



2ND EDITION OF

SINGAPORE NURSING RESEARCH CONFERENCE

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VIRTUAL EVENT

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Nursing 2022

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NURSING 2022

Keynote Speakers



Martha Sund Levander Linkoping University, Sweden



Elvessa NarvasaCanadian Council of Cardiovascular Nurses Montreal,
Canada



Adele WebbCapella University, USA



Ilene GottliebPalm Beach Gardens, USA



Brenda T SpearChamberlain University, USA



Assuma BeeviMIMS college of Nursing, India



Patricia M. Burrell Hawaii Pacific University, USA



Sofica Bistriceanu Academic Medical Unit, Romania

Thank You
All...

ABOUT MAGNUS GROUP

Magnus Group (MG) is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conference and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the



ABOUT NURSING VIRTUAL 2022

Nursing Virtual 2022 webinar serves as a podium for the interaction between experts in the areas of Nursing and healthcare around the world and aims in sharing some research and translational studies on various advances in the related fields.

It is expected to bring together both reputable scientists in advanced stages of their and young researches from many related disciplines. The webinar expects many new ideas to emerge at the interfaces between disciplines aiming to solve the most important problems relating to the health and wellbeing of the humanity. With its strong emphasis on innovative approaches, the webinar offers a chance for scientists, academicians, doctors, nurses and physicians working in different areas of healthcare to learn new ideas that could help them advance their own research and forge new professional relationships and collaborations. Our honorary speakers will provide you with the most clinically up-to-date relevant information,

you'll leave better educated and more invigorated than you thought possible.







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Nursing 2022



Marta Sund Levander
Linkoping University, Sweden

DiffTemp™, a new way to assess increased body temperature as fever: Clinical implications

Assessment of body temperature: Assessment of body temperature is an important sign of health and disease, in everyday life, for medical decisions, for nursing care, and when ordering laboratory test. When assessing body temperature, we must understand thermoregulatory mechanisms and consider several 'errors', such as the influence of gender, age, diurnal rhythm and site of measurement. Though, when definitions of normal body temperature as 37 °C (98.6 °F) and 'fever* as 38 °C (100.4 °F) was established in the middle of the 19th century, little was known about these "errors" as well as immunology, microbiology and technical accuracy. Although today there is a general acceptance of body temperature as a range rather than a fixed temperature, the traditional definitions of normal body temperature and fever still are considered the world-wide norm. As consequence there is a widespread confusion of the assessment and evaluation of body temperature.

Assessment of fever: Fever is often increased as an adaptive, coordinated and systematic response to an immune stimulus, and as a self-limiting response in which thermoregulatory control remains intact, and generally requires no treatment. However, in the first instance most people think of fever as equating to an elevated body temperature because of infectious disease. In fact, it is common to 'measure fever' more than to measure body temperature. What is considered as increased temperature in fever is also related to site of measurement depending on temperature gradients within the body and the need of lag time for adjustment to the set point temperature, especially when body temperature is rising and falling.

Aim of the presentation: It is of great importance to base the assessment and evaluation of temperature on evidence-based medicine, and not on tradition or personal belief. In this presentation we will argue for and discuss clinical consequences of a new way of defining fever, the so called DiffTemp $^{\text{m}}$ i.e. at least 1.0 °C (33.8 °F) increase from individual body temperature, combined with malaise, as an accurate definition of temperature in fever.

Biography

Marta Sund Levander has completed her PhD in Clinical Physiology at Linkoping University, Sweden in 2004. She is a Senior Researcher and University Lecturer at Linkoping University. She has published papers and textbooks about assessment and validation of body temperature in health and disease with focus on frail elderly. She is responsible for Swedish guidelines about body temperature measurement in healthcare and a Swedish Representant in ISO standards for thermometry.



Elvessa NarvasaCanadian Council of Cardiovascular Nurses Montreal,
Canada

Embracing a growth mindset in the age of medical robots

As new discoveries are being made on a daily basis, medical technology is experiencing advancements in robotic applications. These intelligent machines will progressively become part of our hospitals technological evolution and medical staff. Henceforth, NURSES will inevitably need to work closely with medical robots. We should take the necessary steps now to gain a better understanding of how these mechanical wonders enhance our practice in order to have a more significant role and for successful adoption of the technology and related changes in patterns of care.

Medical robots have some inherent advantages over humans. A machine does not need sleep or food and does not have prejudices that we humans so often have. This could change the way we treat people who are sick and vulnerable. Robotics involves designing and implementing intelligent machines which can do work considered too dirty, too dangerous, too precise or too tedious for humans. Furthermore, it has the potential to expand surgical treatment modalities beyond the limits of human ability.

In this presentation, distinct categories of robots in health care delivery such as surgical, medical, service, and rehabilitative care will be explored. The challenges, opportunities and implications of emerging technologies to the future of the nursing profession will also be discussed. While there are concerns about machines replacing people in the workforce, with some preparation and forethought, NURSES can make sure the human touch stays relevant in medicine while concurrently taking advantage of our AI friends

Biography

Elvessa Narvasa has completed Master of Science in Nursing from Montreal University, Canada. PH.D (c). She is the Quebec Provincial Director of Canadian Council of Cardiovascular Nurses. Served as Co-President of Quality Assurance; Team Leader for Hospital Accreditation, Founder of ICU Intermediary care. She had been selected to write the exam for Cardiovascular Certification by the Canadian Nurses Association. Furthermore, she does both in-service as well as invited nurse educator of different hospitals ICU-CCU; PACU/OR and Consultant of College Nursing Faculty. Organizing committee executive of International Society of Pituitary Surgeons; Multidisciplinary Perioperative Medicine, Montreal University. Invited speaker of Quebec Intensive Care Association as well as 2018 -2019 Keynote speaker; Honourable Chief Guest of different International and World Nursing Conferences; 2019.



Adele WebbCapella University, USA

Moving through: Caring for yourself and others during Covid-19

It has been well documented that the Covid-19 pandemic has caused significant stress and burnout for providers. The nursing profession is losing qualified and important staff due to vaccine hesitancy and fear of contracting the virus. Nurses are reporting cases of PTSD as well as fatigue and mental and moral distress related to their role in providing care. This presentation addresses the need to care for oneself in order to care for others. Included are suggestions for addressing the distress related to working during this prolonged pandemic. In addition, information is provided on ways to relate to patients and families as they journey through the pandemic along with providers.

Take Away Notes:

- Discuss the stressors related to providing care during Covid-19
- Describe ways to mitigate stressors related to providing care during Covid-19
- Demonstrate knowledge of interventions that facilitate working with patients and families during Covid-19

Biography

Dr. Webb's foci are international nurse capacity building, HIV/AIDS and non-communicable diseases. She has extensive funding for her work and has published in several journals. She testified to the National Academy of Medicine and the White House on workforce issues. A sought-out speaker on nursing care, Adele collaborates with WHO and the World NCD and has contributed to capacity building in 56 countries. Adele received the Nicholas Cummings award for Excellence in Interprofessional Practice, is an International Council of Nurses Global Health Fellow, and a Fellow in both the National Academies of Practice and the American Academy of Nursing.



Ilene GottliebVibrational Healing From the Heart, Inc., USA

Conscious heart connection a tool for self-care and wellbeing in the 21st century

The key to experiencing true happiness, success, overall wellbeing and inner peace in your professional and personal life begins and ends with a conscious connection to your heart...period! During these challenging times, self-care is a necessity in order to maintain overall health and wellbeing. Conscious heart connection is a simple and portable tool that assists us in releasing stress and promoting balance in all areas of our lives, from the holistic perspective. Join Ilene as she shares the benefits of conscious heart connection as the key to your success in powerfully being present in your relationship with yourself, your patients, colleagues, family and friends and manifesting your heart's desires.

Take Away Notes:

- The participant will learn the benefits of conscious heart connection from the holistic perspective.
- The participant will understand the energy of emotions and their role in either promoting dis-ease or health and wellbeing from the energetic perspective.
- The participant will learn how conscious heart connection benefits their relationship with themselves, their patients and colleagues, and their families.
- The participant will understand how conscious heart connection enhances their ability to be present thereby increasing their efficiency and accuracy in the clinical setting.
- The participant will experience conscious connection to their heart energy center through the process of guided meditation.

Biography

Ilene Gottlieb, The heart healer, combines over 50 years in Nursing and 27 years in vibrational healing to create a holistic approach to clearing energy blocks and promoting healing. She helps an international clientele of heart-centered individuals and entrepreneurs who struggle with fear, self-sabotaging, negative thoughts or behaviors and self-worth issues, to experience inner peace, self-confidence, empowerment and clarity about their soul's purpose. She received her diploma in 1975 from the hospital of the University of pennsylvania School of Nursing, has several certifications in the field of vibrational healing and has published numerous articles on vibrational healing, spirituality and aromatherapy.





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Nursing 2022

Hui-Ying Cheng

Hung Kuang University, Taiwan

The experience with do not resuscitation (DNR) on the family of the terminal patients in the intensive care unit

The purpose of this study was to describe a qualitative study of the experience of family members of terminally ill patients in the intensive care unit signing DNR. Five family members of terminally ill patients in the intensive care unit were interviewed by intentional sampling, and the data were collected through in-depth interviews and audio recordings. Analyze and organize data using content analysis. The experience of family members of terminal patients in signing DNR and their adjustment process are summarized into three themes, namely, the consensus of family members, the inner storm - the dream of past first aid experience, and the decision to become an executioner. We hope the results can help family can understand, and expect improve the effectiveness of medical-patient communication, improve the family's' medical cognition, reduce their anxiety before decision-making, and also calm the family's mind, and accompany the patient through the last mile.

Audience Take Away:

In Taiwan, are few relevant literatures about the family members of the terminally ill patients in the intensive care unit signing the DNR? Therefore, this study uses a qualitative research method to understand the relevant experience of the family members of the terminally ill patients in the ICU signing the DNR.

Biography

Hui-Ying Cheng studies nursing at the Hung Kuang University in Taiwan, she graduated as MS in 2009. She also worked as a head nurse in the intensive care unit in the hospital for fifteen years. She learns her PhD degree from 2019. She has published 37 articles in journals and conference.



Susan Hamley*, Marie France, Julia Canipe South University, USA

Evaluation of satisfaction with virtual/hybrid modality instruction in pre licensure baccalaureate nursing program and correlation to the nclex pass rates

The COVID-19 pandemic affected all segments of society, including academic work environments, which faced the thallenge of delivering quality education in an asynchronous environment. Colleges and universities had to explore alternative learning modalities that enforced social distancing. Rapid transition from synchronous to e-learning was necessary to maintain continuity of education and advancement of nursing students in the curricula during the lockdowns. Nursing faculties had the societal obligation to quickly pivot to distance learning, thus forever changing the educational landscape of nursing (Elliot & Muirhead, 2020). This quick transition disrupted the traditional learning model to which pre-licensure nursing students and faculty were accustomed. Concurrently, declining NCLEX pass rates have been reported in almost every state since virtual remote (VR) learning replaced traditional learning (NCSBN, 2021). While the number of new COVID-19 cases has declined recently, the virus has mutated into new variants that threaten the human population; therefore, studying students' satisfaction with virtual learning and how satisfaction correlates with NCLEX pass rates remains an essential issue for faculty to explore. The literature noted student satisfaction to be a significant indicator of academic performance, thus making it crucial for educators to validate the success of teaching strategies in e-learning courses (Aristovnik et al., 2020; Shim & Lee, 2020; Al-Fraihat et al., 2020; Yawson & Yamoah, 2020). Furthermore, satisfaction helps educators advocate for effective teaching while simultaneously assessing students learning experiences in the classroom (Basith et al., 2020). Educators must collaborate and adjust teaching styles that promote engagement and student success. This study evaluates pre-licensure baccalaureate nursing student satisfaction with e-learning compared to traditional learning modalities and its correlation to NCLEX pass rates. The researchers selected a quasi-experimental, cross-sectional design to investigate the phenomenon of interest. The Exclusive eLearning for Pre-licensure Nursing Students during the COVID-19 Pandemic survey was administered to undergraduate pre-licensure nursing students. Researchers received IRB approval. Recruitment flyers were posted throughout the university, and researchers sent an invitation email to pre-licensure BSN students. Using Survey Monkey, the students received a brief introductory letter and the consent form. Once the student agreed to the study, they proceeded to the satisfaction survey. Ongoing research is anticipated to be completed by the time of the conference.

Take Away Notes:

To meet student learning needs, educators must adjust teaching styles to promote satisfaction and effective learning. Students' satisfaction combined with educational teaching strategies produce positive scholastic results (Doshi, 2017). Furthermore, it provides a practical solution for educators to measure the effectiveness of their teaching while simultaneously assessing students learning experiences in the classroom. Students must be satisfied with their learning experience to confidently develop the skills and knowledge acquired during their learning experiences. Therefore, student satisfaction not only impacts how much a student enjoys their time and experiences in schools or universities, but also their grades, course participation and engagement, relationships with lecturers, and overall academic performances. Understanding the correlation between student satisfaction and NCLEX pass rates allows faculty to improve the accuracy of the curriculum design.

Biography

Dr, Susan Hamley studied nursing at Palm Beach State College before obtaining her BSN from Florida Gulf Coast University, her Master of Science in Health Law from Nova Southeastern University in 2012. She then pursued and completed her Doctorate in Nursing from Barry University in 2016. She has been teaching since 2016, joining the nursing faculty at South University as an assistant professor in the BSN program in 2019.



Adriana Souza Szpalher*, Priscilla Alfradique de Souza, Carleara Weiss

University of the State of Rio de Janeiro, Brazil

Diagnostic indicators of Insomnia in community-dwelling older adults: Clinical accuracy

We aimed to analyse Defining Characteristics (DC) and Related Factors' (RF) clinical acuracy of Nursing Diagnosis (ND) Insônia (NANDA-I 2021-2023) in a community-dwelling older adults. It is a study of diagnostic accuracy, for clinical sentence validation, with a cross-sectional design. This study envolved 90 participants, elderly people of both sexes, aged between 63 and 92 years, registered at the institution, which promotes physical, social and health activities. Elderly people with cognitive, motor and hearing impairment were excluded from the initial sample. For association analysis (independence hypothesis), we adopted Pearson's chi-square test (X²). Regarding the DC, the analyzes identified evidence of association only with the Occupation variable (Retired and Non-retired), in which the DC "Altered attention" showed dependence. Regarding the RF, there was evidence of association (X²) with the variables "Occupation", "Marital Status" and "Cohabitants". Of these, the Marital status variable presented the greatest number of evidences of association, at a significance level of 5% (p value < 0.05), totaling 02 RF: "Caregiver role strain" and "Use of interactive electronic devices". The Cohabitants variable showed evidence of association with the RF "Caregiver role strain", and the Occupation variable, with the RF "Dysfunctional sleep beliefs". Therefore, in the X² test, there was similarity between the RF of the variables Marital status and Cohabitants.

Methods: For clinical analysis, we adopted the Latent Class Analysis (LCA) that is a subset of structural equation modeling, used to find subtypes of cases in multivariate categorical data. The DC whose 95% CI was less than or equal to 50% (0.50), both in sensitivity and specificity, or the CI values encompassed 50% (0.50), were evidenced as not being good items, being excluded from the model. A model with adjusted index was performed using the likelihood-ratio test (G^2) , for analysis of sensitivity and specificity classes, in which the model presented an adequate adjustment (p < 0.05).

Results: Most of the DC presented significant values only for sensitivity. The DC "Increased accidents" and "Nonrestorative sleep-wake cycle" showed sensitivity values of 90% or more; the latter showed statistical significance for specificity as well. On the other hand, the DC "Altered affect", "Altered attention", "Early awakening", "Expresses dissatisfaction with sleep" and "Increased accidents" showed statistical significance only for the sensitivity values. The DC "Insufficient physical endurance" was the only one that did not show good sensitivity, but showed good specificity. Thus, the DC "Altered mood", "Expresses dissatisfaction with quality of life", "Expresses need for frequent naps during the day", "Impaired health status", "Increased absenteeism" and "Expresses forgetfulness" were excluded from the final model. In the latent class model adopted, the ND Insomnia estimated prevalence was 57.8%. The importance of these findings is due to the potential to help nurses in the accurate identification of ND Insomnia in the elderly, which contributes to an accurate clinical judgment.

Take Away Notes:

- Nurses will be able to resort the ND Insomnia validated in their clinical practice in community-dwelling older adults, providing better accuracy in the nursing evaluation.
- This research will help in the accurate identification of ND
- Insomnia in non-institutionalized elderly by improving clinical indicators to differentiate this ND in aged people.
- We understand that the results of this study will promote a contribution: for nursing, for the realization of clinical diagnostic reasoning when assessing the patient, for the development of research related to the validation of ND and for constant reviews by the academic community
- The consolidation of concepts and attributes of a ND through clinical validation tests are relevant in identifying a ND
 as robustly and reliably as possible. In this case, nurses will diagnose ND insomnia in older people more accurately
 clinically

Biography

Adriana Souza Szpalher studied at the Celso Lisboa University Center, Brazil and graduated in 2014. She then joined Scholarship holder in Intensive care unit, Carlos Chagas State Hospital and Specialization in General Clinical and Surgical, in Cardiology and in Auditory. She studies in Master's program, the Federal University of the State of Rio de Janeiro (UNIRIO), Brazil in the field of gerontology and nursing diagnosis clinical validation. Actually, she is Employee of the Municipality of Rio de Janeiro - Brazil.



Maria Edvardsson Linkoping University, Sweden

Challenges to interpret outcome from clinical laboratory analytes, in >80-yearold, apparently healthy, moderately healthy, and frail individuals

Background: In clinical practice, blood samples are used to assess health condition, confirm diagnosis and treatment. When interpreting the results, comparison with reference intervals, often constructed from healthy persons, aged 18–65 years, are used. It is a challenge to determine whether a change in levels of laboratory analytes in especially frail elderly individuals can be attributed to age alone, independent of environmental, or chronic disease processes. Health and disease are part of the same continuum with no fixed points for either "health" or "disease", e.g. in relation to ageing. Also, although many elderly persons suffer from health problems, others stay in good health, often with diagnosed but well treated diseases. Consensus about the definition of "frailty" is missing, and the question arises whether different definitions of "frailty" affect the interpretation of analytes when comparing different groups of elderly.

Aim: To interpret circulating levels of clinical laboratory analytes in relation to conventional reference values in ≥80-year-old, "apparently healthy", "moderately healthy", and "frail" individuals.

Methods and results: First, 14 immunological and chemical laboratory analytes from 138 nursing home residents (NHRs), ≥80-year-old, were compared with outcomes in reference populations. Results indicated significantly differences (p<0.05 to 0.001) for 10 of the analytes, with risk of misinterpretation when assessing e.g. levels of immunoglobulin M, complement factors 3 and 4, and alanine aminotransferase (ALT). Whether it depended on age, chronic diseases and/or medication between the NHR and reference populations remained unclear. Next, individuals ≥80 years (n=569) were classified as "healthy", "moderately healthy", and "frail", based on diseases, medication and physical and cognitive abilities. Activities of daily living (ADL) were used to test physical abilities and mini-mental state examination (MMSE) for cognitive abilities. Differences (p<0.01) occurred between the health groups for the analytes albumin, ALT, aspartate aminotransferase (AST), creatinine and gamma-glutamyltransferase (γ-GT). Finally, the individuals (n=569) were randomized into two groups, and thereafter, the two groups were divided into "apparently healthy", "moderately healthy", and "frail", based on two classification models; 1/ based on diseases, medication, physical (ADL) and cognitive (MMSE) abilities or 2/ based on a frailty index (FI). Deficits in health, like symptoms, sign and diseases can be included in FI. There was no statistical difference found between "apparently healthy" and "moderately healthy" groups, regardless of classification model used. In contrast, among "frail" individuals, differences (p<0.05) in levels occurred for three out of the five investigated analytes: ALT, creatinine and g-GT showed lower levels when the FI classification model was used.

Conclusion: Frailty affects the outcome of some laboratory analytes, and the way it is defined affects the future work with adjusted reference intervals. There is an urgent need for developing and implementing the use of reference intervals that consider both age and health status in elderly individuals, to avoid under- and overtreatment. Both classification models seem suitable to classify health status in elderly (>80 y) and could be a tool for developing consensus for the definition of frail elderly.

Wafa Al Jabri

Case Western Reserve University, USA

Factors affecting the success of premarital screening service in Middle Eastern Islamic Countries

Background: In Middle Eastern Islamic Countries (MEICs), there is a high prevalence of genetic blood disorders (GBDs), particularly sickle cell disease and thalassemia. The GBDs are considered a major public health concern, especially with the increase in affected populations along with the associated psychological, social, and financial cost of management. Despite the availability of premarital screening services (PSS) that aim to identify the asymptomatic carriers of GBDs and provide genetic counseling to couples in order to reduce the prevalence of these diseases; yet, the success rate of PSS is very low due to religious and socio-cultural concerns.

Purpose: This paper aims to highlight the factors that affect the success of PSS in MEICs.

Methods: A literature review of articles located in CINAHL, PubMed, SCOPUS and MedLine was carried out using the following terms: "premarital screening," "success," "effectiveness," and "genetic blood disorders". Second, a hand search of the reference lists and Google searches were conducted to find studies that did not exist in the primary database searches. Only studies which are conducted in MEICs countries and published in the last five years were included. Studies that were not published in English were excluded.

Results: Fourteen articles were included in the review. The results showed that PSS in most of the MEICs was successful in achieving its objective of identifying high-risk marriages; however, the service failed to meet its ultimate goal of reducing the prevalence of GBDs. Various factors seem to hinder the success of PSS including, poor public awareness, late timing of the screening, culture and social stigma, religious beliefs, availability of prenatal diagnosis and therapeutic abortion, emotional factors, and availability of genetic counseling services. However, poor public awareness, late timing of the screening, and unavailability of adequate counseling services were the most common barriers identified.

Conclusion: Overcoming the identified barriers by providing effective health education programs, offering the screening test to young adults at an earlier stage, and tailoring the genetic counseling would be crucial steps to provide a framework for an effective PSS in MEICs.

Mudhar Al Adawi

Royal Hospital, Oman

Development of a nurse preceptor competence guide; Delphi study

Background: Preceptors are viewed as major individual for the success and development of novice nurses. However, most nurse preceptors lack the guidance during preceptorship. Therefore, the nurse preceptor competency guide is essential for the success of novice nurses specifically, and for the organization in general. This paper describes the method of developing the nurse preceptor competence guide at one tertiary hospital.

Method: In a three-round Delphi-study, a panel of experts discussed which core competencies are relevant for the nurse preceptor. The 8 experts, including preceptor nurses, nurse educator, and research nurse, nursing administration, nursing human resource, training and studies representative were asked to select items from a list of 5 domains with 62 description items based on the literature and on a previous studies. Furthermore, the expert panel was asked to add competencies based on their experience in practice. The threshold used for consensus was set at 75%.

Results: Consensus was achieved on the core competencies of the nurse preceptor. These five domains of competencies are Support novice nurse to develop inter-professional Communication skills, appropriate teaching strategies, Time Management Skills, Build a learning atmosphere, and Coaching critical thinking. Each domain of these domains required sub-domain and description. In total, 83 description items were identified as requirement during preceptorship.

Conclusion: The five domains of nurse preceptor competencies are required to be evaluated for applicability at clinical setting. Moreover, these competencies should be integrated into educational activities such as preceptorship workshop to enhance the preceptors knowledge on the components required from them, and allow the preceptors to provide their feedback on the use of the tool at clinical setting.

Sheela Shenai NA

Malankara Orthodox Syrian Church College of Nursing, India

Breast feeding problems and factors leading to early weaning among mothers

 \mathbf{E} xclusive breastfeeding up to six months of life is very important for the growth, development, and protection of newborns. The absence of exclusive breastfeeding or early weaning has harmful effects on the infant's health. Mothers face a lot of breastfeeding problems during the exclusive breastfeeding period and so they resort to early weaning of their newborns to satisfy them. A descriptive-analytical study was undertaken to assess the breastfeeding problems and factors leading to early weaning during the exclusive breastfeeding period among mothers in a tertiary care center in Ernakulam district, Kerala. The objectives of the study were to estimate the proportion of breastfeeding problems of the mothers, identify the causes of early weaning, and determine the association between breastfeeding problems and the status of early weaning. After getting IRB approval and informed consent from the subjects, 75 mothers of infants attending pediatric ward and OPDs of tertiary care centers were interviewed using a structured interview schedule to assess the breastfeeding problems and factors that led to early weaning. Based on the severity of the breastfeeding problem reported, the mothers were categorized into three groups having mild, moderate, and severe breastfeeding problems. The status of early weaning was also collected from their responses. The prevalence of exclusive breastfeeding among the study subjects was 61.3 %. Nearly 43 % of the mothers reported breastfeeding problems. 38.7 % of the mothers started early weaning during exclusive breastfeeding. Out of 75 mothers, nearly 42.67% had severe or moderate intrinsic breastfeeding problems and only 2.67% had moderate extrinsic breastfeeding problems. The common problems reported were perceived insufficient milk (50%), not having enough milk (37%), child sleeping at the breast (50 %). The factors leading to early weaning reported by mothers who started early weaning were family members' advice (48. 27 %), health professionals' advice (27.58 %), and working mothers' (20.68 %). The main objective of the Mother and baby-friendly hospital initiative in hospitals is to achieve 100% exclusive breastfeeding during the early six months of a child's life. The study findings pave the way to highlight the need for empowerment regarding exclusive breastfeeding to the mothers and significant others during antenatal visits and postnatal visits. Dedicated efforts are to be taken to identify the breastfeeding problems of mothers and counsel them regarding the advantages of exclusive breastfeeding to facilitate a positive attitude towards exclusive breastfeeding.

G. Soumini

Andhra Medical College, INDIA

Pregnancy with Covid-19 care in need

Pregnant women are one of the vulnerable group of population and are susceptible to community spread of covid19, moreso have serious pregnancy complications are with moderate or severe symptoms. Co-morbidity (DM, hypertension, immunosuppression PET, BMI, asthma) increases the risk of severe illness Complications like COVID-19 induced coagulopathy in pregnancy, cardiomyopathy in pregnancy pneumonia, ARDS also Maternal mortality. So Key considerations include identification of risk cases and preventive strategies. Counseling regarding the importance of routine hygiene practices such as washing hands often, wearing mask, maintaining physical distancing, and limiting contact. Symptom-based strategy, hospitalization need, ICU admissions, intrapartum, postnatal care of mother and infant, breast feeding practices, contraception, follow up along with antiviral drugs and supportive care to decrease cesarean sections and prematurity will be discussed. Preventive care includes mandatory maternal immunizations and Covid 19 Vaccination, psychological support with needed Obstetric care

Audience Take Away:

- Nursing personnel are first contacts to receive and treat covid positive pregnant women as a Team approach along with doctors. So should be tainned to identify the risk complications and treatment strategies.
- Feto maternal care.
- Yes it is a Team approach with prevention, diagnosis and treatment the patient and infant care will be practiced
- Vaccination is a preventive strategy.
- Risk factor identification treatment of co morbidities can prevent mortality. Barrier nursing can prevent fetal transmission.

Biography

Dr. G. Soumini studied MBBS at Nagarjuna University, India and did post-graduation in obstetrics & Gynecology in 1997 with handful academic awards, Prizes, Gold medals. She then joined as Assistant Professor at Guntur medical College India. Obtained the position of an Associate Professor at Rangaraya Medical College. Now working as, Professor of Obstetrics & Gynaecology at Andhra Medical College Visakhapatnam India. She has published more than 20 research articles in various journals. She is Peer reviewer of few National international journals. Fellow of Indian college of Obstetricians & Gynecologists holds membership in ISAR, FOGSI and IMA.

Varalakshmi Manchana

University of Hyderabad, India

Multidimensional perspectives of ageism and interpersonal relationships on health and wellbeing among older adults

Socio-demographic transitions resulted to swift growth in ageing population, tremendous changes in social and family dynamics. Social structure, gender bias and ageism in Indian societies tend to impact the health and wellbeing of men and women differently. The present cross sectional descriptive survey estimates multi-dimensional perspectives in health, family and social relationships to understand gender gap among adults aged 60 years and above from peri- urban communities. Multi-dimensional health perspectives in the study self-reported health, happiness, loneliness and social support. Correlation of perceived wellbeing and morbidity pattern was estimated. Study findings were reported to reflect the gender differences in the study variables. Fifty six percent of older adults reported their perceived general health as poor and thirteen percent of them agreed for not being happy at all. Thirty six percent of them rarely had quality of family interaction and twenty nine percent of them agreed for feeling lonely very often. Majority of older adults were with at least one chronic health condition. Socio demographic characteristics such as education, financial, marital status, and family size, living arrangements and perceived quality in family and marital relationships were identified as important associated factors by the older adults. Narrowing family interactions, deficient marital and social support, and growing loneliness in older people were related with growing burden of mental health in later life. Interventions to reduce gender bias, ageism, strengthening social and health care resources are immediate need to enable equitable social participation, security and wellbeing in adults from countries like India.

Biography

Dr.Varalakshmi Manchana has completed her undergraduate and graduate studies from Government CON, Osmania Medical College & Hospital, Hyderabad and Doctor of Philosophy (Ph.D. in Nursing) from Rajiv Gandhi University of Health Sciences in aegis with Indian Nursing Council. Her Research interests are Non Communicable Diseases, Healthy & Cognitive Ageing, and Adolescent health with gender dimensions. Closely contributes to Public health Research with Behavioural Interventions strategies. Worked in various capacities like lecturer, assistant professor, Vice-principal and Principal for the UG-PG programs in Nursing before joining to the current position. Worked as nursing program coordinator in the School and contribute to teaching & Research in Nursing and Public health with innovative & interdisciplinary approaches. Richly contributed to streamline and for the accreditation of the UG-PG nursing programs and in the initiation of MPH and PhD in Health sciences programs in the School. Believe in lifelong learning and value based education.

Senay Cetinkaya

Cukurova University, Faculty of Health Sciences, Head of Department of Pediatric Nursing, Turkey

Innovation in pediatric nursing: Inventions from Turkey

The nursing profession has to renew itself in order to survive, increase the quality of care, improve patient outcomes and provide cost-effective care since it plays a role at all levels in meeting basic human needs such as health promotion, protection, treatment, care and rehabilitation. All innovations in the field of health make great contributions to the improvement of the health of the individual, family and society. Invention or invention is the creation by human effort of something that did not exist before. Most inventions are the result of a new and unique combination of previously existing technologies. Inventions that are new and exceed the state of the art and can be applied to industry can be protected by patent registration. Nurses need to follow innovations, adopt them, take innovative initiatives and put them into practice in order for nurses to plan, implement and evaluate the care process based on evidence, as specified in the Nursing Law. The social, scientific, technological, economic and political changes experienced in the 21st century enlarge the roles of nurses and make it necessary for them to take on new roles from time to time. Protecting and improving children's health is important in terms of protecting and improving public health. Since Pediatric Nursing covers a wide area, innovation in this field is extremely important.

Biography

Having completed her undergraduate, graduate and doctorate education in nursing at Ege University, Assoc. Dr. Senay Cetinkaya has been continuing to train undergraduate and graduate students of nursing for 34 years. She worked as Ege University Thoracic and Cardiovascular Surgery Intensive Care Nursing for 8 years. In 25 years of this 34-year study period, she conducted undergraduate and graduate courses in Child Health and Disease Nursing alone. She has been working as the head of the Department of Child Health and Diseases Nursing at Cukurova University for 14 years. During this time she served as the Erasmus Faculty coordinator. Under her supervision, 20 graduate students and 4 PhD students graduated. There is an international book editor (1 book), a book chapter author (6 book chapters), a national book chapter (6 book chapters). She has been published in SCI journals (10 original research articles), international peer-reviewed journals other than SCI (13 articles), and national (33 articles).

Damien Byas

Los Angeles Pacific University, USA

Examining identifiable factors associated with the mental health status of children both pre and post the COVID 19 pandemic

Identifying the current factors associated with many mental disorders and conditions that begin early in life, is an initiative that is now underway worldwide. This study will explore the relationship between identifiable risk factors and the mental health status of American children prior to, and after beginning of the current COVID 19 pandemic, using a large national random sample (N = 600,000) which will include girls (n = 300,000) and boys (n = 300,000) between the ages of 10 to 18. This study will determine if the factors of social isolation, non-school attendance, domestic violence, child abuse, substance abuse, drug abuse, household income, disease prevalence, healthcare quality, ethnicity, and gender, are significantly associated with children's mental health disorders in America. The relevant mental health disorders which will be examined in this study include: Attention-deficit, conduct, and disruptive behavior disorders (ADHD), Mood Disorders, Schizophrenia, Post-traumatic stress disorder (PTSD), Depression, Mental Diseases, Psychoses, and Suicide. Implications for training medical and mental health personnel, and outreach initiatives to improve the mental health status children in America and around the world will be discussed. Currently in the United States, child abuse rates are now up 27.3% during COVID-19 lockdowns (Primary Care, 2021). Domestic violence rates have increased by nearly 30% from 2020. Intimate Partner Domestic Violence (IPDV) rates have increase in domestic violence call volume as high as 27% after stay-at-home orders were implemented (American Family Physician, 2021). Additionally, homicide rates are now up 30% from 2020 in American Cities (Stebbins, 2021).

Take Away Notes:

- The audience will be presented with Current data and information on specific identifiable risk factors which may be associated with children's mental health disorders before and during the current COVID 19 pandemic.
- The audience will learn of Appropriate research designs, methods, and quantitative analyses measures which may be applied to measures factors associated with children's health outcomes at the national level.
- The audience will learn about Possible preventive and intervention strategies which may be applied to reduce the prevalence rates for children's mental health outcomes, specifically during the COVID 19 pandemic.

Biography

Damien Byas currently serves as a Professor in an MPH program and Research program. He also serves as an Adjunct Professor of Public Health Education for Los Angeles Pacific University in the United States. He has conducted epidemiological research while in route to completing several research projects relative to children's health-care disparities, health disparities for economically disadvantaged populations in the United States, and global critical health issues for children and adults.

Amal Ibrahim Khalil^{1,3} and Neama Yousef Hantira^{2,3}

- ¹Menoufyia University, Egypt
- ²Alexandria University, Egypt
- ³King Saud Bin Abdulaziz University, Saudi Arabia

Impact of a family-based educational intervention on knowledge, attitudes, and burden of alzheimer's caregivers

 \mathbf{F} amily caregivers always encounter high levels of psychological distress and physical strain when caring for a person with dementia. Family-based intervention is an important option for providing effective and practical support.

The study aimed to examine the effects of a specific educational intervention on improving Alzheimer's caregivers' knowledge and attitudes and explore how it reduces their subjective burdens.

Methods: A quasi-experimental research design was used with a purposive sample of 80 Alzheimer caregivers recruited conveniently from the Geriatric Society Association located at Almontazahat District, Jeddah, Saudi Arabia. To achieve the objectives of the current study 4 tools were used including demographic and personal data, Alzheimer's Disease Knowledge Scale (ADKS), The Dementia Attitudes Scale, and the burden scale of caregivers. Validity and reliability of the tools were confirmed and Cronbach's alpha of the Dementia Attitudes Scale was 0.87 and Cronbach's alpha of the burden scale of caregivers 0.941.

Results: The age of the studied subjects ranged from 20 to 60 years with a mean of 35.6 ± 12.2 years. The studied subject's knowledge level and attitudes were improved post-intervention than before. These differences were statistically significant (t: 108.008, P :< 0.001). While, the studied subject's disease burden level was decreased post-intervention than before these differences were statistically significant (t: 8.378, P :< 0.001). There is a weak positive significant relation between the studied subject's knowledge level and attitude regarding dementia (r: 0.286, P: 0.010). Whereas there is no correlation noted between knowledge level and caregiver burden with no statistical significance (r: -0.048, P: 0.074).

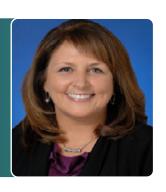
Conclusion and recommendation: The findings concluded that the studied subject's knowledge, attitude, and burden level were improved post-intervention than before with statistically significant differences. Therefore, it is recommended to develop a well-planned and structured educational program should be undertaken to improve the level of awareness and contribute to a better understanding of AD and dementia.





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Nursing 2022



Brenda SpearChamberlain University, USA

Stop the noise: Decrease non-actionable electrocardiograph alarms

Problem: Excessive non-actionable ECG monitor alarm alerts lead nurses to become desensitized or alarm fatigued, causing caregivers to be less responsive for alarms that need immediate attention. Studies show that 80-99% of the alarms are non-actionable or clinically insignificant, which can cause a decrease in nurse's response known as a "cry wolf" effect. The aim is to decrease the number of non-actionable alarms to heighten the nurse's awareness to respond to actionable bedside alarms as well as enhance patient safety. This quality improvement project will address the following PICOT question: For the nursing staff in a critical care setting, will implementing the bundled approach alarm management protocol decrease the incidence of non-actionable ECG central monitor alarms in 8-10 weeks?

Methods: A 1.0 hour interactive rapid improvement workshop was provided to the critical care nurse (n=26) regarding the following bundled evidence-based protocols: 1) Customizing alarms; 2) Assessing ECG tracing size and rhythm; 3) Assuring proper placement of ECG electrodes; 4) Verifying that ECG electrodes are timed, dated, and initialed; and 5) Changing ECG electrodes daily. Post workshop, feedback coaching and accountability audits were provided to assist the nurses which enhanced the sustainability of the practice protocols. For measurement, the total number of alarms were counted for two weeks pre-education workshop and for two weeks post-intervention. The General Electric Healthcare (GEH) alarm reporting tool (ART) was utilized on the critical care unit's Solar 8000iV4 central monitors to collect the alarm count data.

Results: The mean number of ECG alarm alerts per patient, per day, prior to the intervention was 594.95 compared to the post-intervention of 177.63 alarm alerts or a 70.1% reduction. When comparing pre- and post-intervention number of alerts, the Wilcoxon sum rank method was utilized to find a p value of < 0.001 or highly significant. The bundled approach to managing alarms decreased the mean number of alarm alerts.

Nursing Implications: A decline in the number of non-actionable alarms can impact the healthcare environment in the following ways: promote patient safety, a quieter environment increases patient's rest and recovery; nurses focus on actionable alarms; increases cost effectiveness; and satisfies The Joint Commission requirements.

Take Away Notes:

- The patient safety quality improvement presentation will allow the audience to apply the following concepts to their jobs: recognize non-actionable alarms; correlate the Theory of Stress and Coping related to alarm fatigue; utilize evidence-based interventions to address alarm fatigue; and obtain field tested tools to promote sustainability of practice. The presentation will review ways to decrease the number of non-actionable alarm alerts from electrocardiographic monitors which can heighten the nurse's awareness to respond to actionable alarms as well as enhance patient safety.
- The following are objectives the audience will learn from the presentation:
- To understand the causes and contribution factors of non-actionable electrocardiographic alarms and the correlation to alarm fatigue.
- To identify methodology and interventions that can be utilized to decrease non-actionable electrocardiographic alarms.
- Discuss outcomes, implications to practice, as well as ways to sustain nursing practice to decrease the incidence of non-actionable electrocardiographic alerts.

Biography

Dr. Brenda Spear is the Director of Strategic Partnerships and Alliances at Adtalem/Chamberlain University. Since 2014, she has been with Chamberlain University and recently was the Campus President at Cleveland's campus. Spear has nearly 30 years of experience as a nurse executive in large acute care hospitals and in nurse education. Spear earned a Bachelor of Science in Nursing degree from Medical College of Ohio, a Master of Science in Nursing degree from University of Phoenix and her Doctor of Nursing Practice degree from Chamberlain University. Spear is active in several diverse community and hospital boards in the Northeast region.



Assuma BeeviMIMS College of Nursing, India

Advances and challenges in research and development

Every nurse should keep in mind that nursing research is critical to the nursing profession and is necessary for continuing advancements that promote optimal nursing care. Indian nurses also move in par with this idea. Historical review of nursing research showed that in1982 witnessed a nationwide Conference at CON Bangalore, Nursing Research in India: Prospect and Retrospect. In 1984, University Grants Commission (UGC) sponsored a conference "Teaching Nursing Research to Nursing College Teachers" at Bangalore. The first M Phil programme for nurses started at RAK College of Nursing in the year 1986 followed by MAHE, Manipal in 1992. Another landmark achievement in nursing research in India is the formulation of Nursing Research Society of India (NRSI) in the year 1986. Indian Nursing Council in collaboration with Rajiv Gandhi University of Health Sciences, Karnataka and WHO had initiated a doctoral programme in Nursing under the Faculty of Nursing to promote doctoral education in various fields of Nursing in the year 1998. The basic and graduate curriculum prescribed by Indian Nursing Council emphasizes nursing research.

Still, there are many real challenges faced by nurse researchers in India such as funding, publication, methodological and ethical issues. The service pressures make it very difficult to balance their service and research role which substantially reduces motivation to do research. Failure to agree upon intellectual property rights, excessive secrecy and disagreements over research aims also seems to be a great challenge for collaborative research among nurse researchers. Even then, the nurses in India were able to do research. Research findings come out of research costs much in terms of: Man, Money, Material and Minutes. The effort that put in for research should not go in vain. The proposal of formulation of a Nursing Research Council (NRC) same like that of Indian Council of Medical Research(ICMR) to facilitate contributions by nurses in the nursing research arena and to facilitate the distribution of new nursing knowledge throughout the organization. Promotion of clinical nursing research with involvement of practicing nurses through nurse's research week celebration is emphasized. State and the central government might issue bonds to support innovation in nursing research and health services, with preference given to high-risk research and diseases important to public health. India has now Department of Health Research along with ICMR to fund research and have identified core areas for research according to the health issues the country faces. Through training in ethics, the students and researchers will understand the necessary policies and procedures for maintaining security and confidentiality of human subjects, the legal and ethical issues regarding the research process, and the essential procedures for research conduct. Institutions where researches are promoted nurses find time to do research and disseminate the findings in reputed journals.

Biography

Dr. Assuma a basic graduate of Govt. College of Nursing, Trivandrum, Kerala, with a second rank from Kerala University and a postgraduate of College of Nursing, Christian Medical College, Vellore. She had completed her doctoral studies in the year 2003 of University of Calicut. She had done Diploma in Medical Education, Diploma in Hospital Management, Diploma in Computer Applications, Training for trainers in Management, and HIV/AIDS/TB of Indian Nursing Council. She had 68 publications in indexed, peer reviewed and non indexed journals. Received many awards including best citizen award and best teacher award. She is presently the member of BOS in Nursing for 4 universities in India, Academic Council member and Senate member of Kerala University of Health Sciences. Wrote 8 books including Concise text book of Paediatric nursing by Reed Elsivier and Paediatric Care Plan of Jaypee publishers. Contributed chapters for 5 books of nursing research and Education. She is a life member of 6 professional associations and presently holding the office of the Vice President of Nursing Research Society of India and core committee member of the scientific committee of Indian Nursing Council.



Patricia M. Burrell
Hawaii Pacific University, Hawaii

Advocacy in Nursing: How are we doing

In a Transcultural Self-Efficacy screening that focused on students' perceived self-efficacy on the issues of culture and health care, the students scored themselves very high on advocacy. We utilized Jeffrey's Transcultural Self-Efficacy Tool which measures transcultural self-efficacy in 3 realms – cognitive, practical and effective. Medium to high scores indicate efficacy, and low scores indicate need for work in the area.

Advocacy focuses on advocating for self and others. Our students rated themselves high. In fact, 80.95% rated themselves as high, while 19.05% rated themselves as Medium in advocacy. No one rated them self as Low. This was also the case when comparing nursing with social work, public health and pre-med students. They all rated themselves as high in Advocacy. Advocacy comes with the development of therapeutic use of self and therapeutic communication skills.

The nursing students do their psychiatric/ metal health rotation fairly early in the program. They focus on therapeutic use of self and interacting with patients. They learn to focus on the needs of the patient. By the end of the rotation, the students perceive themselves as more involved and demonstrate more involvement with the patients. Students even start to advocate for patients' needs.

In reviewing advocacy, as the students get stronger in their therapeutic communication skills, they listen more closely to the needs of the patients. With the improved therapeutic use of self and communication, comes caring and advocacy.

Take Away Notes:

- Conference participants will review the parts of the Transcultural Self-Efficacy Tool as a viable measure and as an essential indicator of accomplishments and needs of health care providers.
- Conference participants will evaluate education focused on therapeutic communication as an essential part of the development of therapeutic use of self in nursing.
- Conference participants will look at advocacy as an outcome of the development of therapeutic use of self in nursing education.

Biography

Dr. Patricia Burrell graduated from Northeastern University of Boston, Massachusetts with her BSN; the University of Hawaii at Manoa, Honolulu, Hawaii with her MSN; the University of Utah with her PhD and the C.G. Jung Institute of Zurich Switzerland with her Diploma in Analytic Psychology. She is Professor of Nursing and Chief Nurse Administrator at the College of Health and Hawaii Pacific University (HPU) in Honolulu, Hawaii and is also Director of the Transcultural Nursing Center at HPU. She is also a Transcultural Nursing Scholar.



Sofica BistriceanuAcademic Medical Unit, Romania

Communication significance in clinical practice

The people interaction generates a variety of effects on them, according to the content degree solicitation, relevance, context, individual vulnerability, resistance. Experiencing adversities in our life affects and alters our body functionality, finally failure or victory on it succeeding. The ability to cope with harsh conditions makes us effective people dealing with dilemmas.

This presentation will focus on the effects of inappropriate communication skills on the partners; it will bring to light how dangerous are working improper attitudes, words' energy on the blood vessel functioning of vulnerable people; unsuitable communication determines fluctuant blood transport through to cells, disturbing their function. Repetitive exposure to such events can lead to disaster. Compiling all factors implying the functionality of the cardiovascular system, including the communication skills, we have a general picture of its changing harmony, possible fissures; brain haemorrhage is one such unwanted situation. Applying verbal and nonverbal communication skills for our daily outlined concerns we can improve our health, attain our intended goal.

Take Away Notes:

- Recognize the power of communication for the people's health
- Understand how verbal, nonverbal communication can influence the blood vessel function
- Anticipate the effects of improper communication between the partners in the community
- Identify in their communities the partners using an inappropriate communication style
- Apply, monitor, evaluate the programs for remediation of deficiencies into communication skills for these categories of individuals
- Extract core values for use in clinical practice
- Return with their data for comparative data
- · Upgrade guidelines for hypertension

Biography

Dr. Sofica Bistriceanu studied in Romania at the 'Gr. T. Popa' Iasi University, and graduated as MD in 1984, research in family medicine, Maastricht University, 2000, Ph.D. in 2009, Iasi, at the same institution. She joined the European, American, Asian Primary Care Research Group, American Academy on Communication in Healthcare, APTR, IHI, NICHQ, EPCCS, EURACT, WONCA Meetings. Dr Sofica Bistriceanu is the author of more than 70 research studies shared abroad and received awards for some of them. She is a member of The Journal of Patient Experience (JPX) Editorial Review Board. Dr. Sofica Bistriceanu is the representative of the Academic Medical Unit located in BT, ROU. She is the author of seven volumes of poems published by Chronica Iasi Publishing House, and Time, Iasi Publishing House.





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Nursing 2022

Jea Joel Mendoza-Dungca

Angeles University Foundation, Philippines

Experience of family members as primary caregivers to children with congenital anomaly

Congenital anomaly is a condition affecting 1 in 33 infants every year. Having a baby born with an anomaly does not only affect the patient himself but more so the people surrounding the patient which is his family. The aim of the study is to explore the experiences of the families that act as a primary caregiver to children with any type of congenital anomaly in order to enhance the quality of care provided by the health care system to the patient affected by the condition and also to give much holistic attention to the families who give care to the patient. A phenomenological-heuristic type of research design was used in the study. Six informants willingly participated in the study under an informal, semi-structured interview with the main question "What is it like to care for a child with congenital anomaly?" The study revealed 7 main themes: Dealing with Tough Life, Money Talks: Sustaining your Child's Needs, Family Affair: Helping One Another in Times of Crisis, Slaves of Our Emotions: Different Reactions to a Child with Congenital Anomaly, Intended Trials: God Challenging Your Conviction, Side Effects: The Negative Outcomes of having a Family Member with Congenital Anomaly and Confounded by Child's Condition: Parents Dealing with their Child's Special Needs.

Take Away Notes:

- For nurses and other associates of the health care team to have a better view about this unique experience of families caring for children with congenital anomaly. More than the medical assistance they are more in need for establishing better rapport and must be provided with rich data in order for them to be educated about their child's condition that is necessary for them to act and move forward with getting their child better.
- Emphasize on the importance of doing pre-natal diagnosis and new born screening which should be an essential part in improving our efforts in diminishing congenital anomalies if not as these can help the families to be equipped with more knowledge and probably be financially prepared.
- Empower these families to keep on striving harder for their children. Establishing support groups can be really helpful. Getting along with other families of the same situation doesn't only give you a way to voice out your emotions but also it can also serve as a way to get idea on how to effectively cope up aside from sympathy.

Biography

Jea Joel Mendoza-Dungca is a graduate of Bachelor of Arts in Nursing at Holy Angel University, Philippines in 2012. She also earned her Masters of Science in Nursing from the same university in 2015. Currently, she is a Doctor of Philosophy in Nursing Education candidate still from the same university. She is now a clinical instructor in the College of Nursing at Angeles University Foundation.

Sean E McNeal

University of Oxford, United States

Mapping the domains of general nurse practice in performance appraisal instruments: A scoping review

Background: Public demand has intensified for greater accountability in clinical quality provided by caring and competent nurses. Measuring and reporting a nurse's ability to meet role and performance expectations is core to that accountability.

Although the literature is replete with performance appraisal (PA) and competency assessment (CA) instruments, the absence of a universally adopted conceptual framework impedes the industry's ability to convey whether or not a nurse is meeting role and performance expectations across the industry. This scoping review will identify systematic reviews and single-instrument studies that examine PA and CA instruments explicitly listing the domains of assessed practice. Domains will then be collated and examined to identify common terminology that could inform the creation of a universal conceptual model that depicts the performance expectations of nurse generalists.

Methods: This scoping review uses the Johanna Briggs Institute Scoping Review Methodology. A search was conducted between March 2018 and March 2019 for systematic and literature reviews published between January 2000 and December 2018 indexed in PubMed, CINAHL, Medline, ScienceDirect, Cochrane, and Google Scholar along with studies found in grey literature. Additionally, studies examining single instruments with clearly identified domains that evaluate generalist nurse performance were included.

Results: Eight systematic reviews and 11 single-instrument studies were selected for examination, yielding 37 instruments. Of the 230 total unique domains, the most common domain titles were centered on basic nursing skills (n=50, 22%), foundational skills and capabilities (n=34, 15%) and values (n=26, 11%). 14 instruments were associated with a conceptual model/framework.

Conclusions: A conceptual model with standardized terminology is the antecedent of an effective, generalizable performance evaluation instrument. The creation of an industry-wide conceptual model can strengthen role clarity for new and experienced nurses and offer higher accountability to health care colleagues and the public at large.



Alla Omar BaMohammedKing Abdulaziziz University Hospital, Saudi Arabia

A cross sectional survey on the importance of PPE training among frontline nurses during the pandemic

The COVID-19 outbreak lingers to develop with the number of cases increasing, forcing healthcare workers (HCWs) into a challenging situation in which they must care about their safety in addition to that of their patients and loved ones. Employing the proper technique in using Personal Protective Equipment (PPE) is essential to protecting them and preventing the virus from spreading more. For this reason, many healthcare settings are working intensively to ensure that their employees acquire the necessary knowledge and skills from proper training in the right sequence of donning and doffing PPE, as well as practicing hand hygiene. Hence, this study aims to measure the effectiveness of PPE training conducted in different hospitals (governmental, private, teaching, or primary care centers).

We participated in several forms of training (simulation-based training, work-based training, and in- classroom training). In addition, a PPE campaign was initiated to cover all HCWs, including clerks, general workers, and cleaners. The hypothesis stemmed from the research question: "Were those training efforts and resources beneficial to the target group?" We sought to look for other perspectives, not only from an educational point of view but also from the target group that

underwent this training. However, it is also important to look at how much identical research results between providers and receivers, and how much the provided training really achieves its objectives.

A cross sectional special digitalized questioner has been utilized as the research methodology, including some open-ended questions to obtain in-depth insight into its meaning. Also, this study seeks to evaluate the exact feedback and discover the gap between the training provided and the staff requirements. Data were analyzed using a multilevel model approach. Based on the results and discussion, modified training will be implemented, and an additional study will be created based on the necessity.

Take Away Notes:

- This information is justifying the importance of training
- This study is elaborating the exact needs of nursing staff during pandemic
- This research can be use in more broad scope for more understanding
- · This study is giving overview on hospital perceiving the pandemic based on different settings

Biography

Alla Omar BaMohammed is a manager of nursing education of King Abdualziz University Hospital in Jeddah, KSA. She has completed her Masters in Nursing Professional Studies from Queensland University of Technology in Australia focusing on Nursing Education and Leadership. Recently she got Postgraduate Diploma in Healthcare Management and leadership from Scottish Qualification of Authority. She has more than 10 years' experience in Nursing field. She has published two papers in reputed journals and has been serving as Program Director of many educational courses and Project

Joanna Koch

La Leche League Int, Switzerland

The importance of breastfeeding

The lack of breastfeeding has a huge impact on Health and the Environment - destroying the environment and causing lifelong health costs and problems for babies and their mothers. And why? Because Formula milk destroys our environment, causing massive manufacturing, transport, delivery and huge waste. Health Professionals are often unaware of the importance or effect of breastfeeding. They do not always understand that breastfed babies gain less weight and therefore they recommend formula milk should be given to ensure more weight gain. But the addition of formula milk can lead to many health problems, obesity, ect. lowering the advantage of breast milk.

Health professionals, hospitals, midwives etc. must be fully aware of the utmost need for breastfeeding, helping mothers to start and continue instead of recommending formula milk. Yet sadly many professionals do not recognise this and do not instruct or advise their patients accordingly, And often medical or health problems then stop breastfeeding. If a Health Professional is married to a breastfeeding wife this is always advised to his patients. And usually those who work with young children, realise they have been breastfeed as they are more confident, easy to play or talk with, and they feel strong enough to depart from their parents in a play group, Nursery School, or hospital.

Where HIV AIDS has killed young mothers and formula milk is not always available, grandmothers have been asked to re-lactate and save the children (this means restarting breastfeeding after many years). Breastfeeding helps space babies by suppressing mother's fertility and is widely experienced throughout the world. It is very important in areas where resources are scarce. Breastfeeding is an effective form of contraception. Another important issue is the First Thousand Days of Life-from Conception to the 2nd Birthday. During this time babies should be receiving breast milk to help their proper growth, brain and emotional development, confidence in life and health. It ensures good health for the rest of their lives. Breastfeeding saves mothers from developing cancer later in their lives. Breastfeeding is an important issue for the young, but sadly not always shared by their relatives although they may be suffering from formula milk - the destructive environment and climate change. The lack of breastfeeding has a huge impact on the Young.

In 1981 the Int. Code of Marketing of Breast milk Substitutes was adopted by the WHO. Although 79% have adopted the Code many are limited and there are many loopholes resulting from industry interference. Marketing is forecast to rise more than 30% in five years by 2026. The protection of breastfeeding and complimentary feeding through the full implementation of this International Code in every country is imperative. Commercial efforts to replace, limit or displace breastfeeding can be described as a form of ecocide which means mass damage and ecosystem destruction. In 1991 WHO and UNICEF launched the Baby-Friendly Hospital Initiative - following the Innocenti Declaration of 1990. This is a global effort to implement practices that Protect, Promote and Support Breastfeeding. And can be helped with their "10 Steps to Successful Breastfeeding".

Take Away Notes:

- Breastfeeding provides the best of life long health to the baby
- · Breastfeeding saves the mother from developing breast or vaginal cancer
- Breastfeeding costs far less than Formula Milk
- Breastfeeding saves the Environment and Climate Change
- Breastfeeding is a major component of the First Thousand Days of Life

Biography

Joanna Koch is a Breastfeeding Consultant with La Leche League International, and La Leche Liga Switzerland for over 35 years. She is a former Vice President of the Alliance for Health Promotion 1997. in Geneva, which is in Official Relations with WHO. She is one of the founders and writers for the online Journal Family Matters.



David John WortleyInternational Society of Digital Medicine (ISDM), United Kingdom

The role of virtual reality and digital therapeutics in the future of nursing

COVID-19 has accelerated the demand for and implementation of digital solutions that tackle some of the endemic global challenges to public health. Whether it be measures designed to avoid disease transmission or strategies to encourage better personal health management within the population, digital solutions are already playing a key role in the future of healthcare.

These digital solutions, whether for personal health management, therapeutics or educations are likely to have a significant impact on the role of nurses and nursing practices. This presentation looks at virtual reality and digital therapeutics technologies and considers how they will impact the future of nursing.

Biography

David Wortley is a VP of the International Society of Digital Medicine (ISDM. He is a global thought leader and innovator on enabling technologies for health, education and the environment. He is on the editorial board of the Digital Medicine Journal and the Founder of 360in360 Immersive Experiences. His areas of special interest are technologies for preventative healthcare, collaboration, virtual reality and interactive rich media knowledge sharing.

Marta Sund Levander* and Tingstrom, P

Linkoping University, Sweden

Complicated versus complexity: When elderly Esther and her daughter meet the health Care System

Background: Detecting infection in frail elderly is a challenge due to lack of specific signs and symptoms. We highlight the complex situation when an elderly woman (Esther) with urinary tract infection (UTI) and her daughter (Maria) meet the highly qualified health care system.

Aim: To describe and analyze the process when an elderly individual with an acute infection meet the medical system.

Method: A descriptive, retrospective Single Case Study design with a qualitative content analysis approach was used. Data from interviews with Esther and Maria, medical record-data and different regulatory documents were gathered and analysed with a qualitative content analysis. In a second step, the results were interpreted with concepts from the complexity theory.

Result: For Maria the situation causes a life crisis and a threat to her entire existence. Esther herself does not take part in what is happening, though after returning to home she is trying to understand her behaviour and what has happened. The health care tries different diagnoses and treatment according to standardized care plans without success. When urinary tract infection is finally diagnosed and treated successfully, Esther recovers quickly.

Conclusion: When patients and their next of kin seek health- care they expect a holistic approach in the encounter. Though, the system tries to reduce the complex situation by handling the patient at a complicated level. This is what we found with Esther. In the medical record she is reduced to a physical body, measurable with biochemical markers, ending up as a "green", i. e not prioritized patient at the emergency apartment. Guidelines on priority setting should provide a guarantee for patients with the greatest need to be first in line to receive care. Shortcomings are that elderly with multiple disorders and very old individuals are difficult to evaluate and triage "correctly" for later placement in the appropriate continuum of care.

Audience Take Away:

- Standardized care plans and guidelines is hard to apply in situations when frail elderly without presenting specific signs and symptoms of infection, seek care.
- Reduction to manly consider signs and biomedical markers increase the risk of misjudgement and as consequences delayed care and individual suffering.

Biography

Märta Sund Levander, RN, Ph.D., Assoc. Professor, senior researcher and lecturer at the Medical Faculty Linköping University, Sweden. She teaches nursing students at the undergraduate, specialist, and advanced levels. She has several years of clinical and research experience as a specialized nurse, especially in critical care, eldercare, infection control, and research and development. Her research area is assessment and evaluation of body temperature and its clinical implications, such as signs and symptoms of infection in critically ill, frail elderly and children. She has published about 45 papers in scientific journals and popular science papers and textbooks for health professional students and clinical practice. She is a member in the international expert group ISO ISO/TC 121/SC 3/JWG 8 "Clinical thermometers".

Pia Tingström, Reg. Nurse, Ph.D., Associated Professor, is a senior researcher and university lecturer at the Medical Faculty Linköping University, Sweden. She teaches nursing students at the undergraduate, specialist, and advanced levels. She has several years of clinical and research experience as a specialized nurse, especially in primary care. Her research is about educational processes in health-care, which affects both the learning of patients and their relatives, but also the learning of professionals and students. Nursing the frail elderly is another area of research she is involved in.

G Balamurugan^{1*}, Radhakrishnan Govindan², M Vijayarani³

¹Ramaiah Institute of Nursing Education and Research, Karnataka, India

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³ESIC College of Nursing, Karnataka, India

Online learning: Indian nurses' perception

Background: The field of healthcare is constantly evolving and improving through advancements in technology and knowledge. Continuing Education (CE) will help healthcare professionals to keep them up-to-date. Conventionally the CEs for nurses are delivered in an in-person mode in India, and this mode of delivery could not reach as many as nurses in India. Hence Indian Society of Psychiatric Nurses (ISPN) has developed an online module (Mental Status Examination-MSE) as a pilot to assess the perception of Indian Nurses towards online learning.

Method: The Moodle cloud platform is used to design this module. This module covers different aspects of MSE in 32 videos with a total duration of 67.8 mins, ranging from 0.18 to 7.02 min. An email in this regard was sent to all the members of ISPN India. Similar emails were sent to the delegates, who attended the annual ISPN India national conferences during the year 2018, 2019, and 2020. An online Pre-test, post-test and Learner's perception survey were conducted.

Results: From March 2018 to August 2021, around 513 learners underwent this module. There is a significant improvement in the knowledge of the learners from pre-test (7.245 ± 2.642) to post-test $(8.181 \pm 2.256, t = 6.205, P < 0.001)$. One-fourth of the learners felt that online learning is equally effective when compared to regular classrooms in terms of convenience, meeting individual needs, communication in class, sense of community, and promotion of student participation. More than half of the learners preferred a combined class format with online and regular classrooms.

Take Away Notes:

- The main learning from this project is even though online learning becoming more popular, hardly 25% of the learners felt this mode is as effective as the conventional classroom method.
- This understanding may help the audience (Nurse Educators, Managers, Administrators etc.) to design more interactive learning courses.
- The hybrid mode i.e. online and offline may be preferred over only online.

Biography

Dr G Balamurugan, Registrar (Administration) & HoD-Department of Mental Health Nursing, Ramaiah Institute of Nursing Education and Research, Bangalore India graduated BSc (N) in 1997 from Tamilnadu Dr MGR Medical University, Chennai; MSc in Mental Health Nursing in 2006 from Manipal Academy of Higher Education (MAHE), Manipal, Karnataka and PhD in Nursing in 2016 from The Indian Nursing Council's National Consortium. He is the Joint secretary for ISPN; Editor for the Indian Journal of Psychiatric Nursing. He has published 46 research articles in national and international journals; been invited as Speaker for 83 conferences/workshops.

Sheela Shenai NA

Malankara Orthodox Syrian Church College of Nursing, India

Impact of preceptorship programm to improve self-efficacy and learning outcomes among nursing students

Nursing is a Practice based profession. The establishment of a good learning environment where theory and practice complement each other is dependent on clinical staff and nurse educators. Preceptorship model has widely been supported in literature as an effective approach to facilitate students learning and acquisition of skills in clinical practice.

A longitudinal one group pre -post interventional study was undertaken among Nursing students at a tertiary care centre to compare the self efficacy and learning outcome before and after the implementation of the preceptorship programme and to find out the relationship between self efficacy and learning outcome. Self efficacy was assessed using a Standardized formative self assessment tool for self efficacy developed by Marten and Daniel P in 2015 and learning outcome was assessed by using Lofmark tool of overall learning outcome. Sample size was estimated after pilot study among participants. Study participants were selected using systematic random sampling technique from the sampling frame.

All the study participants who are undergoing 2nd and 3rd B.Sc (N) programme underwent preassessment of self efficacy and learning outcome before starting the preceptor training programm. The study participants received training and supervision for 6 months by the preceptors. Self efficacy was assessed based on five competency indicators namely professional responsibility and accountability, knowledge based practice, Ethical practice, serving to the public and self regulation on a 4 point scale. The learning outcome was assessed on a 5 point scale which assessed 8 items like development of responsibility, ability to address patient need for help, developing independence, feel confident in Nursing, use of nursing research to improve patient care, understanding ethical aspects of patient care and awareness of critical thinking and work more systematically.

The results showed a statistically significant improvement in average self efficacy score and learning outcome and after the preceptorship program and a strong positive correlation between self efficacy and learning outcome among the study participants. This study showed positive impact of preceptorship programme on nursing students' performance.

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The impact of training of community health care workers providing ward based community outreach services in Dr Kenneth Kaunda district of the Northwest Province, South Africa

In recent years, community health workers (CHWs) have emerged as the main role players in implementing community-based public health interventions in racially diverse communities. Yet little is known about the extent to which CHW training curriculums influence intervention effectiveness in marginalized racial and ethnic minority communities. This review summarizes evidence on the relationship between CHW training curricula and intervention outcomes conducted among South African communities in Dr Kenneth Kaunda district. A literature search was conducted of intervention studies that focused on CHW public health interventions in. Included studies were quantitative, qualitative, and mixed methods studies employed to conduct outcome (e.g., registering a new household) and process evaluations (e.g., knowledge and self-efficacy) of CHW-led interventions. 43 managers and other categories of managers were trained. 89 OTL's and 634 CHW's were trained, and they all met the inclusion criteria.

Overall, the strength of evidence linking specific CHW training curricula components to primary intervention health outcomes proved to be very effective, Studies that described training related to didactic sessions or classified as high intensity reported higher percentages of positive outcomes compared to other CHW training features. These findings suggest that CHW training may positively influence intervention effectiveness but additional research using more robust methodological approaches is needed to clarify these relationships.

The ward based primary health care outreach team (WBPHCOT) in service skills development package has been compiled to strengthen the capacity of WBPHCOT's to provide quality health care services in the community through developing cross-cutting CHW and OTL skills.

The South African national department of health mandated I-TECH South Africa, a subsidiary of the university of Washington, school of public health and medicine to develop training toolkits and roll out the process of training in PEPFAR priority districts in the whole of South Africa, using the cascade model.

Research objectives:

To assess the impact of training of CHW's

To establish a link between theory and practice

To measure the outcomes of training conducted

To evaluate the effectiveness of OTL's

1.1 Research environment: The study took place in all sub districts of Dr Kenneth Kaunda district of the Northwest Province, JB Marks, Matlosana and Maquassi Hills. 3 expert trainers trained 4 master trainers, who in turn, under direct supervision oof expert trainers, trained about 52 OTL's. These OTL's then trained close to 600 community health workers on the skills required in the implementation of the outreach program.

2. Background information

2.1 Literature review: Fortunate L (2016:4) asserts that the shortage of human resources in the health sector has played a major role in the revival of the CHW programme. Task shifting became a strategy of choice identified to address human resource shortages and to decrease the workload of the existing healthcare workforce (Hoke, et al, 2012). This means that some work activities are shifted from other health care workers to be the responsibilities of CHW, thereby reducing the

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workload in PHC services. Improved service delivery in the health sector has been the outcome in areas where there was successful implementation of program policies. (Fulton, et al, 2011). The more improved service delivery, the better the health outcomes.

Published studies on maternal and child health, HIV/AIDS treatment, and care support by community health workers in African countries endorsed the above finding (Callaghan, et al., 2010). In a study conducted in Kenya where CHWs diagnosed and treated children, they found that CHWs successfully implemented 80% of the treatment guidelines for children (Rowe, et al, 2007) a very good measurable outcome indeed emphasizing the critical role that community health care workers play. Research from a Cochrane systematic review has shown that community health care workers could effectively deliver services such as promoting immunization uptake and breastfeeding, improving TB treatment outcomes, and reducing child morbidity and mortality rates in the communities that they serve. (Lewin, et al, 2010). They are currently involved in the said program and are doing remarkably well.

The roles and responsibilities of the CHW's are outlined below:

They advocate for the communities that they serve

They link patients and communities with the health care system especially PHC's

They work as lay counsellors in other countries as they provide HIV counseling

They carry out other psycho-social needs

They do community mobilization and outreach campaigns for health care services

They target households' coverage for health care services

3. Thesis statement: The researcher emphasises the importance and relevance of a cascade model of training which was used to train expert trainers, master trainers, outreach team leaders who in turn trained community health care workers. This team was equipped with skills to empower them to implement the program in respective wards that they have been allocated to. The desired outcome is for the communities to have improved quality of life. Activities include household visits where families are registered in the program. Then history taking, screening and assessments are done to establish their health statuses.

Health education is then given to each household based on their specific needs. They are then referred to PHC facilities for testing of different diseases, examination, diagnosis, and treatment where necessary. It is the responsibility of the trained OTL's to see to it that CHW's carry out their duties. It is the responsibility of trained CHW's to ensure that communities and families prevent diseases and promote healthy lifestyles, that they visit PHC centres at given dates, they adhere to treatment to prevent complications which may lead to loss of lives.

If the cascade model of training of WBCOT's is effective, then the impact of such training will yield positive outcomes and strong linkages and referrals to PHC services as well as increased livelihoods.

4. Methodology: This study was conducted during 2021 using the post era approach. All WBOTs in the district at the time were included in the study.

Data were collected through:

- A questionnaire surveys.
- Key informant interviews and a review of records used by the team
- A process evaluation was conducted to describe inputs (training, team composition, resources, and knowledge)
- Pprocesses (service delivery, referral linkages, support, and supervision) and outputs (number of clients referred and followed up).
- Logistic regression was performed to identify CHW characteristics (Age, education, experience, training, and knowledge) associated with adherence to national guidelines.

5. Summary

5.1 Research question: Are trainings that are given to community health care workers using the best methodologies effective enough to equip them with knowledge, skills, and expertise to help communities improve their life expectancy by taking charge of their own health care needs?

5. 2 Findings: Trainings given to community health care workers in Dr Kenneth Kaunda district equip them with the skills, knowledge, and expertise to help communities address their own health care needs. They become more confident to provide services most needed in communities. They build rapport with communities in such a way that they are trusted and even protected during unrests even in townships where gangsterism is rife.

The RTC is the unit that is responsible for planning and implementation of all trainings in the district. This is where the RTC manager and clinical trainers converge to plan before clinical trainers can go back to their different sub-districts to continue with planned activities.

CHWs can serve as a means of improving outcomes for underserved populations for some health conditions. The effectiveness of CHWs in numerous areas requires further research that addresses the methodological limitations of prior studies and that contributes to translating research into practice.

6. Recommendations: The researcher recommends the following steps to be strictly adhered to by clinical trainers to ensure program sustenance and skills gap, after every training of new recruits,

Eight weeks WIL and one week assessment

Each clinical trainer should support 6-8 OTLs in their sub-district of operation.

Plan the schedule of support and inform the OTLs in advance of your visit to their facilities

Using the tools provided, mentor the OTLs on application of components of skill development:

- Household visit
- Facilitation sessions
- Team meetings
- Records

Identify teachable moments and conduct debriefing sessions to improve the skills

Last week of WIL, support OTLs in assessing their CHWs. Take them through the tools to be used to ensure common understanding

Develop sustainability plan for the continuation of the programme

Biography

The researcher has extensive experience in both the public and the NGO sector, having worked in the department of health and was seconded by the PEPFAR Funded as well as the Global Fund beneficiaries to the said department. She aided the department to reach its targets as set out in the National Strategic plan. She was placed at The Provincial offices as well as District offices respectively. She was recently promoted to the I-Tech National office where her skill and expertise was spread across all nine provinces in the country. She has interacted with many stakeholders across all sectors and has served in different stakeholder committees across South Africa. As a public health specialist, she has successfully managed HIV and AIDS programs (prevention, treatment care and support), STI's, Key populations, ward-based community outreach teams projects across the province. She is an expert trainer at Provincial and National level. Most of the institutions she has worked for are attached to universities in the USA like the university of Atlanta and the University of Washington. She is currently working as a consultant clinical trainer for FPD and is an executive manager for KuLuvuyo consultancy and wellness. She owns her own project management company as well as an NPO that both focus on HAST programs (Health promotion, disease prevention, as well as treatment, care, and support services). She has also served as a board member for the Northern Cape Rural TVET colleges in South Africa assuming a strategic leadership portfolio.

Ventura Palloma Fernandes Estanislau Vaz*, Alves, Marilia

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Organizational culture and nursing adherence to quality and patient safety practices

The influence of organizational culture on quality management and patient safety is essential for hospital management because it involves beliefs and values, artifacts and basic assumptions, and methods of evaluation and monitoring. The study aimed to analyze the influence of organizational culture on quality management and patient safety in a university hospital of the public health service in Brazil. A single case study of qualitative approach, using the theoretical framework of Schein and Schein, in medical clinic units of the University Hospital of the Federal University of Minas Gerais. The data were collected through observation, document consultation and interviews with 51 health professionals, being 18 managers, 12 care nurses, 1 nurse from the Infection Control Committee, 1 nurse from nutritional support, 11 nursing technicians and 8 professionals that make up the multiprofessional team. The data were submitted to content analysis. The results show the following beliefs and values, artifacts, and basic assumptions that constitute the elements of culture, which are power of the professor and the physician; strength of the university culture; shared decisions; work contract that ensures job stability; work overload, and insufficient number of professionals. Such elements influence the management of quality and patient safety since the proposed actions have low adherence of professionals to be consolidated in the daily work. The power of the professor and the physician, associated with the university culture that presumes shared decisions sustain the current discourse that "it has always been this way". Nursing efforts to occupy its place in the power structure of the hospital, dominated by physicians and professors, despite maintaining rites and rituals in its practice. It assumes, besides nursing care, attributions that are not proper of the category, with insufficient number of professionals, which increases the work overload. However, nursing is recognized by the multiprofessional team as the group that supports the actions of quality and patient safety, but subject to the forces of the organizational culture of the hospital and university. The nurse, as the leader of the nursing team, is a key element in the coordination of nursing care and organizational management, providing credibility to the team with the actions of quality and patient safety. It is concluded that the organizational culture influences the quality and patient safety, since the elements of culture are powerful forces that ensure the maintenance of traditional practices and hinder the implementation of the quality and patient safety program, even if recognized as important by managers and professionals.

Take Away Notes:

- To understand organizational culture in healthcare and its influence on nurses' practices;
- To understand the participation of nurses as a decisive actor in the management of quality and patient safety inserted in the organizational culture;
- Possibility of practical application of the results aiming at improving hospital management processes, mostly related to organizational culture.

Biography

Ventura Palloma did PhD in Nursing from the Federal University of Minas Gerais (UFMG). Professor of the Department of Applied Nursing at the School of Nursing, UFMG (2020 to 2022). Professor at the School of Medical Sciences and Pontifical Catholic University of Minas Gerais, in Lato Sensu Graduate Programs. Quality Management System Auditor, in the ONA/Brazil, NIAHO/DIAS and ISO 9001 standards. Nurse technical reviewer responsible in Brazil for the international standard of certification NIAHO/DIAS. Coordinated the Revision of the Accreditation Manual for Healthcare Organizations - ONA/Brazil.

Enaam Yousef Al Ananbeh

Prince Muna College of Nursing, Jordan

Perceptions and experiences of midwives and nurses who conducted home visits in Jordan

Bachground: Home visit is an integral part of primary healthcare delivery systems. It is preventive and promotes health practice where community health workers, particularly nurses provide healthcare to clients in their own environment according to their needs. One of the health care services that is provided by community health nurses (CHNs) is home visits (HVs) through which they can empower the community by identifying its needs and by assisting in setting strategic planning to achieve the desired results. Currently, the Covide -19 pandemic and the early discharge from hospitals lead to shift the locus of care to homes, imposing the increasing need for providing care at clients homes through conducting the HVs.

Purpose: The study was conducted to fully understand midwives and nurses perceptions and experiences regarding home visits program after conducting actual HVs. based on the home visits-related workshop.

Methodology: This descriptive qualitative study invited 8 nurses and midwives out of 24 participants who were willing to participate in the study. Purposeful sampling was used to achieve data saturation through the interview guide. Emerged data were analysed using the manual coding (content analysis) by two expert researchers to ensure trustworthiness.

Results: qualitative analysis revealed four major themes: 1) concerns of self-safety, 2) Stress related to conducting HVs, 3) Threats to violence and consequences, 4) Successful program with some recommendations.

Conclusion and Recommendations: The existing program was generally perceived as successful with some recommendations. Three main barriers were crystallized through the understanding of participants perception and experiences, including: Client-related, nurse-related, and organizational related barriers. Such barriers should be considered in HVs programs development.

In addition, it is recommended to work thoroughly on Community Needs assessment and planning and to hold regular training workshops/ courses regarding HVs. Further, to conduct a full research study utilizing both quantitative and qualitative approaches.

Sabrina Grigolo*, Sara Croce

University of Turin, Italy

Adherence to therapy in the digital age: A new assessment of skills

Introduction: When the patient's behavior in following the prescribed treatment regimen is not reasonably correct, unsatisfactory clinical results can result. It is well documented in the literature with studies of overall adherence rates estimated to be 50% for the majority of long-term therapy and treatments for chronic disease. The educational approach must be centered and modulated on the characteristics of the specific patient and must be of a systemic type. The digital skills of elderly patients are still scarce (or even absent) in an age in which technology is increasingly influencing the world of healthcare, organizational reasons and shortages in healthcare services.

Aims: The purpose of the observational study is to validate a tool for assessing the level of therapeutic adherence and to identify educational and digital strategies to enhance patient self-awareness levels. To develop and validate a measurement tool to assess patient abilities though an educational process

Methods: The study was carried out through the engagement of at least 42 elderly patients with chronic diseases being treated with one or more drugs in Italy engaged by EUPATI Academy.

Results: Among the 70 patients analysed, as regards a path of education in the correct use of therapy and the adoption of a correct lifestyle, most of the patients are in favor and affirm that it is very important to be able to make decisions shared with experts, also through online platforms. Despite this, validation of the assessment tool is still ongoing, as is the assessment of the patient's educational preferences and digital knowledge, both of which impact therapy adherence.

Discussion: Digital face questionnaires has been tested and educational preferences as well as therapeutic adherence skills have been assessed, but it would be appropriate to deepen further studies and research on more numerous samples and from different countries and compare them. Too few patients adhere to educational programs about the use of digital and this way they're excluding themselves from a world where the digital is the order of the day.

Take Away Notes:

- When you take in charge a patient suffered by multimorbidity and polytherapy, you have to assess knowledge level on
 use of drugs/therapies and digital tools as support. We would like to share a new assessment in Italian version (not
 in English or other languages)
- Is this research that other faculty could use to expand their research or teaching? Does this provide a practical solution to a problem that could simplify or make a designer's job more efficient? Will it improve the accuracy of a design, or provide new information to assist in a design problem? List all other benefits.
- A new tool of assessment has been created by a interprofessional team of research at University of Turin. Therapeutic adherence is an important topic to face in new and different ways, in particular for people over 65 affected by multidiseases and in polytherapies. We would like to validate the questionnaire according to the rule of psychometrics methods and we are looking for experts interested to collaborate with us.

Biography

Adjunct professor at University of Turin and Eastern Piedmont in Nursing School She is Health Coordinator and she is working at Direction of Health Carers Professional as traineeships manager and research projects. She was been clinical tutor at Nursing School, University of Turin, managing and work groups training. In the past few years she has been training Health CME, including the organization and all aspects of logistics. As degree in Education Science at University of Turin (IT), she is PhD student and the scope of her research is educational strategies to improve the awareness level of therapeutic adherence in patient affected by chronic diseases and in polytherapies. As patient expert EUPATI, she is expert in public engagement and therapeutic adherence policies. As EPALE Ambassador, she was Project Manager in a lot European projects founded by EACEA – European Commission, Erasmus Plus program.

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UPCOMING CONFERENCES

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https://internationalnursingconference.com/

6th Edition of **Nursing World Conference**October 27-29 | Orlando, USA

https://nursingworldconference.com/

3rd Edition of **Singapore Nursing Research Conference**March 15-16, 2023 | Singapore

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