo ad vitam*. Overall lethality was 8.9%. In 28 cases offsite-surgery was performed in a distant perinatal center at the NICU. These were particularly very small, immature premature babies with a particularly severe clinical picture. The outcome of operations in the NICU was less beneficial than in standard settings.

Discussion: Performing surgery at an external perinatal centre reduces the risks associated with transporting the child to a paediatric surgery centre. Such operations require considerable time, personnel, and material resources. The decision to proceed requires a critical assessment of the child's current condition.

Conclusion: The advantages, but also the limitations, of offsite surgery must be considered when determining the indication. Clear criteria are lacking.

Presenter:

Ralf-Bodo Tröbs

Department of General-, Visceral- and Pediatric Surgery
St. Vincenz-Hospital Paderborn, Germany



Vaccination Coverage and Adherence to Scheduling in Children Aged 0 to 18 Months: Effects of COVID-19 and Age

Isabel Pino-Arana¹, Ubaldo Miranda-Soberón², Norma Pastor-Ramírez¹, Elena Figueroa-Cabezudo¹
Cynthia Zevallos-Parra³ and Gabriela Valencia-Borja³

¹Nursing Faculty, National University "San Luis Gonzaga", Peru

²Human Medicine Faculty, National University "San Luis Gonzaga", Peru

³Seedbed CLIMA, Human Medicine Faculty, National University "San Luis Gonzaga", Peru

Vaccination in Peru began 50 years ago as part of the Expanded Program on Immunization (EPI), which has proven effective in saving the lives of millions of children. This research aimed to determine the coverage and adherence to the vaccination schedule in children up to 18 months of age during the period 2018–2022, including the COVID-19 pandemic lockdown, in order to assess its influence.

Materials and methods: This was a secondary source study based on the Demographic and Family Health Survey (ENDES) of Peru, including a sample of 82,702 male and female children whose caregivers presented vaccination cards. Coverage and adherence indicators were calculated, and differences were evaluated between the pre-confinement, absolute confinement, and relative confinement periods using a chi-square test.

Results: For almost all vaccines, coverage decreased from 2018 to 2022 (from 82.46% to 80.16% on average, $p < 0.001$). Coverage also decreased as the scheduled age increased (0–2 months: median 93%, 7–18 months: median 63%; $p < 0.001$). Average adherence rates also declined over time (2018: 65.82% to 2022: 61.77%). The most affected vaccine was the yellow fever vaccine. Coverage did not reach protective population levels, while adherence has averaged 85.06% since 2018.

Conclusions: COVID-19 negatively influenced compliance with the vaccination schedule and adherence.

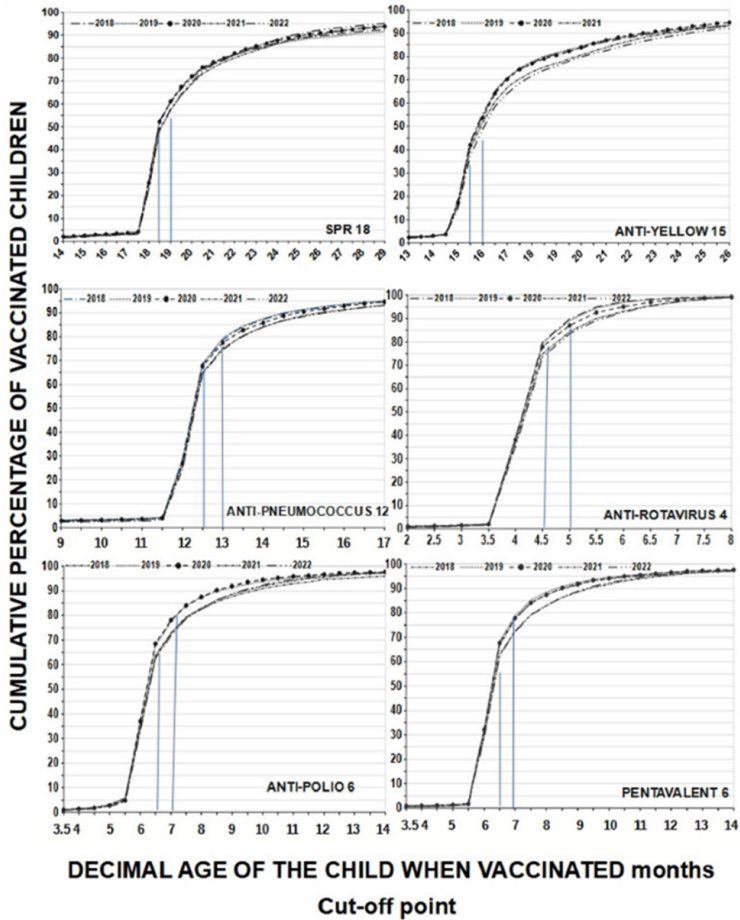


Figure 1. Adherence to the vaccination schedule according to cumulative percentages of vaccinated children by age at which they were vaccinated and type of vaccines received in protective doses by year evaluated (from 2018 to 2022); cut-off points are represented by blue lines. We see that adherence increases with increasing decimal age, but those vaccinated between 6.00 and 6.99 months are in the 6-month-old category.

Presenter:

Dora Isabel Pino Arana

Nursing Faculty, National University "San Luis Gonzaga", Peru



The Oral Microbiome and Pathogenesis: Defining the Systemic Risk Factor

Zbigniew Rybak

Pre-Clinical Research Centre, Wrocław Medical University,
Poland

The oral microbiome has garnered significant interest in recent years. Its profound implications for oral and systemic diseases have led to a considerable amount of research and analysis aimed at providing deeper insights into its composition. The oral-gut microbiota axis is a relatively new field of research. Although most studies have focused separately on the oral and gut microbiota, emerging evidence has highlighted that the two microbiota are interconnected and may influence each other through various mechanisms shaping systemic health. The oral microbiota represents the microbial community itself, colonizing various specialized ecological niches such as the teeth, tongue, gingiva, and saliva. Maintenance of this microbial balance is paramount to systemic health. Oral dysbiosis has been directly associated with the onset or progression of systemic diseases, including cardiovascular diseases, adverse pregnancy outcomes, and respiratory diseases. While daily low-level bacteremia is often asymptomatic, the frequent, low-level dissemination of oral pathogens over an individual's lifetime constitutes a substantial and persistent immunological stress on the vascular endothelium. In individuals predisposed by genetics or existing conditions like hypertension, this persistent pathogenic load can accelerate inflammatory conditions such as atherosclerosis and microvascular damage. Oral pathogens directly accelerate plaque formation in arteries, increasing the risk of ischemic heart and brain diseases. Longitudinal studies demonstrate that carriage of *cnm*-positive *S. mutans* is associated with a dramatic and clinically significant increase in the incidence of cerebral microbleeds (CMB). Oral biofilms contribute to associations between the oral microbiome and systemic diseases including gastrointestinal, cardiovascular, endocrinal, and neurological conditions, autoimmune diseases, and lower airways. The oral microbiome plays a key role in the development of head and neck cancer. Integrating oral screening, hygiene maintenance, and treatment of active oral disease may reduce morbidity and mortality.

Presenter:

Zbigniew Rybak

Pre-Clinical Research Centre, Wrocław Medical University, Poland



Reimagining Integrity: How Creative and Mindful Thinking Sustain Ethical Nursing Education in the AI Era

Yovav Eshet

Zefat Academic College, Israel

Integrity has long been a cornerstone of nursing education, yet the emergence of artificial intelligence (AI) challenges traditional conceptions of learning, authorship, and ethical responsibility. Drawing on two empirical studies conducted among over 1,700 undergraduate education students in Israel, this keynote reimagines integrity through the lenses of creative and mindful thinking. The first study examined the relationship between personality traits, creative thinking, and academic integrity. Results showed that roughly two-thirds of students admitted to at least one act of academic misconduct, while those who scored higher in creative thinking and emotional stability demonstrated significantly greater ethical awareness. The findings suggest that fostering creative cognition, characterized by flexibility, originality, and openness, reduces tendencies toward academic dishonesty and cultivates ethical resilience.

The second study investigated how mindfulness mediates the relationship between anxiety and unethical behaviour, moderated by risk aversion. Using structural equation modelling, results revealed that mindfulness strongly and negatively predicted academic dishonesty, while risk-averse and more mindful students exhibited lower anxiety and higher academic integrity. These findings underscore mindfulness as a protective factor that helps learners regulate emotional stress, especially in high-pressure, data-driven contexts such as nursing education.

Together, these studies propose an integrative model in which creative and mindful dispositions serve as cognitive–emotional anchors for ethical decision-making in the AI era. As AI increasingly mediates knowledge production and assessment, nursing educators must cultivate students' creative adaptability and mindful self-awareness to sustain trust, authenticity, and compassion in professional practice. This keynote will discuss pedagogical strategies that blend creativity training and mindfulness-based interventions to empower future nurses as ethically grounded, reflective practitioners in a rapidly transforming digital landscape.

Presenter:

Yovav Eshet

Zefat Academic College, Israel



Superficial Venous Thrombosis Following Intravenous Immunoglobulin in Immune-Mediated Neurological Disorders: Case Reports and Implications for Nursing Practice

**Thuy Trinh Pham, Hoang Phuong Khanh Nguyen
Thi Truong Anh Le and Hong Ngoc Bui**

Vinmec Central Park International Hospital, Vietnam

Background: Intravenous immunoglobulin (IVIG) is widely used in the treatment of various Immune - Mediated diseases, including autoimmune neurological disorders such as polyneuropathy and Guillain–Barré syndrome. Although IVIG is generally considered safe, it may be associated with serious adverse events, among which local thrombotic phlebitis is rarely reported. We present two clinical cases of superficial venous thrombosis following IVIG infusion at Vinmec Central Park International Hospital between June 2024 and June 2025.

Case presentations:

Case 1: A 44-year-old male diagnosed with Guillain–Barré syndrome received IVIG for the first time at a dose of 0.4 g/kg/day for 5 consecutive days. The initial infusion rate was 4 g/h (equivalent to 0.3 mL/kg/h). After two days of treatment, localized swelling, erythema, and mild induration were observed at the peripheral intravenous sites on both forearms. Ultrasound examination revealed bilateral superficial venous thrombosis of the forearms. D-dimer levels increased from 666 to 1,107 ng/mL.

Case 2: A 58-year-old male with chronic inflammatory demyelinating polyradiculoneuropathy received IVIG at a dose of 0.4 g/kg/day for 5 days, with an infusion rate of 30 mL/h. After three days of infusion, the patient developed swelling and redness at the peripheral intravenous site. Ultrasound confirmed superficial venous thrombosis of the forearm.

Discussion: According to the literature, thrombotic complications associated with IVIG are uncommon but have been reported, with an estimated incidence ranging from approximately 0.6% to 1.2%, particularly higher in patients with predisposing hypercoagulable risk factors. In our cases, thrombosis occurred in patients presenting with risk factors such as obesity, limited mobility, and a history of thrombosis. These findings highlight the critical

importance of multidisciplinary collaboration among physicians, clinical pharmacists, and nurses in conducting individualized thrombotic risk assessments prior to IVIG administration, as well as close monitoring during and after infusion.

Conclusion: Thrombotic phlebitis following IVIG infusion can occur and should not be underestimated, especially in adult patients. Our cases emphasize the importance of pre-infusion thrombotic risk evaluation, appropriate selection of vascular access, adjustment of infusion rates, and vigilant monitoring for thrombotic complications. Further large-scale observational studies are warranted to better elucidate risk factors, underlying mechanisms, and optimal preventive strategies tailored to specific patient populations.

Presenter:

Thuy Trinh Pham

Vinmec Central Park International Hospital, Vietnam



Bridging the Silent Gap: Nurses' Role in Supporting Muslim Orthopaedic Patients' Spiritual and Prayer Needs

Mohd Ariff Sharifudin¹, Mai Nurul Ashikin Taib¹
Mohd Fitri Omar¹ and Anas Mohd Yunus²

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Background: For Muslim patients, performing daily prayers (Solah) is a fundamental spiritual practice and source of resilience. Malaysia's Ibadah-Friendly Hospital (IFH) framework aims to support this, yet prayer adherence among hospitalised patients remains low. This reveals a critical gap between policy and lived experience, with significant implications for holistic nursing care.

Objective: This qualitative study explored the lived experiences, perceptions, and barriers faced by hospitalised Muslim orthopaedic patients in performing Solah, aiming to generate actionable evidence for clinical nursing practice.

Methods: A qualitative descriptive case study was conducted in orthopaedic wards of a tertiary hospital in East Coast Malaysia. Purposive sampling recruited 16 Muslim patients (8 men, 8 women; aged 24-75 years) with various orthopaedic conditions. Data were collected via semi-structured interviews and non-participant observations. Thematic analysis using the Framework Method, facilitated by Atlas.ti software, was employed. Rigour was ensured through triangulation, audit trails, and reflexivity.

Results: Three primary themes emerged: (1) Negotiating Obligation and Leniency: Patients commonly misinterpreted religious concessions (rukhsah) as permission to postpone prayer entirely rather than adapt it. (2) The Embodied Struggle of Purity and Piety: Profound distress resulted from ritual impurity due to medical devices (catheters, diapers), inadequate ablution facilities, and lack of prayer attire. (3) The Silent Gap in Supportive Care: Patients perceived nurses as too busy to ask about spiritual needs; prayer kits were inaccessible or unknown; and gender-related discomfort hindered help-seeking.

Discussion and Conclusion: Barriers intertwine knowledge gaps, embodied distress, and systemic shortcomings. Beyond passive facility provision,

nurses are central to bridging this gap. Integrating a brief spiritual screening question into admission assessments, providing bedside education on adaptive prayer methods, and proactively introducing prayer aids are simple, high-impact nursing interventions. These actions can transform policy into truly patient-centred, culturally competent care, addressing a hidden dimension of patient suffering and upholding holistic nursing principles.

Presenter:

Mohd Ariff Sharifudin

Faculty of Medicine, Universiti Sultan Zainal Abidin, Malaysia



Sleep Patterns and Short-Term Memory Performance Among Saudi University Students: A Structural Equation Modelling Approach

Abdullah A Alasmari and **Reshaa F. Alruwaili**

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This study examined the relationship between sleep patterns and short-term memory recall abilities among Saudi university students using structural equation modelling. A total of 301 students were recruited through stratified random sampling, warranting balanced representation across demographic variables. Participants completed a self-administered questionnaire that assessed sleep patterns, memory recall, academic and lifestyle factors, external influences on sleep, and their perceived connection between sleep and memory. Exploratory and confirmatory factor analyses were conducted to validate the instrument's dimensional structure. Structural equation modelling was used to examine direct, moderating, and mediating relationships among the study variables. The findings revealed that consistently healthy sleep patterns were positively associated with short-term memory recall abilities, while academic demands, poor lifestyle choices, and external factors were negatively related to sleep quality and cognitive performance. Students who perceived a stronger link between sleep and memory exhibited better recall. The study also found that gender, field of study, academic workload, and stress moderated the relationship between sleep and memory. Moreover, students with a history of sleep disorders reported lower sleep quality and weaker memory recall compared to those without such conditions. These results reveal the importance of promoting healthy sleep habits and raising awareness about the cognitive benefits of sleep among university students. The findings have implications for students, teachers, and policymakers in developing targeted interventions and support programs to enhance sleep quality and academic performance.

Presenter:

Abdullah Abdulrahman Alasmari

Psychology Department, Imam Muhammad Ibn Saud Islamic University (IMSIU), Saudi Arabia



Beyond the Urban Lure: Factors Associated with Medical Students' Intentions to Practice in LMIC's Disadvantaged Areas

Farah Christina Noya, Johan Bruiyf Bension, Laura Bianca Sylvia Huwae, Parningotan Yosi Silalahi, Vebiyanti Tentua, Amanda Gracia Manuputty, Marthen Yoseph Matakupan, Efatha Irene Rutumalessy, Nerissa Alviana Sutantie and Karel Josafat Romario Souhoka

Faculty of Medicine, Universitas Pattimura, Indonesia

The maldistribution of healthcare professionals, particularly the scarcity of doctors in rural and disadvantaged regions, is a significant obstacle to achieving universal health coverage in low- and middle-income countries (LMICs). Our study sought to identify and analyze the factors that influence the intentions of medical students to practice in these underserved areas. We conducted a cross-sectional survey among 1,200 medical students across six LMICs. The questionnaire assessed a range of potential determinants, including socio-demographic characteristics, academic experiences, motivations for a medical career, perceptions of rural practice, and exposure to rural healthcare settings during their training.

The findings indicate that several key factors are positively associated with students' intentions to work in disadvantaged areas. Notably, personal and family rural backgrounds, and positive perceptions of rural practice were among the strongest predictors. The duration and quality of clinical rotations in rural settings also showed a significant positive association with a student's willingness to practice outside of urban centers. Conversely, factors such as a student's high socioeconomic status and limited exposure to rural healthcare were negatively correlated with this intention. The study's results highlight a complex interplay of personal motivations, educational experiences, and contextual factors. These findings are illustrated in a summary table of significant predictors and a figure depicting the correlation between rural exposure and practice intention.

In conclusion, our research provides critical evidence for policymakers and medical educators. Targeted interventions—such as incorporating more robust rural clinical rotations, promoting early exposure to rural health challenges, and offering financial incentives—are essential to nurturing a future healthcare workforce committed to serving disadvantaged populations.

These strategies can help bridge the urban-rural health gap and strengthen primary healthcare systems in LMICs.

Presenter:

Farah Christina Noya

Faculty of Medicine, Universitas Pattimura, Indonesia



Impostor Phenomenon Among Nursing Leaders: Socio-Demographic Predictors and its Impact on Innovative Work Behavior

Hanan Alrashidi, Eman A. Bomozah and Turki S. Almutairi

Prince Sultan Military Medical City, Saudi Arabia

The impostor phenomenon (IP) is characterized by persistent self-doubt and fear of being exposed as inadequate despite documented success. This study aimed to assess the prevalence of IP among nursing leaders in a Saudi tertiary hospital and examine its associations with socio-demographic factors and innovative work behavior (IWB). A cross-sectional study was conducted among 255 nursing leaders using purposive sampling. Data were collected through the validated 20-item Clance Impostor Phenomenon Scale (CIPS) and a four-dimension IWB tool. Statistical analyses included descriptive statistics, chi-square tests with effect sizes, Pearson correlations, and principal component analysis (PCA).

Results showed that the majority of participants were female (73.7%) and aged 30–39 years. Moderate to intense IP levels were highly prevalent, particularly among non-Saudi nurses (58.7% vs 46.2%, $p = 0.012$). PCA extracted three core dimensions of IP: Self-Doubt (46.9% variance), Achievement Pressure (8.3%), and External Attribution of Success (6.0%). Correlations revealed that self-doubt and external attribution were significantly associated with decreased opportunity exploration ($r = -0.31$ and -0.24 ; $p < 0.001$), indicating diminished innovation among those with stronger impostor feelings. Conversely, achievement pressure demonstrated a positive association with idea generation and risk-taking ($r = 0.42$ and 0.34 ; $p < 0.001$), suggesting that internal performance-driven motivation may enhance creative engagement.

This study concludes that IP significantly influences innovation among nursing leaders and is shaped by demographic and psychological factors. Targeted developmental and psychological interventions such as mentorship, feedback enhancement strategies, and resilience-based training are recommended to promote innovation, reduce impostor tendencies, and strengthen nursing leadership within healthcare systems.

Presenter:

Hanan Hammad Alrashidi

Prince Sultan Military Medical City, Saudi Arabia



Challenges to Error Disclosure Among Nurses in Saudi Arabia: Implications for Patient Safety

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King Abdulaziz University, Saudi Arabia

Background: Medical errors are prevalent in healthcare, with medication errors representing a major contributor to patient morbidity and mortality. Error disclosure by nurses is essential for fostering trust and safeguarding patient safety; however, communication challenges and fear of punitive consequences often hinder this process. Accurate documentation and effective interprofessional collaboration are critical strategies for improving patient outcomes.

Aim: This study aimed to examine the barriers to error disclosure among nurses in the Kingdom of Saudi Arabia.

Methods: A descriptive cross-sectional study was conducted between June and August 2024 using a convenience sample of 255 nurses employed at King Fahad Hospital (KFH) in Hofuf. Data were collected using a self-administered questionnaire comprising sociodemographic characteristics and the Barriers to Error Disclosure Assessment (BEDA) tool.

Results: Most participants were female (92.2%) and held a bachelor's degree (80.8%). Nearly half of the nurses had 1–5 years of experience (45.5%), while 29.0% had 6–10 years of experience. Only 18% of nurses reported disclosing medical errors to patients and their families, whereas 34.5% disclosed errors to other healthcare professionals. Identified barriers to error disclosure included deficits in knowledge and confidence, institutional constraints, psychological factors, and financial concerns. The mean overall barrier score was 63%. Psychological barriers were rated highest (68.2%), followed by institutional barriers (66.5%) and financial concern barriers (64.5%).

Conclusions: Focused interventions are necessary to address the specific barriers identified in this study and to support nurses in error disclosure practices. Implementing updated regulations and policy reforms is essential to strengthen training programs, promote a culture of safety, and reduce employment-related insecurities. These reports may help decrease barriers to error disclosure and enhance the overall quality of patient care. Future re-

search employing alternative methodological approaches is recommended to gain deeper insight into nurses' experiences with error disclosure.

Presenter:

Ebaa Marwan Felemban

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Designing a Mobile Health Platform for Effective Medical Records Management in Hospitals

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²Amity University, India

Background: The advancement of mobile technology has revolutionized various sectors, including healthcare. The Objectives of the study includes a. Integration with Electronic Medical Records (EMR) systems b. Real-time record updates and access c. Digital documentation and automated workflows d. Secure sharing between healthcare professionals. The scope of the study is to empowers healthcare professionals, including doctors, nurses, and Postgraduates (PGs), to efficiently access, update, and retrieve patient information, thereby improving communication and data sharing. Methodology adopted is using the LCNC platform to enables non-technical users to create a customized application without complex coding, streamlining the development process and accelerating time-to-market. This study uniquely assessed the risk using Failure Mode and Effect Analysis and identified the causes using Cause-and-Effect Analysis, this research results contributes to enhancing medical record management, ultimately leading to improved patient outcomes and quality of care. It also emphasis on the mobile app that is built with Zoho Creator helps healthcare providers easily store patient data, reducing errors and improving care. The app was developed including modules for patient registration, medical records, and appointments, which enhances clinical decision-making. Security measures like multi-factor authentication and regular updates were discussed which are crucial for data protection and app reliability.

Table 1. Urgent Matrix

Urgent Matrix	Urgent	Not- Urgent
Important	Quadrant 1 Addressing data security breaches System crashes Critical user	Quadrant 2 Implementing new features to enhance user experience. Optimizing performance Improving data accuracy
	Quadrant 3 Could be resolving minor bugs Addressing user feedback Handling non-critical user support requests	Quadrant 4 Include cosmetic changes. Non-critical feature requests non-essential the documentation updates
Not- Important		

Source: Primary Data

Table 2. FMEA (Failure Mode and Effects Analysis)

Item No.	System /Component/ Process	Failure Mode	Potential Effects	Severity	Causes	Occurrence	Current Detection	Risk Priority Number (RPN)	Recommended Actions
1	User Authentication	Incorrect password validation	Unauthorized access to patient records	9	Insufficient input validation, weak encryption	6	User login credentials	54	Implement stronger password validation and encryption methods
2	Data Syncing	Incomplete data synchronization	Inaccurate or missing patient information	7	Network interruptions, server errors	4	Automatic syncing process	28	Improve error handling and retry mechanisms during data synchronization
3	User Interface	Confusing layout and navigation	User frustration, data entry errors	6	Inconsistent design, lack of user feedback	5	User feedback, usability testing	30	Improve user interface design, conduct usability testing, and gather user feedback for iterative improvements
4	Data Backup	Failure to backup data	Data loss in case of system failure	8	Insufficient backup frequency, storage limitations	3	Automated backup process	24	Implement regular and automated data backup procedures with redundancy

5	Data Security (Safety and confidential files)	Data breach	Unauthorized disclosure or theft of patient data	10	Insufficient encryption, vulnerabilities in data storage	2	Intrusion detection systems, security audits	100	Strengthen data encryption, conduct regular security audits, and implement robust intrusion detection mechanisms
6	Interoperability	Integration issues with other systems	Incomplete or incorrect exchange of patient data	8	Incompatible data formats, lack of standard protocols	3	Compatibility testing, error logs	24	Ensure compatibility with industry standards, perform thorough testing, and establish robust error logging and monitoring
7	User Registration	Invalid user input	Inaccurate user data, registration errors	8	Insufficient input validation, unclear instructions	5	Error messages, user feedback	40	Improve input validation, provide and instructions clearer examples during registration
8	Patient Admission	Incomplete or incorrect patient information	Financial loss for healthcare facility, denied claims	9		5	Verification logs, user reports	45	Improve insurance data validation, update insurance databases regularly, implement quality checks

Source: Primary Data

Conclusion: The implementation of the Medical Record Department (MRD) mobile app offers a promising solution to streamline medical record management and improve patient care within healthcare facilities. By providing a user- friendly interface and secure access through unique identification numbers, the app enables doctors, nurses, and Post Graduates to efficiently access and update patient records. This connectivity between healthcare professionals fosters collaboration and enhances the accuracy and completeness of medical reports. This study also helps for real time data synchronization for updating the data across multiple devices and databases. The novelty of this study lies in its innovative application of Low Code/No Code (LCNC) platforms in healthcare settings, particularly in resource-limited environments.

Presenter:

S. Nithya Priya

Faculty of Management Sciences, Sri Ramachandra Institute of Higher Education and Research (DU), Chennai, India



Optimising Paediatric Cardiac Follow-Up Through Low-Threshold Trend Monitoring: A Concept to Reduce Unnecessary Clinical Encounters

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¹Univertisy of Applied Sciences Zwickau, Germany

²Hearth Center Leipzig, University Hospital Leipzig, Germany

Children and adolescents with congenital or acquired heart disease require structured follow-up processes that help clinicians detect emerging risks early while avoiding unnecessary consultations. Yet the fixed appointment intervals used in routine care, established for practical rather than evidence-based reasons, rarely reflect individual trajectories and offer limited support for triage, caseload prioritisation or timely responsiveness between visits. This contributes to avoidable workload, inefficient use of specialist resources and delays in recognising clinically relevant change. Previous research, including the AI-based paediatric ECG analysis by Franke et al., has demonstrated the diagnostic value of high-resolution electrophysiological data, yet such approaches remain difficult to integrate into continuous, real-world monitoring and do not address the workflow challenges of paediatric cardiology.

The submitted research proposal *HerzensFreund* responds to this gap by reframing digital follow-up as a task of process optimisation rather than diagnostic enhancement. The concept replaces high- complexity signals with continuously measurable, low-threshold indicators such as activity and heart rate, collected via commercially available wearables. These parameters provide stable trend information, including decreasing daily activity, rising resting heart rate or sustained deviations from individual baselines, all of which may signal the need for earlier clinical attention. Embedded in a web- based feedback system, these real-world data aim to support earlier detection of deviations, more precise timing of follow-up visits, more effective caseload prioritisation and improved coordination between families, primary care and specialised centres.

Rather than automating clinical decisions, the digital component seeks to strengthen situational awareness, streamline triage pathways and reduce avoidable consultations, thereby protecting scarce specialist capacity. A planned multicentre, pragmatic randomised controlled trial will examine

potential effects on unnecessary visits, unplanned hospitalisations, clinician workload, coordination efficiency and broader process outcomes. As the proposal is currently under review, this contribution outlines the conceptual and methodological framework.

By shifting attention from diagnostic innovation toward workflow-oriented digital monitoring, HerzensFreund offers a new direction for paediatric cardiac follow-up: improving process quality, reducing clinical burden and enabling more targeted, data-informed decision-making in busy specialist environments.

Presenter:

Massimiliano Perini

Univertisy of Applied Sciences Zwickau, Germany



Effects of Photobiomodulation on the Sleep Quality and Quality of Life of Night-Shift Nurses

Chuan Tsung Su¹, Mei Yen Lin², Chia Chi Chen², Ming Jie Chen³, Lih Lian Hwang¹ and Jih Huah Wu⁴

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Night-shift nurses frequently experience impaired sleep quality and reduced quality of life (QoL) due to circadian rhythm disruption, workplace stress, and chronic fatigue. These issues negatively influence health, job performance, and long-term well-being. Photobiomodulation (PBM), using low-level light to modulate biological activity, has emerged as a potential non-pharmacological intervention for improving sleep and overall wellness. This study investigates the therapeutic effects of an 830 nm laser array on sleep quality, QoL, and pain among night-shift nurses. A total of 60 night-shift nurses participated in a one-month PBM intervention in which the 830 nm laser array was applied to the palm and a localized pain site at an energy density of 252 J/cm². Outcome measures included validated questionnaires such as the Pittsburgh Sleep Quality Index (PSQI), the Athens Insomnia Scale (AIS), the MOS 36-Item Short Form Health Survey (SF-36v2), the World Health Organization Quality of Life Brief Version (WHOQOL-BREF) and visual analog scale (VAS), assessed throughout the treatment period. The intervention resulted in marked improvements in sleep quality, demonstrated by significant reductions in global PSQI and AIS scores. Participants also exhibited enhancements in physical and psychological domains of QoL, reflected by higher SF-36v2 and WHOQOL-BREF scores. Furthermore, pain levels were significantly reduced during the treatment period. Importantly, these beneficial effects persisted for at least one month after the intervention, suggesting sustained therapeutic potential. Overall, PBM represents a promising non-invasive strategy to alleviate the adverse health effects associated with night-shift work. By improving sleep quality, reducing pain, and enhancing overall well-being, PBM could be regarded as a complementary and alternative method for night-shift work applications. This invited talk summarizes findings that were previously published in a peer-reviewed journal.

Presenter:

Chuan-Tsung Su

Department of Intelligent Healthcare and Sustainable Management
Ming Chuan University, Taiwan, R.O.C



Challenges of Clinical Sampling and Ethno-Cultural Risks of Antenatal Lead Exposure in South Asian Women in the UK

Sharminde Neelotpol¹, Alastair WM Hay² and Mike W Woolridge³

¹Professor, School of Pharmacy, BRAC University Bangladesh, Bangladesh

²Professor (Emeritus) of Environmental Toxicology, Division of Epidemiology, University of Leeds, UK

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Background: Maternal lead exposure, influenced by environmental and cultural factors, can be transferred to the foetus. Culturally embedded practices among South Asian (SA) women, including dietary habits and traditional cosmetics, may increase exposure compared with Caucasian women. Additionally, recruiting ethnic minority populations into research remains challenging. This study aimed to recruit SA mothers in Leeds, UK to measure antenatal blood lead levels (BLLs) and examine associated environmental, ethno-cultural, lifestyle, and foetal outcome factors.

Methods: Pregnant SA and Caucasian women were recruited in Leeds, UK. Participants provided antenatal blood samples and completed a lifestyle questionnaire. BLLs were analysed using Inductively Coupled Plasma Mass Spectrometry. Birth outcomes were recorded after delivery.

Findings: Of those approached, 81% agreed to participate using a direct recruitment approach, with a retention rate of 93.4%. Key recruitment challenges included cultural and religious conservativeness, language barriers, lack of interest, and perceived stress. BLLs were significantly higher among SA ($n=98$) compared with Caucasian ($n=38$) women ($p=0.0005$). Among SA women, higher BLLs were associated with living in pre-1970 housing ($p=0.012$), pesticide use ($p=0.005$), purchasing fish (fresh or dried) and cosmetics (e.g., surma, tilaka, sindoor) from ethnic shops ($p\leq 0.002$), buying canned foods from local markets ($p=0.003$), and use of amulet (proxy for a lifestyle choice) ($p=0.002$). Lower BLLs were associated with supermarket food purchases ($p=0.0007$) and higher vitamin E intake ($p=0.007$). No major differences in birth outcomes were observed, except for premature rupture of membranes ($p=0.075$).

Conclusion: This study identified modifiable risk factors influencing lead exposure among SA women in the UK. Findings may inform culturally tailored

'lead-free lifestyle' guidelines to reduce exposure and improve outcomes in minority and hard-to-reach populations.

Presenter:

Sharmind Neelopol

Professor, School of Pharmacy, BRAC University Bangladesh, Bangladesh

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SPEAKER TALKS



Social Support as a Bridge between Health Literacy and Health Outcomes in the Age of Technological Change

Orna Baron-Epel¹, Efrat Neter², Ester Eliyahu¹ and Diane Levin-Zamir¹

¹University of Haifa, Israel

²Ruppin Academic Center, Israel

Promoting health among individuals in the modern world requires coping skills that include health literacy (HL) and, increasingly, digital health literacy (DHL), particularly as medical services continue to become more and more digitalized. This rise in digital healthcare services increases the importance of DHL as an essential set of skills needed for individuals to benefit from new technologies, simultaneously raising concerns about the potential exacerbation of the digital divide. We suggest the pivotal role of social support (SS) as a necessary coping mechanism in navigating these modern health challenges, serving as a mediator between literacy and positive health outcomes. Research indicates that SS is a significant mediator of the association between general HL and self-reported health (SRH) across participating countries, highlighting the mutual importance of HL and SS for improving various health measures.

The methods included cross sectional surveys in 17 countries.

We suggest SS and perceived SS in internet use act as significant mediators in the pathway linking HL or DHL and SRH. This suggests that perceived support in using digital resources may empower individuals to overcome the digital divide and fully benefit from the digital resources now accessible within healthcare services. Although the direct effect of using digital resources and services on SRH was not found to be significant, the indirect, supportive pathway through perceived social support is clear. SS is not only important for utilizing digital healthcare but also for general health as we provide evidence from 17 European countries.

Given the significant influence of this interconnectedness, developing interventions aimed at mutually improving social support and health literacy/digital health literacy is crucial for enhancing community health and improving well-being in the context of rapidly changing healthcare technologies.

Presenter:

Orna Baron-Epel

University of Haifa, Israel



Beyond Language Learning: Virtual Reality Narratives for Humanistic Nursing Education

Tuyuan Cheng

National Tainan Junior College of Nursing, Taiwan, R.O.C

Effective communication and empathic understanding are essential competencies in contemporary nursing practice, particularly in increasingly globalized healthcare environments. However, many nursing students in English-as-a-Foreign-Language (EFL) contexts face challenges in developing professional communication skills while simultaneously cultivating humanistic care. This study explores an innovative pedagogical approach that integrates immersive technology with narrative-based learning to address these challenges in nursing education.

The research implemented a virtual reality (VR)-based narrative co-creation project within a 16-week English course involving 98 third-year nursing students in a five-year associate degree program in Taiwan. Using the Co-Spaces Edu platform, students collaboratively designed interactive three-dimensional stories based on an end-of-life care scenario. Learners adopted multiple perspectives—including patient, nurse, and family members—and constructed first-person narratives in English through immersive digital storytelling. A mixed-methods design was employed, including vocabulary pre- and post-tests, oral narrative assessments, student surveys, interviews, and reflective journals.

The findings demonstrate significant improvements in students' English vocabulary acquisition, narrative fluency, and oral communication confidence. Students also reported increased motivation and willingness to communicate in English through collaborative storytelling activities. Qualitative data further reveal meaningful development in empathy and perspective-taking as students reflected on ethical and emotional dimensions of patient care through immersive role-play.

These results suggest that VR-based narrative learning offers a powerful interdisciplinary framework that bridges language education, technological innovation, and humanistic nursing training. By enabling learners to experience patient-centered scenarios through immersive storytelling, this approach supports both communicative competence and empathic aware-

ness—two critical dimensions of professional nursing practice. The study highlights the potential of extended-reality technologies to enrich interdisciplinary healthcare education and foster more compassionate and communicatively competent future nurses.

Presenter:

Tuyuan Cheng

National Tainan Junior College of Nursing, Taiwan, R.O.C



Divergent Perceptions of the “Second Victim” Phenomenon Among Policymakers and Nurses in Israel

Rachel Nissanholtz-Gannot¹, Rinat Cohen² and Yael Sela³

¹Ariel University, Israel

²Yafo Academic Center, Israel

³Ruppin Academic Center, Israel

Background: The “second victim” phenomenon (SVP) refers to healthcare providers who experience emotional distress after involvement in adverse patient events, often leading to mental and physical strain, burnout, and reduced professional functioning.

Objectives: This study explored differences in perceptions of the SVP between policymakers and nurses in Israel.

Methods: Thirty in-depth interviews were conducted with policymakers and nurses. Half of the participants worked in risk management and patient safety at the Ministry of Health or within healthcare organizations, while the remaining participants were nurses who had personally experienced the SVP. A convenience sampling approach was used, and interviews were analyzed using thematic content analysis.

Findings: Significant perceptual disparities emerged between the groups. Policymakers tended to associate the SVP mainly with severe errors and major adverse events, whereas nurses described intense emotional distress-stress, guilt, and negative emotions-regardless of the event’s severity or patient outcome. Despite substantial need for support, many nurses did not seek assistance due to limited awareness, uncertainty about available options, or a belief that their emotional reactions were not legitimate. Organizational support was generally reactive and provided only upon request, contrasting with nurses’ expectations for proactive outreach and structured guidance.

Discussion: The SVP is prevalent and has notable implications for both the quality and safety of patient care. Given the cultural diversity of Israel’s nursing workforce, support needs vary considerably, necessitating a more nuanced understanding of the phenomenon and its impact.

Implications for Practice: There is a clear need for systematic assessment of the SVP's prevalence and the development of targeted policies to support affected healthcare professionals. Implementing culturally sensitive, tailored support mechanisms can enhance accessibility, effectiveness, and overall workforce resilience.

Presenter:

Rachel Nissanholtz - Gannot

Ariel University, Israel



Clinical and Biochemical Factors Associated with Delayed Renal Response in Proliferative Lupus Nephritis: A 20-Year Single-Center Multiethnic Cohort Study

Ruslinda Mustafar¹, Rozita Mohd¹, Noor Syazwani Izyan Abdul Rahaman¹, Lydia Kamaruzaman¹, Wan Rohaslizan Wan Daud², Muhammad Yusuf Abu Shamsi², Lim Kuan Yee¹, Abdul Halim Abdul Gafor¹ and Syahrul Sazliyana Shaharir¹

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Background/Objectives: Renal response remains underexplored across ethnic groups in the Asia-Pacific region; Malaysia, being a multiethnic country, provides a unique setting to examine these variations within the same healthcare system. This study was conducted to identify the clinical and biochemical characteristics and factors associated with renal response in Malaysia's multiethnic LN population.

Methods: A retrospective cohort study of biopsy-proven proliferative LN episodes between 2000 and 2020 were conducted. Baseline clinical, laboratory, and treatment variables were extracted from medical records. Each relapse was analysed as a separate episode. Partial and complete renal responses (PRR/CRR) at 6, 12, and 24 months were recorded. Predictors of early complete remission (CR), defined as CRR at 12 months while on prednisolone ≤ 10 mg daily, were identified using a generalized estimating equations (GEE) analysis.

Results: A total of 212 LN episodes in 145 patients were included. Most episodes occurred in Malay (61.3%), Chinese (34.9%), and Indian (3.8%) patients. The rates of CRR/PRR at 6, 12, and 24 months were 34.9%/35.4%, 23.6%/47.6%, 14.6%/61.3%, respectively. In multivariable GEE analysis, delayed induction (OR 4.19), relapse LN episode (OR 3.91), comorbid hypertension (OR 3.51), and Malay ethnicity (OR 3.23) were associated with delayed complete remission. In contrast, achievement of any remission (partial or complete) at 6 months was protective against delayed CR at 12 months.

Conclusions: Our findings underscore the importance of early induction therapy and relapse prevention in LN, as both are key predictors of renal re-

sponse. The observed ethnic disparities warrant confirmation in larger prospective studies to elucidate potential factors and underlying genetic influences of renal response among the diverse ethnic groups.

Presenter:

Ruslinda Mustafar

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Optimizing Nursing Education with Digital Tools: A Pilot Evaluation of the iCAN Chatbot's Impact on Emergency Nurses' Child Abuse Reporting Training

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Objectives: This pilot study aimed to evaluate the effectiveness of a chatbot-based educational tool, iCAN, in enhancing emergency nurses' knowledge, attitudes, and intention to report child and adolescent abuse and neglect (CAN).

Scope: The study focused on emergency nurses who frequently encounter suspected CAN cases, with the goal of improving their mandatory reporting competencies through digital education.

Methods Used: A two-group repeated-measures design was employed. Thirty-two emergency nurses were recruited through purposive sampling. Both groups received standard CAN education, while the experimental group additionally used the iCAN chatbot. Data were collected at pre-test, post-test (week 1), and follow-up (week 4).

Results: The experimental group showed significantly greater improvements in CAN knowledge and reporting intention ($p < .001$). Although attitudes toward reporting improved in the experimental group and declined in the control group, the between-group difference was not statistically sig-

nificant.

Conclusion: Chatbot-facilitated education significantly enhanced emergency nurses' knowledge and reporting intention. Optimizing chatbot design may further support frontline staff in recognizing and reporting suspected CAN cases.

Presenter:

Li-Cheng Kao

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Job Preferences Among Traditional Chinese Medicine Clinical Graduates in China: A Discrete Choice Experiment



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Objectives: Primary-level Traditional Chinese Medicine (TCM) institutions in China face persistent workforce shortages. This study aimed to quantify the job preferences and trade-offs of TCM clinical graduates when choosing among alternative employment positions.

Scope: The study targeted final-year TCM clinical undergraduates and post-graduates from 16 TCM universities across mainland China, focusing on choices between positions in different locations and levels of medical institutions, including primary-level and third-tier city posts.

Methods: A discrete choice experiment was conducted using hypothetical job profiles defined by monthly income, work location, hospital tier, job stability (formal establishment), work intensity, mentorship opportunities under renowned practitioners, and career advancement prospects. A mixed logit model was used to estimate preferences, followed by analyses of attribute

importance, willingness to pay, preference heterogeneity, and policy-relevant scenario simulations.

Results: A total of 2,402 valid questionnaires was included in the primary DCE analysis. Monthly income was the most influential attribute. Among non-economic attributes, graduates showed the strongest preference for lower work intensity and also valued formal establishment, mentorship opportunities and higher hospital tier, whereas work location was least important. Subgroup analyses indicated that gender, region, education level and family income systematically shaped preference patterns. Scenario simulations suggested that combining salary increases with improved non-economic conditions, such as formal establishment, lighter workloads, enhanced promotion prospects and mentorship, substantially increased the probability that graduates would accept jobs in third-tier cities.

Table 1. Mixed logit estimates and WTP (n =1430).

Attribute level	β (SE)	P-value	SD(SE)	P-value	WTP (CNY)	95%CI	
Income	0.000537(0.0000158)	< 0.001	0.000362(0.0000146)	< 0.001			
Location: location_third (ref)							
location_second	0.235(0.040)	< 0.001	0.058(0.130)	0.654	-436.50322	-584.59511	-288.41132
location_first	0.281(0.039)	< 0.001	0.738(0.055)	< 0.001	-523.33724	-666.39123	-380.28325
Hop_level: hop_first (ref)							
hop_second	-0.043(0.032)	0.178	0.005(0.074)	0.947	80.385916	-36.016735	196.78857
hop_third	0.336(0.032)	< 0.001	0.292(0.093)	0.002	-624.53583	-741.26004	-507.81162
Bianzhi: bianzhi_none (ref)							
bianzhi_yes	0.926(0.036)	< 0.001	0.965(0.043)	< 0.001	-1722.6906	-1848.4583	-1596.9228
Workload: workload_heavy (ref)							
workload_normal	1.051(0.040)	< 0.001	0.239(0.090)	0.008	-1722.6906	-2101.9786	-1809.3218
workload_easy	1.272(0.046)	< 0.001	0.552(0.072)	< 0.001	-2367.4652	-2535.8253	-2199.1051
Generation: generation_none (ref)							
generation_maybe	0.256(0.035)	< 0.001	0.232(0.122)	0.058	-476.3138	-602.4337	-350.19389
generation_have	0.608(0.039)	< 0.001	0.518(0.070)	< 0.001	-1132.1358	-1265.5325	-998.73904
Career: career_low (ref)							
career_commen	0.205(0.039)	< 0.001	0.046(0.076)	0.541	-381.95836	-523.12021	-240.79652
career_high	0.411(0.033)	< 0.001	0.365(0.090)	< 0.001	-765.30209	-884.67667	-645.9275
AIC	21038.22						
BIC	21246.41						
Loglikelihood	-10495.109						
Respondents, n	2402						
Observations, n	43,236						

β : coefficient; SD: standard deviation; SE: standard error; WTP: willingness to pay; CNY: Chinese yuan; 95%CI: 95% confidence interval; AIC: Akaike information criterion; BIC: Bayesian information criterion

β : coefficient; SD: standard deviation; SE: standard error; WTP: willingness to pay; CNY: Chinese yuan; 95%CI: 95% confidence interval; AIC: Akaike information criterion; BIC: Bayesian information criterion.

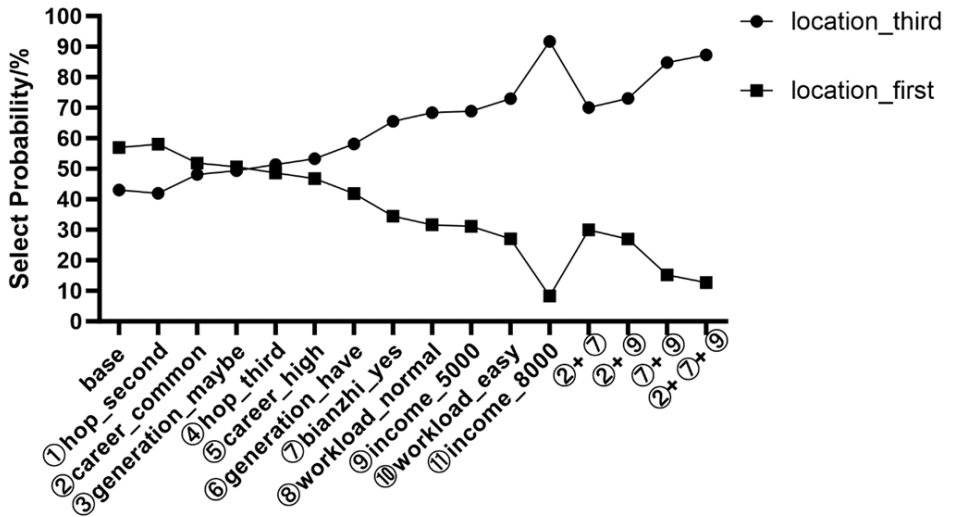


Figure 1. The probabilities of TCM clinical graduates in choosing jobs in a series of simulated scenarios.

Conclusion: Monthly income exerts the greatest impact on TCM clinical graduates' employment preferences, while work intensity and mentorship opportunities are key non-economic drivers. Offering competitive salaries together with reduced work intensity, stable posts and strong mentorship and career development may enhance the attractiveness of primary-level and third-tier city positions and help alleviate TCM workforce shortages in China.

Presenter:

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Shanghai Health Development Research Center, China

He Da

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Care-Led Communicative Acts and Practices: Visualizing and Understanding Contextuality

Katsunori Shimohara

Doshisha University, Japan

This study proposes a relational systems framework for visualizing and understanding the contextuality of care-led communicative acts and practices. From this perspective, the essence of care is understood in terms of dependency, relationality, and contextuality, conceptualized as dynamic chains of actions and responses. By framing these chains as communicative acts and practices, this study aims to elucidate the contextual dimensions and dynamics through which care is enacted. To this end, the study introduces three contextual dimensions: **modes of selfhood** (individualistic self vs. relational self), **motivational orientation** (extrinsic vs. intrinsic motivation), and **modes of agency** (active/passive voice vs. middle voice). These dimensions capture, respectively, ontological human subjectivity, the motivational basis underlying communicative action and human behavior, and observable modes of self-expression in human-to-human communication. Concretely, this study proposes a model for visualizing these contextual dimensions of care-led communicative acts and practices, drawing on Augustin Berque's theory of **trajective chains**. By analyzing variations and changes across these dimensions, the model elucidates the meanings and dynamics of communicative practices.

Characteristics and Interrelationships of Contextual Dimensions

Maintaining and Regaining Autonomy	The aim of Caring	Diversification of Dependency and Interdependency
Individualistic Self	Modes of Selfhood	Relational Self
Choose your actions and make decisions of your intention and responsibility	Mode of Behavioral Choice	The choice of action and the meaning of that action are determined through relationality with others
Extrinsic Motivation	Motivational Orientation	Intrinsic Motivation
Active-Passive Voice	Modes of Agency	Middle Voice
The subject is outside the process	Linguistic Property	The subject is within the process
A linguistic form that emphasizes clarifying the intention and responsibility of the actor		Expresses how the subject is involved in the process expressed by the verb and is generated and changed within the process
Premises the self-identity of the subject		Does not premise the self-identity of the subject
Conscious and intentional	Expression of Behavior	Non-intentional, spontaneous, and performative
Purpose or Scenario-oriented		Free from purpose and scenario
Causal theory (from cause to effect)		Effect-to-cause reasoning (from effect to cause)

Presenter:

Katsunori Shimohara

Doshisha University, Japan



Impacts of Fear of Falling and Low Physical Activity on Quality of Life Among Community-Dwelling Older Adults

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Background: Given fear of falling (FOF) and low physical activity (PA) present likely synergism to increase the fall risk in community-dwelling older adults, their impacts on quality of life (QOL) are insufficiently known.

Methods: Data used were collected from 600 adults aged 70 years and above using questionnaire interviews in the 1996 and 1999 surveys at Hunei community, in Kaohsiung, Taiwan. Their QOL was measured using the SF-36 and World Health Organization Quality of Life (WHOQOL-BREF) questionnaires in the 1999 follow-up only. The relationship between the full-factor combinations of FOF (with vs without) and low PA (Low vs Moderate to High) and QOL scores was examined using one-way analysis of variance (ANOVA), and further investigated in hierarchical multiple linear regression (MLR) models with sequential entry of explanatory variables including age, sex, gait maneuverability score, vision, number of comorbidities, Geriatric Depression Scale (GDS) score, Mini-Mental Stated Examination (MMSE) score, and history of falls.

Results: Study subjects had an average age of 76.6 years, with 49.2% being male and 20.2% having both FOF and low PA. ANOVA revealed a significant cross-combination difference in each mean subscale score of QOL ($p < 0.001$). The full-factor combinations also demonstrated a significant negative regression correlation with every subscale score of QOL in hierarchical MLR models ($p < 0.001$), with an increase in squared multiple correlation coefficients (R^2).

Conclusion: The full-factor combinations of FOF and low PA had comprehensive negative impacts on every subscale of QOL among community-dwelling older adults. Fall risk reduction and QOL improvement should be taken care in parallel in targeting fall interventions.

Presenter:

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From Fear and Blame to Reflection and Recovery: Human-Centred Responses to Suicide and Serious Incidents in a Community Mental Health Service

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²Deakin University, Australia

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How mental health services respond to suicide and self-harm is critically important. In our Child and Youth Mental Health Service, serious incidents are reviewed through the Child and Youth Serious Incident Review Panel (CY-SIRP), developed in response to concerns about the harmful effects of traditional investigative processes. Rather than relying on Root Cause Analysis focused on identifying individual error and causal factors, the CY-SIRP adopts a restorative, dialogical approach informed by learning circles. The process is non-hierarchical, reflective, inclusive of multiple perspectives, and intended to support healing rather than blame.

Aim: This study explored staff experiences and perspectives of participating in the CY-SIRP, including what worked well, areas for improvement, and the broader impact on service culture.

Method: A qualitative study using reflexive thematic analysis was conducted with staff who had participated in the CY-SIRP as panel members or participants.

Results:

Three key themes emerged:

1. The SIRP process was experienced as safe, supportive, dialogical, and non-punitive.
2. The model contributed to a more courageous, person-centred, and less defensive service culture while supporting staff wellbeing.
3. Areas for improvement included better staff preparation, wider dissemination of findings, and careful consideration of how young people and families might be included while maintaining staff support and safety.

Conclusion: The findings highlight the value of restorative, non-punitive approaches following suicide and serious incidents in mental health services. Processes that are inclusive, supportive, and reflective may foster safer, more courageous clinical practice while reducing defensive, risk-averse responses.

Presenter:

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Clinical Outcomes of Early Postoperative Dressing Removal and Shampooing Following Cranial Surgery at Vinmec Central Park International Hospital

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Background

Surgical Site Infection (SSI) is a common complication that extends hospital stays and increases costs. According to the WHO, SSI rates are 2–5% in clean surgeries and can reach 10% in clean-contaminated surgeries. In Vietnam, SSI rates range from 1.6% to 14.3%. Cochrane reviews indicate that early dressing removal within 48 hours and shampooing after 48 hours (when the wound is dry and sealed) is safe and improves patient comfort.

Objectives:

1. Describe the demographics and surgical characteristics of neurosurgery patients undergoing early dressing removal and shampooing.
2. Determine the rate of SSI according to CDC standards.
3. Record any postoperative wound-related complications

Subjects & Methods

- **Design:** Retrospective descriptive study without a control group.
- **Subjects:** Patients undergoing cranial surgery.
- **Timeframe:** November 1, 2024, to October 31, 2025.

Criteria:

- **Inclusion:** Dry, sealed wounds with no early complications; complete medical records.
- **Exclusion:** Infected wounds or complications occurring before dressing removal

Shampooing Protocol

- **Pre-Surgery:** 2-step wash using neutral shampoo followed by Povidone 4%.
- **Day of Surgery:** Repeat the 2-step wash.
- **Post-Surgery (48h - 72h):**
 - **If no drainage:** Remove dressing and wash with neutral shampoo.
 - **If drainage present:** Remove dressing and wash with neutral shampoo 24-48 hours after the drain is removed.
- **Discharge Day:** Final wash with neutral shampoo.

Results

- **Sample Size:** 55 patients.
- **Surgical Site Infection (SSI):** 0%
- **Wound Complications (Leakage/Dehiscence):** 0%

Key Findings:

- 100% of patients received prophylactic antibiotics.
- 100% followed the pre-operative washing protocol.
- 76% had dressings removed at 48 hours; 24% at 72 hours.

Discussion & Conclusion

Discussion: The study recorded no SSI or complications, showing that early dressing removal and shampooing do not increase risks when strict pre-operative and peri-operative protocols are followed. This aligns with WHO and Cochrane guidelines.

Conclusion: Early dressing removal and shampooing after neurosurgery are safe and applicable in clinical practice.

Recommendations:

- Standardize early wound care protocols.

- Develop evidence-based postoperative care guidelines for neurosurgery.
- Conduct prospective studies with post-discharge follow-up for a comprehensive assessment.

Presenter:

Thuy Trinh Pham

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The Health-Driven Security for Older Adults with Partial Dependency in Activities of Daily Living Who Experience Loneliness: A Research and Development

**Phatchanun Vivarakanon, Puangpet Meesiri
Wanida Intharacha, Jitaree Chatmontree and
Sriprapi Inchitthep**

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Faculty of Nursing, Praboromarajchanok Institute, Thailand

Background: Health security is an important aspect affecting quality of life, particularly older people who live independently. This research and development aimed to: 1) assess the current health security situation, 2) develop a health-driven security model, and 3) evaluate the effectiveness of the developed model.

Methodology: The study consisted of four phases: 1) assessing the health safety and security of 311 older adults and conducting a focus group discussion with 15 stakeholders in Mueang District, Lampang Province; 2) developing a health-driven security model based on the human security concept; 3) implementing the developed model with 40 older adults selected through purposive sampling, calculated by G* Power statistics; and 4) evaluating the model's effectiveness. Research tools included the developed model and data collection instruments with an IOC greater than 0.80.

Results: The overall health safety and security situation in older adults aged 60-69 years old in Lampang Province was found to be at an average level ($X=76.50$, $SD=4.90$). The developed model comprises the Older Adults' Safety and Security Questionnaire (OA-SQ) and a framework for health-driven security, covering seven aspects: environment, health, personal, knowledge for living, political, community, and economic security. Evaluation of the model's effectiveness revealed significant improvements, particularly in environmental, health, and personal security domains, with statistical significance before and after participating in learning model ($p<.05$).

Conclusion: The developed model is suitable for promoting the security of older adults and can be applied to both healthy and frail elderly populations.

Presenter:

Phatchanun Vivarakanon

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Risk Prediction Model for Malnutrition in Older Adults: A Systematic Review

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²The Second Affiliated Hospital of Zunyi Medical University
China

Background: Global population aging constitutes a critical public health challenge, alongside a sustained increase in malnutrition among older adults, which impairs their quality of life and disease outcomes. Numerous risk prediction models have been established to identify elderly malnutrition risk, yet a comprehensive systematic review of these models is still absent.

Objective: This study systematically reviewed domestic and international published prediction models for older adult malnutrition, evaluating their predictive efficiency, validation status and methodological quality, so as to guide reasonable model selection in clinical practice.

Methods: Relevant studies were comprehensively retrieved from nine Chinese and English databases up to July 1, 2025. Only Chinese and English literatures were enrolled. Two independent researchers performed literature screening, quality evaluation and data extraction. The PROBAST tool was applied to assess the bias risk and applicability of included models. Key data involving basic study characteristics, predictive factors, modeling approaches and predictive performance were extracted and analyzed.

Results: A total of 27 studies with 27 models were included, with sample sizes of 115 to 3387. Models were mainly constructed by logistic regression and machine learning, presented as nomograms and regression equations. Predictors varied from 3 to 17 items, mainly including age, BMI, hemoglobin, serum albumin, depression and activities of daily living. The AUC values ranged from 0.687 to 0.984. Sixteen studies completed internal validation and eight conducted external validation. All models showed satisfactory applicability, but all presented a high risk of bias.

Conclusion: Existing malnutrition prediction models for older adults have acceptable predictive performance. However, high overall bias risk remains a major limitation. Future research should adopt visualized presentation and rigorous design to develop low-bias, high-performance models with robust clinical applicability.

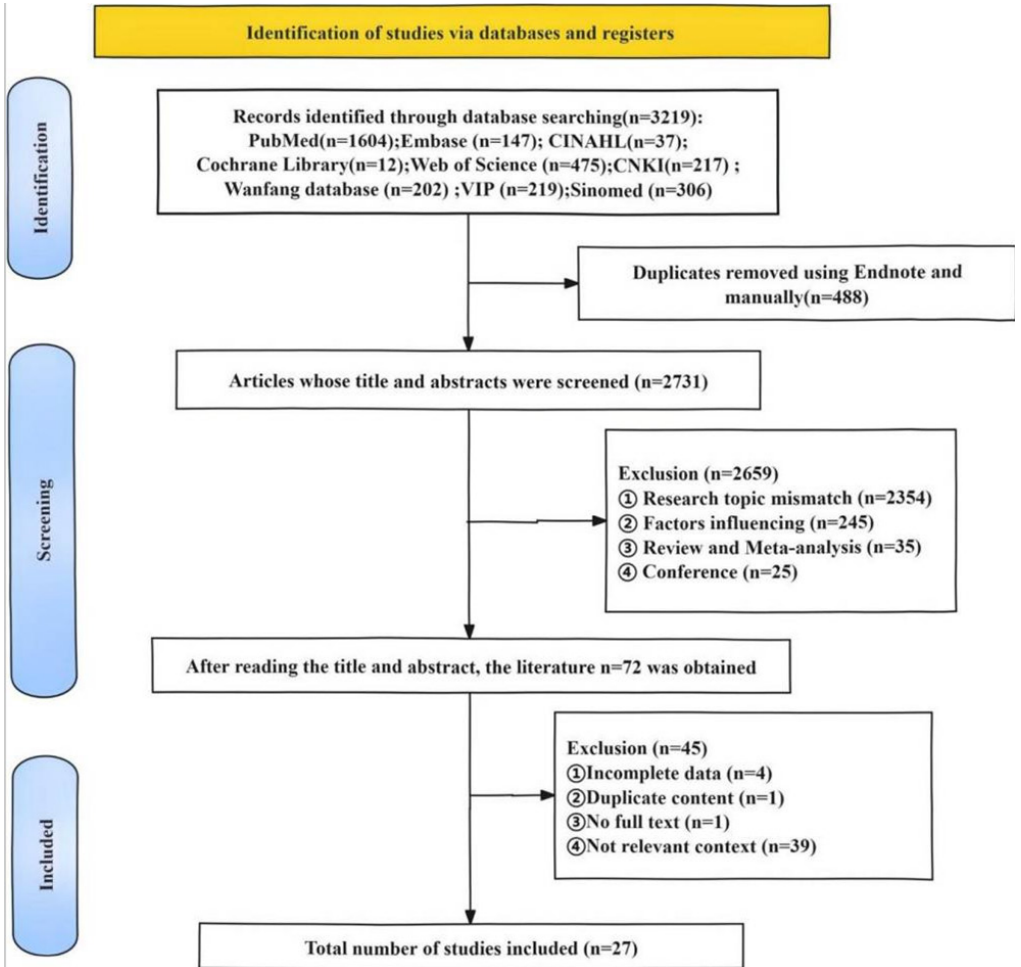


Figure 1. Flowchart of literature screening

Table 1. Model Report of the Malnutrition Risk Prediction Model

Author(year)	Model presentation	The number of predictors	Final predictors
Cai 2024 [22]	Model equation/Nomogram	7	$\text{Logit}(P) = 0.596 + 1.265 * \text{eating pattern} + 1.275 * \text{coexistence of multiple diseases} + 0.646 * \text{multimedications} + 1.059 * \text{ADL score} + 0.680 * \text{SAS score} + 0.410 * \text{GDS-15 score} + 0.385 * \text{number of teeth}$
Chen 2023 [23]	Model equation	5	$Z = 8.662 + 0.818 * \text{age} - 0.178 * \text{income} - 0.121 * \text{anxiety} + 0.582 * \text{ADL score} + 0.651 * \text{sleep}$
Chen 2025 [24]	Nomogram	5	Coronary heart disease, age, prealbumin, urea, NLR
Chi 2024 [25]	Model equation/Nomogram	4	$\ln(p/1-p) = 0.604 + 0.590 * \text{gender (female)} + 0.943 * \text{frailty (yes)} + 0.070 * \text{depression level} - 0.024 * \text{HGB}$
Gao 2022 [26]	Model equation	3	$P = 1 / (1 + \exp\{0.048 * \text{age} + 0.947 * \text{frailty} - 0.464 * \text{BMI} - 2.589\})$
Hu 2025 [27]	Nomogram	6	Age, adjusted Charlson Comorbidity Index (aCCI score), epiglottic reentry disorder, eating pattern, delayed initiation of swallowing, aspiration
Li 2023 [28]	Nomogram	7	Age, Charlson comorbidity Index (CCI), GCS score, anemia, neutrophil count, serum total protein level, and nutritional support methods
Liu 2023 [29]	Nomogram	5	Eating patterns, number of teeth, dementia, anemia, BI score
Liu 2024 [30]	Nomogram/Risk calculator	7	ADL score, NIHSS score, diabetes, BMI, grip strength, serum albumin, depression
Wang 2025 [31]	Nomogram	8	Disease course, number of complications, CRP, regular weekly exercise, combined anxiety and depression, health belief score, health behavior score, SSA
Wei 2024 [32]	Nomogram	9	BMI, number of chemotherapy sessions, KPS score, nausea and vomiting, loss of appetite, albumin, prealbumin, HGB, SDS
Dai 2024 [33]	Nomogram	5	Age, length of hospital stay, N-terminal pro-brain natriuretic peptide (NT-proBNP), fasting blood glucose (FBG), glomerular filtration rate (GFR)
Xiao 2020 [34]	Model equation	3	$\text{Logit}(P) = -0.527 - 0.820 * \text{MMSE score} - 0.744 * \text{family history of dementia} + 0.031 * \text{age}$
Xiao 2024 [35]	Model equation	4	$\text{Logit}(P) = 0.192 * \text{age} + 1.386 * \text{family yuan monthly income} < 5000 + 1.471 * \text{(clinical stage IV)} - 0.305 * \text{(protein)}$
Xu 2024 [36]	Model equation/CBM algorithm prediction model	6	$\text{O}(\text{logit}(P)) = -6.528 + 0.895 * \text{age} + 0.756 * \text{types of chronic diseases comorbidities} + 1.163 * \text{types of multimedications} + 0.574 * \text{OHAT score} + 1.357 * \text{DII} - 0.875 * \text{BI score}$

Zhang 2024 [37]	Model equation	7	<p>②The ranking of the relative importance of factors in the GBM algorithm: DII > BI score > polypharmacy > comorbidities of chronic diseases > OHAT score > age</p> <p>Logit(P) = -1.052 + 1.024* age - 1.238*BMI-0.711* albumin + 1.195*HbA1c + 1.119* polymedication + 0.741* comorbidities - 1.036* physical exercise</p> <p>Predictors: long bed rest time (d), stroke (yes), anemia (yes), BI score</p>
Zhang 2024 [38]	Nomogram	4	Age, BMI, anxiety, cognitive impairment, HGB, albumin level
Zhang 2023 [39]	Nomogram	6	ADI score, albumin (ALB), BMI, age
Duan 2024 [40]	Nomogram/Risk calculator	4	Age, presence of digestive system tumors, TNM stage, KPS score, history of alcohol consumption, history of infection, presence of combined pleural and abdominal effusion, HGB, Cr levels and NLR
Wang 2024 [41]	Nomogram	10	BMI, heart failure, frailty, HGB
Jiang 2025 [42]	Nomogram	4	Grip strength, skeletal muscle mass, sarcopenia, osteoporosis, depression, use of specific antidepressants, mobility, appetite, smoking status
Karolina Kujawowicz 2024 [43]	-	9	The total score calculation formula is: 7.5 (age) + 55.5 (BMI) + 7.5 (complications) + 8.5 (HG) + 11 (albumin)
Li 2024 [44]	Nomogram/computational formula	5	BMI, albumin, ADL, dietary habits, HbA1c
Ran 2023 [45]	Nomogram	5	Diagnostic stage, functional status of the Eastern Cooperative Cancer Group (ECOG), GDS, HGB
Tan 2016 [46]	Nomogram	5	Total cholesterol, HGB, ferritin, HbA1c, CRP, 25-hydroxyvitamin D, polymedication, the use of any dietary supplements in the past year, appetite, self-assessed overall health status, intake of fruits and vegetables, gender, age, race, region, education level, smoking status
Truijen 2021 [47]	-	17	Eating patterns, number of teeth, insufficient physical activity, BI score, anemia
Wu 2025 [48]	Nomogram	5	

Presenter:

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Psychometric Properties of Patient-Reported Outcome Measures for Cancer-Related Cognitive Impairment: A Systematic Review

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Objective: To systematically identify and evaluate the psychometric properties of PROMs for assessing CRCI.

Design: Systematic review of measurement properties following the Consensus-based Standards for the Selection of Health Measurement Instruments (COSMIN) guidelines.

Methods: Systematic searches were conducted across nine databases (PubMed, Embase, CINAHL, Web of Science, PsycInfo, CNKI, Wanfang, VIP, and Sinomed) from inception to December 31, 2025. Studies reporting the development and/or validation of PROMs for assessing CRCI were eligible for inclusion. Methodological quality was assessed using the COSMIN Risk of Bias Checklist. Psychometric properties were rated using the COSMIN criteria, and the quality of evidence for each instrument was graded using a modified Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system.

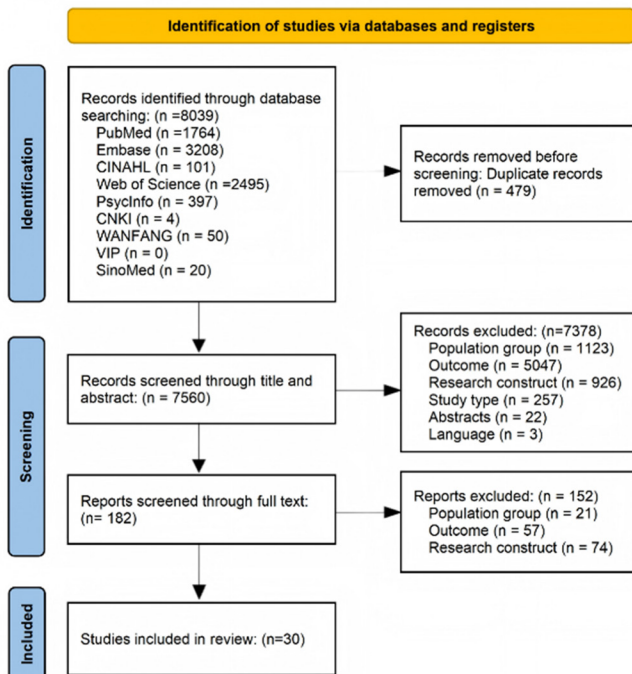
Results: A total of 30 studies encompassing 19 PROMs for assessing CRCI were included; however, none reported measurement error. The European Organization for Research and Treatment of Cancer Instrumental Activities of Daily Living for Brain Tumor Patients (EORTC IADL-BN32) demonstrated

high-quality evidence for sufficient content validity and internal consistency, thereby receiving a Grade A recommendation. The remaining 18 instruments received Grade B recommendations, as they failed to demonstrate sufficient evidence for both content validity and internal consistency.

Conclusions: This systematic review identified the EORTC IADL-BN32 as a preferentially recommended instrument for assessing cancer-related cognitive impairment in both clinical practice and research. However, further validation is required regarding its cross-cultural validity, measurement error, and responsiveness. As the instrument primarily assesses cognitive impairment through instrumental activities of daily living, it can be complemented with other supplementary tools to enhance the comprehensiveness of evaluation. Future studies should adhere to COSMIN guidelines to ensure comprehensive evaluation of all psychometric properties during instrument development and validation.

Registration:

PROSPERO (CRD420251033872)



Presenter:

Yuan-Mei Lan

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Psychosocial Needs of Women Undergoing Perinatal Intimate Examinations

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Background: Intimate examinations are a routine and essential part of midwifery care throughout pregnancy, labor, and the postnatal period. Women's experiences of these examinations vary considerably, and poor communication can result in significant emotional distress, particularly among first-time mothers. Psychological wellbeing during intimate examinations is often overlooked despite its importance.

Objective: The study aimed to explore the psychosocial needs of women undergoing perinatal intimate examinations.

Methods: A qualitative approach was used, with data collected through telephonic semi-structured individual interviews. Thirty postnatal mothers from two district hospitals and four midwifery obstetric units in community health centers participated. The data were analyzed thematically to identify key psychosocial needs and experiences.

Results: The findings revealed that women require care from competent and compassionate health care providers who promote a respectful, safe, and dignified environment. Reducing the frequency of intimate examinations helped minimize both physical and emotional discomfort. The use of alternative, less invasive assessment methods improved comfort and reduced anxiety. Emotional reassurance and practical support from health care providers and significant others positively influenced women's experiences and reduced fear and embarrassment.

Conclusion: Intimate examinations are commonly associated with fear and embarrassment, often related to privacy concerns or past traumatic experiences. Midwives should be trained to conduct these examinations with sensitivity and provide psychosocial support to enhance women's comfort, dignity, and overall wellbeing.

Presenter:

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Sefako Makgatho University, South Africa



The Effect of Low-Level Laser Therapy on the Healing of Soft Tissue Graft Donor and Recipient Sites: A Randomized Clinical Trial

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Background: Keratinized gingiva is essential for periodontal health, and soft tissue grafts such as free gingival graft (FGG) and connective tissue graft (CTG) are commonly used to treat gingival recession. Low-level laser therapy (LLLT) has been proposed to accelerate healing and reduce postoperative complications. This study evaluated the effect of diode laser therapy on bleeding, pain, and epithelialization at donor and recipient sites.

Methods: In this randomized, double-blind clinical trial, 40 patients (20 per group) undergoing FGG or CTG procedures were divided into a laser group (LLLT with 810-nm diode laser) and a control group. Laser irradiation was applied immediately after surgery and on days 1, 3, and 7 post-surgery. Pain, bleeding, and epithelialization were assessed weekly for four weeks. Data were analyzed with t-test, Chi-square, and Fisher's exact test ($p < 0.05$).

Results: No bleeding was reported at any site. Pain levels did not differ significantly between groups, and both groups reported no pain after the third week. Epithelialization was similar between groups during the first two weeks. In week three, donor sites in the laser group showed significantly improved epithelialization ($p = 0.078$), while recipient sites in the control group performed better ($p = 0.047$). By week four, all donor sites had healed, and no significant differences were observed at recipient sites.

Conclusion: LLLT appears to accelerate epithelialization at donor sites but may not enhance healing at recipient sites. It showed no significant effect on pain reduction. These findings suggest LLLT may selectively benefit soft tis-

sue healing after graft surgery, although larger studies with varying dosages are needed for confirmation.

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Humanitarian Crises, a Roadblock to Global Health Vaccination Initiatives

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Background: Humanitarian crises have a significant negative impact on global health initiatives. Humanitarian crises, driven by conflict and natural disasters, severely disrupt health systems and threaten vaccination and immunisation programs. These crises often lead to population displacement, which increases the risk of disease outbreaks and hampers routine immunisation services. The overarching purpose of vaccination initiatives is to save lives and protect people's health by increasing equitable and sustainable access to, and use of vaccines, especially in the under 5 population.

Problem: Vaccination and Immunisation efforts in crisis-affected areas are hindered by broken logistic and supply chain systems, with resultant delayed deliveries. Besides, the health infrastructure becomes significantly weakened because of humanitarian crises. Displacement of populations results in overcrowding, which compounds the transmission of vaccine-preventable diseases (VPDs). Additionally, fragile governance limits coordination between governmental and humanitarian partners, resulting in a rise in zero-dose and under-immunised children.

Impact: In Cameroon, VPDs have resurged over the past four years, including poliomyelitis, measles, yellow fever, and neonatal tetanus especially in the crisis-hit regions of the country like Wabane health district in the South-west Region. This resurgence of VPDs is not unique to Cameroon as a conflict-plagued area. Other conflict-affected countries record similar findings in relation to VPDs. These trends illustrate how insecurity and logistical challenges compromise vaccine delivery and handling, as well as vaccination coverage, thus threatening immunisation goals.

Conclusion: The interplay between humanitarian crises and immunisation highlights the urgent need to integrate resilience and emergency response into vaccination strategies. Strengthening these systems is critical to improving coverage, protecting vulnerable populations, and advancing progress toward Sustainable Development Goal 3, where vaccination remains central to health equity.

Presenter:

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Effectiveness of a Multimodal Intervention on Weight Management and Nutritional Knowledge Among Community-Dwelling Older Adults

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This study aimed to evaluate the effectiveness of a 12-week multimodal intervention in improving weight-related outcomes and nutritional knowledge among community-dwelling older adults. A one-group pretest-posttest design was employed, recruiting 53 participants (mean age = 73.1 years; 69.8% female). The intervention consisted of weekly 2-hour sessions combining nutrition education and resistance training. Participants also engaged in self-monitoring and peer-supported activities. Data were collected through structured questionnaires and physiological measurements and analyzed using SPSS 26.0. Results showed significant improvements in body fat percentage ($t = -2.35, p < .05$), waist circumference ($t = -3.01, p < .05$), body weight ($t = -4.60, p < .05$), and nutritional knowledge ($t = 4.40, p < .001$). These findings suggest that integrating education, exercise, and behavioral strategies can effectively promote healthy aging in older adults.

Presenter:

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Informing Paediatric Orthopaedic Nursing Practice: A Scoping Review of Outcome Measures for Children's Upper Limb Fractures

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Background and Objectives: Upper limb fractures are common in school-age children, yet the tools used to assess quality of life and functional recovery are often adapted from adults without paediatric validation. This scoping review aimed to map patient-reported outcome measures (PROMs) used for these children and evaluate their psychometric properties and developmental appropriateness to inform paediatric orthopaedic nursing practice.

Methods: A scoping review was conducted following the Joanna Briggs Institute (JBI) methodology. A systematic search of PubMed, Embase, CINAHL, and Cochrane Central was performed. Two independent reviewers screened studies. Data on PROMs used, study populations, and validation evidence were extracted and synthesized narratively.

Results and Discussion: From 487 screened records, 42 studies were included, representing 3,872 children aged 5-16 years. Twelve distinct PROMs were identified. The QuickDASH was the most frequently used region-specific tool, with one recent study reporting acceptable construct validity and good internal consistency (Cronbach's $\alpha=0.75$) in children. The Mayo Elbow Performance Score (MEPS) was commonly used for elbow fractures but lacked paediatric-specific validation. A critical finding was the developmental mismatch of items in adult-derived tools, with qualitative research indicating children struggle with complex terms like "tingling" (35% non-comprehension) and irrelevant items about work or household chores.

Conclusion: This scoping review reveals a critical evidence gap: commonly used outcome tools for paediatric upper limb fractures lack robust paediatric validation. For paediatric orthopaedic nurses, this highlights the need for cautious interpretation of these scores and advocates for developing age-appropriate, child-centred assessment instruments to guide holistic rehabilitation care.

Presenter:

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Experiences of Patients with Cervical Cancer Undergoing Concurrent Chemo-Radiation Therapy at the Korle Bu Teaching Hospital in Ghana: An Explorative Qualitative Study

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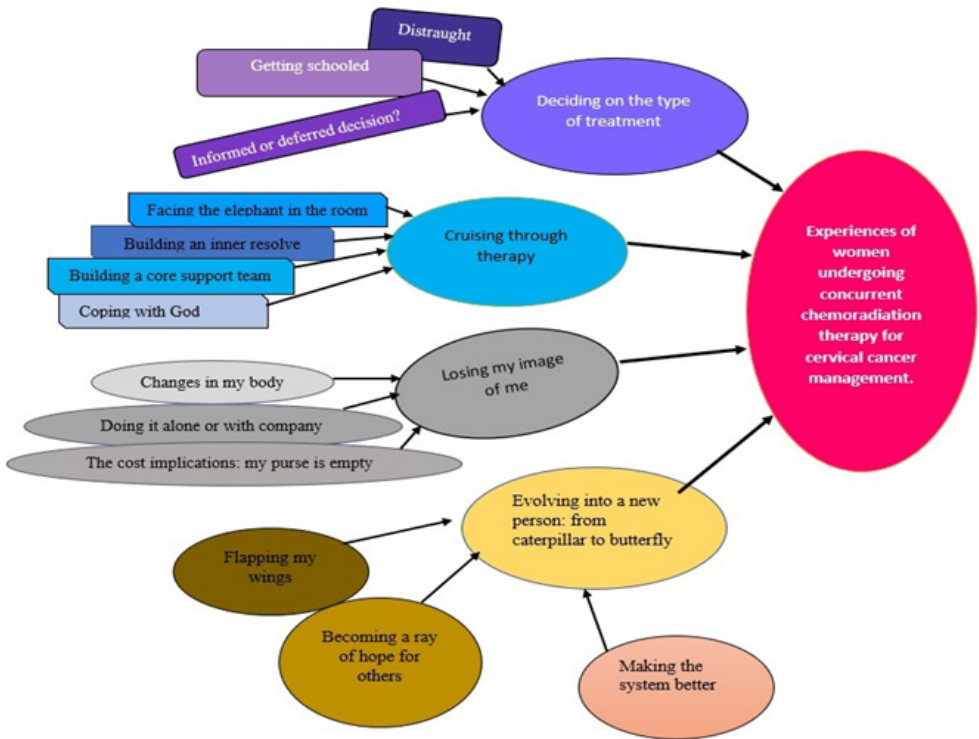
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Background: Cervical cancer is one of the leading causes of morbidity and mortality in women worldwide, especially in limited-resource settings. Concurrent chemoradiation followed by brachytherapy is the standard of care for patients with locally advanced cervical cancer. Concurrent treatment with external beam radiotherapy and chemotherapy is however, associated with a considerable risk of toxicity. Patients who are treated experience emotional, psychological, social, financial and physiological consequences. The aim of the study was to describe the experiences and explore the perspectives of women with cervical cancer undergoing treatment at the Korle-Bu Teaching Hospital in Accra, Ghana.

Methods: The research was an explorative-descriptive qualitative study involving Ghanaian women with a histo-pathologically confirmed diagnosis of cervical cancer undergoing chemoradiation. Qualitative data were collected for the study via semi-structured interviews and thematically analysed.

Results: Four main themes were identified, namely: “deciding on the choice of treatment”, “cruising through therapy”, “losing self-image”, and “evolving into a new person: from caterpillar to butterfly”. Some of the patients experienced psychological effects such as fear and depression, whereas others encountered financial difficulties as well as disruption of social relations to the point of isolation. The patients also received support from their spouses, family members, and/or caregivers.



Conclusions: The study highlights significant gaps in cervical cancer awareness among patients prior to diagnosis, leading to fear and anxiety. Most patients deferred treatment decisions to healthcare providers due to their expertise. Concurrent chemotherapy profoundly affects patients' well-being, causing psychological distress, physical side effects, economic burdens, and social isolation. Patients adopt various coping strategies, including inner resolve, faith in God, and social support, which help them endure treatment.

Presenter:

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