

SINGAPORE NURSING RESEARCH CONFERENCE 2021

March 22-23, 2021 | Virtual Event

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MARCH 22-23, 2021 | VIRTUAL EVENT

Theme:

Untangle the threads of Nursing Research for better
healthcare

INDEX

Contents	Pages
Keynote Speakers	6
About the Host	7
Keynote Session (Day 1)	8
Speaker Session (Day 1)	14
Keynote Session (Day 2)	28
Speaker Session (Day 2)	32
Poster Presentations (Day 2)	41
e-Poster Presentations (Day 2)	47
Participants List	49



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Marjeta Logar Cucek
University Clinical Centre Ljubljana,
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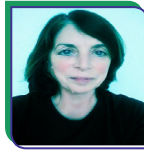
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Mar Sleeva College Of Nursing Pala,
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Thank You
All...

Keynote Speakers



Adele Webb
Capella University,
USA



Assuma Beevi
MIMS College of Nursing,
India



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Canadian Council of
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New York City Health + Hospi-
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USA

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 world, without compromising service and quality.

About **Nursing 2021** |

Nursing 2021 has been wrapped with multipurpose tasks where sharing the knowledge is just not our aim, it also focuses on bringing everyone together with a familial atmosphere, where you can meet up the committed professional, professors, scientists and young scholars who shares the same area of importance, make the study allocation simple and suitable where each minute is entrenched with inspirational and joyful process.

Nursing 2021 is an excellent coliseum for passionate researchers with its well organized scientific program. The program includes plenary talks, keynote lectures, Speaker talks, and developments in the arena as well as therapeutic aspects.

KEYNOTE FORUM

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1

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Adele Webb

Capella University, USA

Building resilience in leaders: Addressing moral distress in a pandemic

As nurse leaders, we are living in unprecedented times. Covid-19 has significantly impacted not just the way we live our lives, but also the way we work in healthcare. Overworked and anxious staff members need strong, supportive, and intuitive leaders like never before. Needs that seemed trivial or unimportant during times of routine care have become magnified during these trying times. This “perfect storm” of external and internal pressures has led to skyrocketing rates of moral distress – knowing the ethically correct action to take but feeling powerless to take that action – in nurses from the bedside level to the C-suite. Under prolonged, pervasive moral distress, nurses begin to lose focus. Left unchecked, this moral distress leads to decreased quality of patient care, a higher number of medical errors, higher rates of burnout, and increased staff call-offs, make a stressed and short staff that much shorter! To address moral distress, nurse leaders must not only remain resilient, but also provide our staff opportunities to build resiliency even as they struggle to provide care. Reinforced by the Institute of Medicine’s Report on the Future of Nursing (2011), it is essential to not only recognize the attributes essential to nursing leadership, but also support and develop these attributes. Resilient and supportive nurse leaders can guide their teams to bolster confidence and adaptability: Valuable skills during routine times and essential skills during times of change and crisis, when nurses must make decisions often with incomplete information. Capella University, partnering with the medical education company Osmosis, has developed a series of bite-sized, innovative videos that address the concepts necessary in sustaining and building resilience, leading to lower levels of caregiver stress and distress, higher levels of coping, increased resilience and stronger support for teams. Based on the need to develop trust in teams and address myths as well as valid issues, these learning modules are effectively educating providers in ways to sustain and develop resilience. From instructing on how to develop a multi-disciplinary team to providing relief for caregivers, these modules provide step-by-step, easy to follow and supportive information that can transform nursing leadership. Through short learning bursts we can collaborate with other healthcare disciplines to support our providers. These modules clearly and succinctly address the moral distress and resiliency concerns in innovative and effective ways.

Take away notes:

Discuss opportunities to mitigate moral distress and build resilience in leaders during a pandemic

Biography:

Dr. Adele Webb’s focus is international nurse capacity building. She has extensive funding for her international work and has published in several journals. She contributed to WHO guidelines and testified to the Institute of Medicine and the White House. A sought-out speaker on international nursing care, Adele collaborates with WHO and the World NCD Congress. Adele has contributed to nurse capacity building in 53 countries. Adele received the Nicholas Andrew Cummings award for Excellence in Inter-professional, 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.



Natalia Cineas

New York City Health + Hospitals, USA

New knowledge and virtual learning – Transitioning to a digital future

The ongoing global pandemic has had an enormous impact on the nursing profession, particularly as it relates to nursing education, virtual learning and disseminating the most up-to-date evidence-based best practices in an accelerated timeframe. These substantive and enduring changes have caused a fundamental restructuring in the way we communicate with nurses and staff. As the largest public health system in the United States, New York City Health + Hospitals was among the first and hardest-hit healthcare networks to address the onset of the COVID-19 crisis, and created a robust digital strategy to cope with the challenges presented by the pandemic. This presentation will use specific examples established by New York City Health + Hospitals to address the challenges implicit in the crisis, including implementing a new Virtual Deployment Team for recruitment and deployment of additional nurses and specialists; creating a “fast-track” virtual credentialing program; and developing a virtual orientation and educational program for all new staff. The presentation also will address how our system converted existing nursing orientation procedures and materials to online training, as well as developing specialized COVID-19 training materials, based on the updated information provided by the U.S. Centers for Disease Control, and using our new virtual capacities to rapidly and efficiently publicize the latest evolving information about the disease to our nurses and staff. As part of these efforts, nursing administration partnered with information services and human resources in developing an external web portal to allow for off-premises access and thereby providing a convenient, centralized and self-paced system allowing nurses and staff to complete required coursework from anywhere, and at any time. Nursing administration also partnered with our Supply Chain team in creating a special COVID-19 PPE Monitoring Tool to ensure that personal protective equipment was actively monitored on each shift, and replenished as needed. The techniques developed in the earliest days of the crisis have been refined and expanded as part of the Test & Trace Corps, helping us reach out to the communities most affected by COVID-19 to help slow the spread of the disease; we also have used robust virtual training to rapidly communicate information and education on the approved COVID-19 vaccines to nurses and staff. Another major effort has involved utilizing technology to support staff wellness and resiliency, through the creation and application of more than three dozen system-wide online training programs. These virtual sessions comprise 17 unique curriculums to enhance the understanding of physical, emotional and psychological factors that come into play during times of stress and trauma, and to improve staff competence in how to manage emotions and support others during crisis situations. The implementation of this sophisticated online learning technology has caused a sea change in how we handle education and training for nurses and staff, and we are continuing to improve and elevate our essential competencies in this area as we move into the digital future.

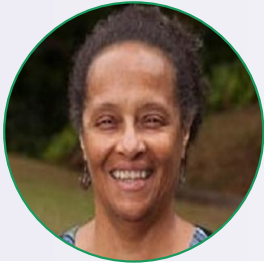
Audience Take Away:

1. How and why the largest public health system in the U.S. developed a digital training and education strategy to cope with the global pandemic
2. The importance of transitioning to a digital format, especially during crisis situations
3. The benefits of a virtual, online-based education and communications strategy on:
 - a. Recruitment

- b. Deployment
- c. Orientation
- d. Education
- e. Training
- f. Monitoring and supply
- g. Resiliency and wellness
- We live in a digital age, and online technologies are going to be the most important way to train, educate and communicate with nurses and staff today and in the future
- Today's nursing workforce needs the most up-to-date information and training in order to deliver safe, effective and high-quality patient care. Virtual and online education and training are powerful tools to provide the most rapid dissemination of evidence-based best practices, both in crisis situations such as the current global pandemic, as well as for day-to-day implementation of state-of-the-art professional practice

Biography:

Dr. Natalia Cineas, DNP, RN, NEA-BC, is Senior Vice President, System Chief Nursing Executive and Co-Chair, Equity and Access Council for NYC Health + Hospitals, the largest public health care system in the U.S., serving more than one million New Yorkers annually in more than 70 patient care locations. She serves as clinical lead for the organization, directing more than 9,600 nurses and 970 social workers as well as planning, overseeing and evaluating all aspects of clinical operations, services and nurse education to ensure the delivery of quality, safe, standardized, and cost-effective nursing care to patients and the community.



Patricia M. Burrell^{*1}, Christian T. Gloria²

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Transcultural self-efficacy: A must in health care: Cultural competence in nursing and public health students

Health care focuses on the valuing of others' cultures, beliefs and practices. We used Jeffrey's Transcultural Self-Efficacy Tool (TSET) to measure perceived Transcultural Self-efficacy in our students (Burrell, 2010). We will be discussing senior nursing students and public health students. Research question: What is the self-efficacy of senior nursing students and public health students in their utilization of transcultural skills? We examined a small group of BSN senior students and small group of Public health students in 2016/17. The focus was on Transcultural self-efficacy of the 2 sets of students. The TSET focuses on self-efficacy self-perceptions in the areas of cognitive, practical and affective skills in the cultural arena. Our results: On the cognitive scale, 35.43% of the nursing students and 19.49% of the public health students considered themselves high. And 63.43% of the nursing students and 68.6% of the public health students perceived themselves as medium. On the practical scale, 24.66% of the nursing students and 30.85% of the public health students scored high, with 71.93% of the nursing students and 65.5% of the public health students ranking at medium. On the affective scale 64.12% of the nursing students and 39.4% of the public health students scored high, while 35.71% of the nursing students and 60.6% of the public health students scored medium. Recommendations: Nursing and Public Health are looking at adding a Public Health Course to the Transcultural Nursing Certificate curriculum in particular.

Audience Take Away:

- Will be able to describe the effectiveness of the TSET in examining Transcultural Self-Efficacy in health care students
- Demonstrates the efficacy of the TSET for Transcultural Self-Efficacy evaluation in health care students. And demonstrates the effectiveness of the TSET as a viable research tool in examining Transcultural Self-efficacy in Health care students

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 at the College of Health and Society of the 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.



Assuma Beevi.T.M

MIMS 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 in 1982 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 Elsevier 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.

SPEAKERS | DAY
1

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Dawn Orr

NHS 24, United Kingdom

Clinical decision making in Telehealth. An intuition or analytical process?

The ever changing landscape of healthcare worldwide and the rapid growth of new technologies, along with changes to government policy has led to the growth in the delivery of healthcare using these technologies. This Professional Doctorate aimed uniquely to explore how clinical decisions were made by nurses working in a national Telehealth organisation in Scotland and whether it was an intuitive or analytical process? A two stage mixed methods design was used to explore these research questions.

Phase one involved the review of management information routinely collected by the organisation of 25 000 calls from the public. Phase two explored nurses' perceptions of how they make clinical decisions in focus groups and interviews (n=18). A dual process theory of clinical decision making was used as the conceptual framework for the study.

Findings from Phase one indicate in a randomly selected week, nurses used decision making tools, in the form of algorithms in only a fifth (n= 5692/25 620) of the calls, and that the highest percentage 14.8% (n= 843/5692) of algorithms were used in calls involving childrens' health. Phase two findings identified five themes which explained how nurses made safe appropriate decisions in this setting. These were listening to the patient's story to build a picture, journeying from algorithm use to holistic care, battling with the workload, seeing red in Telehealth nursing and the movement from novice to expert in Telehealth. These themes explained how nurses used active listening and skilled questioning, guided by the use of an algorithm or their own experience to develop a picture of the patient's presenting symptoms in their 'mind's eye'. In addition, that this process was influenced by the nurse's perception of the pressure on the service at the time of the call and their length of experience and confidence in their own ability to manage the call.

Findings from this first study of nurses' decision making in this setting suggested that this process was predominantly an analytical/System 2 process. Tailoring their education and the organisation of the service to take account of the complex decision making and risk management skills will enhance the patients' journey through the service.

Biography:

The core focus of Dawn's role is to develop excellence in clinical decision making through working with the Scottish Government Health Department, territorial health boards and Higher education intuitions. Dawn has a BSc in Health Studies, MSc in Primary Care and will attend her viva on 11th December for the award of Professional Doctorate. She currently holds the position of Senior Honorary Lecturer and Honorary Research Fellow. She regularly teaches at Universities throughout Scotland on aspects of Clinical Decision Making and Telehealth. She has written masters in advanced practice with the University of Edinburgh which is delivered entirely online.



Latiena Williams

University of South Florida, United States

Human Papillomavirus: A global burden

The World Health Organization (WHO) has identified the human papillomavirus (HPV) as a global burden, associated with 70% of cervical cancer cases (WHO, 2016). HPV is the principal cause of most cervical cancer cases and is the fourth most common cancer in women, worldwide. Hispanic women are both sixty percent more likely to be diagnosed with cervical cancer and thirty percent more likely to die from cervical cancer as compared to non-Hispanic white women (U.S. Department of Health and Human Services, 2017). HPV is the most common sexually transmitted infection (STI). There are over 100 varieties of HPV, more than 40 of which are passed through sexual contact and can affect the genitals, mouth, or throat. The risk factors associated with acquiring the infection are for both sexually active women and men. Policies that are currently in place are centered on the requirement of the HPV vaccine, funding the vaccine, and educating the public or school children about the vaccine. Data available suggests that globally, HPV is a major health and economic problem. Despite the progress made in a few states with policies, data suggests that there is still more work to be done.

Biography:

Dr. Williams is an early career nurse scientist, with a passion to understand health disparities among vulnerable populations. She received her Master of Science in Nursing from South University in Savannah, Georgia and Doctor of Nursing Practice Degree from South University in Tampa, Florida. For ten years, she has prepared undergraduate and graduate students to provide culturally competent care to diverse populations. She has given many national presentations and authored several scholarly publications. Her research interests are in Child Health, Health Disparities, and Minority Health.



Melanie Leach

University of Texas Medical Branch, United States

Bridging the gap: Bedside & Executives – An integrative review

Leadership is a top characteristic when searching for a new manager or executive in an organization. The main question to be answered is, can this person get the job done and can the individual lead others to get the job done. But why, when an organization has a great leader in place are the results not as successful? This integrative review studied the literature on what relationships exist between healthcare leaders and front-line nurse. Is this a real problem, is it perception and has it even been studied in nursing literature.

Take Away notes:

- The current literature available for researchers on communication with bedside clinicians and upper leadership
- Become aware of the gaps in the current literature on healthcare leadership
- Understand the importance of bridging the gap of communication and understanding with bedside nurses

Biography:

Melanie Leach studied nursing at the University of Texas Medical Branch. It did not take her long to realize she wanted to help make changes in the organization. Melanie went on to complete her Master's in Business Administration from the University of Tyler in 2018. A few years into her administrative role, she started the PhD in nursing journey with a projected graduation date of 2024.



Katherine Anderson Rosselot

Capella University, USA

Smartphone application for learning medical terminology and improving academic performance in vocational nursing students

Background: Medical terminology and health literacy are a critical competency for all healthcare professionals. Fluency in basic medical terminology is not just about communications but is also about professional competency. The value of understanding and focusing on science-related academic language/terminology beginning in primary school has been recognized for nearly 30 years to improve students' academic performances by various disciplines within science education. Conversely, nursing education has not addressed whether understanding medical terminology plays a significant role in nursing students' academic performance. Only two nursing research studies have looked at this issue, one in 1985 and the other in 1992, to determine if nursing schools should include an educational methodology to help their students master basic medical terminology.

Aim: Medical terminology learned out of context can easily become meaningless signs and symbols, and foster stress in nursing students learning. Core Value 5 emphasizes teaching nursing students with their well-being given priority. Given the availability and capabilities of today's technology, the aim of this study was to determine if a smartphone application with instructor-controlled basic medical terminology content could be utilized by nursing students to assist with supporting their academic performance in multiple nursing courses. Access to simple adjunctive educational methodologies can improve academic performance. Without this education, students will continue to struggle with the integration of medical terminology through their academic programs. When learning is easier and student performance improves, nursing students' stress level and quality of life may improve, and nursing schools may experience less attrition.

Methods: This posttest only, quasi-experimental quantitative research study attempts to determine if a focused adjunctive education to learn basic medical terminology utilizing a smartphone application would improve vocational nursing students' academic performance. The experimental student group (N = 25) was provided access to 635 medical terms via a smartphone application during their anatomy and physiology, nursing fundamentals, pharmacology, and medical-surgical nursing courses. The control student group (N = 19) were the cohort of vocational nursing students without access to the smartphone application. The two vocational nursing student cohorts' overall academic performances were compared for two consecutive 12-week academic terms to determine if there was a significant difference in the course grades between the students who accessed the smartphone medical terminology educational application and the students who did not have access.

Findings: Although the sample size for this study is considered small by traditional statistical methods, significant insights can be demonstrated and easily seen in the closer inspection of the A&P course standard deviation, the pharmacology course standard deviation, and raw students' scores collected during the first four required nursing courses. The nursing students with access to the smartphone medical terminology educational application did demonstrate an improvement in individual student academic performance in A&P in comparison to the control group. Without additional use of the smartphone application experimental student grades demonstrated an improvement in comparison to the control group in Pharmacology.

Conclusions and Implications: Nursing students are expected to learn medical terminology through immersion in their coursework. Learning vocabulary using immersion strategies and are expected use of textbook glossaries used by nursing schools provided only a minimum learning and low retention of new terminology. Immersion and incidental exposure are inefficient, ineffective, and unreliable methodologies for learning vocabulary. Surveys show college students use their smartphones for accessing 82% of their collegiate related tasks. Current digitally native primary school students expect their secondary and postsecondary educational institutions to utilize, at minimum, currently available education technologies. This research study utilizes a smartphone device as the delivery methodology for the adjunctive education for learning basic medical terminology. The utilization of a smartphone application for the delivery of this educational intervention was chosen due to the expectations of today's postsecondary students. The data demonstrated a positive effect on the academic performance of nursing students.

Nursing schools should incorporate more educational technologies to create adjunctive educational tools into the didactic curriculum to improve academic performance, which has the potential to improve the quality of life for nursing students and potential assistance for nursing schools to improve retention.

Biography:

One of the essential elements in developing nursing knowledge and critical thinking skills is today's educational technologies. Integration of technologies into nursing education is a passion of Katherine Anderson Rosselot. As a nursing professor and online nursing tutor/editor, education technologies are her primary tools for helping nursing students of all levels succeed in their educational pursuits. I created basic medical terminology adjunctive education for assisting nursing students in improving their academic performance. Adjunctive education can be provided through a smartphone application. Student academic improvements were quantitatively demonstrated along with validating the value of the smartphone educational platform. She was driven to leverage her career in nursing, nurse education, and extensive training in educational technology to mentor, inspire, and help develop the critical thinking skills of nursing students and future nursing educators. Her teaching philosophy is student-centered, facilitates the achievement of advanced education, instills a culture of lifelong learning, and promotes the practice of professional nursing. She is a survivor of multiple life circumstances that have shown me how to appreciate little things in life, but my two teenage children and their activities constantly requires me to remember to breathe.



Bincy Reginold

Oakton Community College, USA

Creative teaching and learning strategies in nursing assistant education

During the presentation we will be discussing different active learning and teaching strategies to use in nursing education in classroom, lab, and clinical settings. Trends in nursing education, new approaches in the design of learning and teaching strategies, and varied learning styles are a part of the presentation. Active learning and teaching exercises, and introductory and closing learning exercises in classroom will be discussed in the presentation. Assessment of student learning in classroom activities during lecture will be explored. Meeting the needs of students with different learning styles like kinesthetic learners, visual learners, and auditory (Musical) learners will be reviewed during the presentation. Journal writing and reflection exercises during post conference in the clinical setting will be discussed in the presentation. Role of the clinical instructor and lab instructor in designing clinical assignments and setting up labs for success will be discussed in detail. Writing notes of encouragement to themselves will be part of reflection during post conference in the clinical setting. An educator's role as a facilitator, guide, supporter, and supervisor in the lab setting will be examined. Critiquing each other's performance and role play as a learning and teaching strategy in the lab setting will be part of the discussion. The think-pair-share and the jigsaw teaching method will be used for group activities during the presentation.

Biography:

Bincy Reginold is a distinguished Professor at Oakton Community College graduated with Associate degree of nursing in 1997 from Malcolm X College, Chicago, USA, Bachelor's degree of science in nursing in 1999 from University of Illinois at Chicago, Chicago, Illinois, and Masters of Science in Nursing education in 2001 from North Park University, Chicago, Illinois. She worked as a geriatric nurse and medical surgical nurse for 5 years in long term care and hospital setting. She obtained the position as an instructor at Oakton Community College, Illinois in 2003. She received the honor of a Distinguished Professor in 2019. She presented the College's theme "Poverty and privilege" and how to integrate and apply the theme in nursing education in the basic nursing assistant course to administrators, faculty and staff at Oakton community College. She is a member of American holistic nurses association and sigma theta tau international society.



Marjeta Logar Cucek

University Clinical Centre Ljubljana, Slovenia

Our experience in the improvement of the reproductive health in Roma women– An overview of the standpoints

A prospective interventional research was carried out (between December 2013 and August 2015) with the view to improving Roma women's care for reproductive health. Within the framework of the entire research, it was carried out in three stages. At the beginning, interviews were conducted with Roma women in their settlement. Their answers provided an insight into their viewpoints regarding reproductive health, the behaviour of health care professionals and the decisions of the women to use the services of the women's clinic. On the basis of the results of the qualitative analysis of the interviews, an educational leaflet was prepared. The leaflet, which was explained to each particular woman that decided to participate in the research, helped raise the Roma women's awareness regarding reproductive health. They become more familiar with different ways of making appointments, time frame and the need for preventive check-up appointments. The effectiveness of the leaflet has been checked in two ways, namely using a questionnaire given to all Roma women in the settlement, and two focus groups with health care professionals in the Trebnje health centre. The results of the first part of the research have shown that the Roma women are still tightly connected to their cultural tradition which greatly influences their care for reproductive health. But significant changes can be observed in terms of their views becoming more and more similar to the majority population, which is particularly apparent in younger generation. The usefulness of the leaflet is mostly seen in the provision of urgent data regarding the women's clinic (69%) and in the training for finding a suitable time to see a doctor and make an appointment (73.5%). The answers of women in childbearing age and those before or past it are statistically significantly different. However, it needs to be remembered that educational materials distributed among Roma women have a desired effect only if certain conditions are fulfilled, such as literacy of the target group (at least partial) and the ability of the women to identify with the materials (in this case women in childbearing age). Health care professionals report that raising the health literacy marked the beginning of positive changes in the reproductive care of Roma women. It can be concluded that Roma women need and accept educational materials adapted to their values and tradition, which is changing under the influence of the majority population.

Biography:

Marjeta Logar Cucek, MSc obtained her doctoral degree from the Medical Faculty in Ljubljana. Prior to this, Marjeta Logar participated in the research into the effects of stress and its influence on medical absenteeism in employees, which provided the basis for her Master's thesis. She has participated in international conferences on healthcare. In 2015 and 2018, she organized a seminar for healthcare providers for maxillofacial and oral surgery. In 2019 she was appointed head of healthcare and midwifery research group. She was the first to start research into reproductive health of the Roma women in Slovenia.



Ievgeniia Burlaka

Bogomolets National Medical University, Ukraine

Multifunctional properties of Vitamin D

Background: Recent evidence for the nonskeletal effects of vitamin D, coupled with recognition that vitamin D deficiency is common. Vitamin D deficiency identified as a common metabolic/endocrine disorder worldwide. Because many countries have a relatively low supply of foods rich in vitamin D and inadequate exposure to natural ultraviolet B (UVB) radiation from sunlight, an important proportion of the global population is at risk of vitamin D deficiency. Vitamin D deficiency and insufficiency affect almost 1 billion people worldwide.

Material and methods: Literature data concerning the Vitamin D role under the physiological and pathological conditions done. In own study 36 children with type 1 diabetes (T1D) (aged 6 to 17 years) hospitalized in Endocrinology unit of Children Clinical Hospital №6 (Kyiv, Ukraine) included. Vitamin D3 levels studied using ELISA assay and commercially available kit (Vitamin D3 (human) ELISA kit (BioVision, USA). Results processed using STATISTICA 6.0 and nonparametric statistical method (Mann-Whitney test).

Results: Vitamin D is a fat-soluble prohormone, synthesized in our epidermal cells following exposure to sunlight. Vitamin D has essential roles in the metabolism of calcium and phosphorus and is thus critical for bone growth and bone mineral metabolism. Vitamin D deficiency is known to cause two metabolic bone diseases, rickets (in children) and osteomalacia (in adults). It has been considered a hormone rather than a vitamin, vitamin D has receptors on virtually every cell in the human body. Vitamin D also functions in the regulation of the immune system and in the proliferation and differentiation of numerous cell types. Over the past two decades, laboratory and epidemiological studies have also suggested that low vitamin D status may be associated with a variety of health risks, including respiratory illnesses (infections and asthma), adverse pregnancy outcomes, and chronic diseases of adulthood, such as osteoporosis and cardiovascular disease.

The serum 25-hydroxyvitamin D levels considered as indicator of body's vitamin D stores. Crucial role in Vitamin D metabolism plays kidney and being a target to its changed levels as well. Vitamin D3 attenuates kidney injury by suppressing fibrosis, inflammation, and apoptosis, by inhibiting multiple pathways known to play a role in kidney injury, including the renin-angiotensin-aldosterone system (RAAS), the nuclear factor- κ B (NF- κ B), the transforming growth factor- β (TGF- β)/Smad. Study by Edwards M.H. et al., (2019) show results on vitamin D deficiency worldwide. Severe deficiency seems to be most common in the Middle East and South Asia with high prevalence of rickets in these areas. In areas, such as Africa and Asia, data are not available on the prevalence of vitamin D deficiency. In regions such as Scandinavia, dietary supplements appear to have been effective in reducing the prevalence of deficiency. The food fortification used in North America has successfully increased the mean serum levels in the population.

In our study normal level, insufficiency and deficiency of the Vitamin D defined as ≥ 30 ng/mL, 21-29 ng/mL and ≤ 20 ng/mL, respectively. We show that the most prominent Vitamin D3 deficiency detected in the group of patients with diabetic nephropathy (DN). In control group Vitamin D3 was detected at level 35.68 ± 1.56 ng/mL, in patients with T1D – 32.37 ± 5.1 ng/mL, in patients with DN – 19.39 ± 1.76 ng/mL ($p < 0.01$ as compared to control group).

Conclusion: Despite the numerous reports of the vitamin D association with a number of development, disease treatment and health maintenance, vitamin D deficiency is common. Vitamin D – a multiple player and has an important role in pathogenesis rickets, kidney diseases and endocrine disorders, i.e. diabetic nephropathy worldwide. Own data show the prominent deficiency of Vitamin D in T1D patients and patients with DN. Further investigations in this field are necessary in order to find an adequate disease prevention and treatment.



Shobha Gaikwad

S.N.D.T. Women's University, India

Effect of Risk Factor Modification Program (RFMP) on high risk adolescents

Background: Early awareness and preventive measures will help to reduce the incidence of CAD and myocardial infarction among the young adults which is in a rising trend.

Objective: The aim of the study was to assess the effect of RFMP regarding (CAD) on high risk adolescents in selected schools of Mumbai.

Methods: A descriptive one group pretest post time series design approach was used for the study. 750 students answered a self-reported questionnaire. 255 students were identified with the risk factors and divided in 3 risk groups based on which interventions was given to them (booklet, Diet, physical activity) over a period of three months. Descriptive and Inferential statistics were used to analyze the data.

Results: It was observed that the scores in the post test of the students had improved markedly in all the areas of CAD after the RFMP. It was seen that there was a significant improvement in the knowledge and practice scores of the high risk group adolescents due to the use of information booklet and the RFMP hence proving its effectiveness.

Conclusion: The RFMP & booklet was helpful in creating awareness among the students regarding CAD and its preventive measures and is an effective method in spreading of information among the students.

Audience Take Away:

- As per the World Health Organization, Coronary Vascular Disease (CVDs) are the number one cause of death globally: more people die annually from CVDs than from any other cause. As per AHA statistical update, American Heart Association, (2015) i.e. heart disease and stroke statistics – 2015 update, A report from American Heart Association The most up-to-date data on national prevalence of ideal, intermediate, and poor levels of each of the seven cardiovascular health metrics are shown for adolescents and teens 12 to 19 years of age and for adults ≥ 20 years of age. The primary prevention for the disease should start from the early stage
- This study will help the audience to understand the need of the hour and create awareness among the students so that early precautions can be taken and the disease can be prevented. Students would face difficulty in understanding the pathology of a disease condition if taught in traditional lecture method. Also it will be difficult to gain their attention and make them realize the severity of the condition
- Different teaching learning methodology can be developed so that it is easy for the students to understand and awareness can be created among them about CAD
- This research can help to prepare younger generation so that they will take prevention from diseases by early primary care. RFMP can be studied further and made part of the basic education curriculum

Biography:

Dr. Shobha Gaikwad studied BSc in nursing, MSc in Nursing, MA in Sociology and PhD in Nursing from SNDT Women's University India. She works as Professor in SNDT Women's University. She has total 28 years of experience. She has also been awarded Fellowship in ISQUA Ireland. She is NABH assessor in India. She is PhD guide and MSc Nursing guide for research activities in SNDT and JJTU University. She is on Board of studies of SNDT University. She has got 5 awards for best research paper at various International and National conference. 4 students guided by her have received research awards at the University. She has published more than 35 research papers in reputed national and International journals.



M. J. Kumari

Jawaharlal Institute of Postgraduate Medical Education & Research, India

Compare the effect of wound healing and cost of dressing solution between citric acid and conventional method of dressing among the patients with diabetic foot ulcer in tertiary hospital

Background: Diabetic foot ulcers are sores or wounds on the foot and are often a strong indicator of advanced diabetes. Local application of citric acid is most effective in the treatment of various wounds, including diabetic wounds for which there are no alternative options available.

Objective: The study objective to compare the effect of wound healing and cost of dressing solution between citric acid and conventional method of dressing among the patients with diabetic foot ulcer in a tertiary hospital in India.

Methods: Totally, 120 Patients with diabetic foot ulcer were recruited for the study. The researcher had chosen the first sixty patients for conventional method of dressing after that next sixty patients allotted for 3% citric acid dressing. The pre assessment was carried out before applied dressing the wound status was assessed on 1st day and post assessment was done on 8th day, 15th day and 22nd day for both groups. The clinical data were gathered by using the interview method in regional language and some clinical data collected from patients' case sheet. For assessing the wound, the Modified Bates Jensen's Wound Assessment tool was used.

Results: The wound healing status was much better among the patients who received citric acid dressing than patients who received conventional dressing that was 53 patients in the citric acid dressing and 26 patients in the conventional dressing group had mild level wound - almost double the time. The significant 'p' value inferred that the difference in improvement in wound healing status among the patients in the citric acid dressing and conventional dressing groups after the intervention was statistically significant ($p < 0.0001$).

Conclusion: The health care providers used citric acid solution for dressing it will reduce the cost of dressing and reduce economic burden to the patient.

Biography:

Dr. M. J. Kumari has 22 years of teaching experience and 15 years of PG teaching & research experience. She obtained Undergraduate in 1995, Postgraduation in 2002, M.Phil 2005 and Ph.D. in Nursing 2016. She has published 33 research manuscripts in international and national indexed journals. She is an Editorial Board member in National & International journals. She is a guide and Co-guide for UG, PG and Ph.D. students. She awarded Best educationist award, Teaching & Research excellence Award and Dr.A.P.J. Abdul Kalam Life Time Achievement National Award. She involved as Resource person & presented papers in various international & national conference. She holds various position in research & academic activities in JIPMER and other Government & private institutes.



Mwanahamisi Ally Mvimba

Muhimbili referral national hospital, United Republic of Tanzania

Factors contributing sepsis to children under sixteen years admitted at pediatric burn unit in Muhimbili national hospital

Introduction: Over the years, survival in pediatric burns with sepsis has improved worldwide. However, burn wound infection and sepsis in Tanzania is still the most significant factors causing mortality in pediatric burn patients. The aim of this study was to determine factors contributing to sepsis among burn patients under sixteen years admitted at pediatric burn unit in Muhimbili national hospital.

Methodology: This study was a descriptive cross-sectional quantitative methodology. Simple random sampling technique was used to identify participants. The researcher administered questionnaire which addressed mainly demographic information, causes of sepsis and factors contributing to sepsis was administered to mothers/guardian of the burned children aged 16 years old and below. Data was analyzed using SPSS computer software program. The targeted population was consisting of all parents/guardian with children.

Results: Majority of the participants in this study 107(89%) were female while male were 14(11.38%). Most of the participants 91(73.98%) were between 20-30 years, 29(23.58%) were between 31 to 40 years and the minority 3(2.44%) aged between 41-50 years. On the other hand majority of the children aged 1 month to 4 years 95 (77.24%) and the minority 1(0.1%) were 5 to 10 years. Factors contributed to burn wound sepsis were categorized in three groups: that included extent of burn injury, medication given at home and delay of the children to start management. For the extent of burn injury it was found that majority of children who expected to developed sepsis 61(49.59%) had partial thickness burn followed by those who have mixed of deep and superficial burn 47(38.21%) and the minority group 15(12.20%) were those who had full thickness of burn. Most children were treated at home before hospitalization (105(85.37%) with local medicine including honey, rabbit fur, water and sugar 13(10.57%) were provided with antibiotics and small group 4(3.25%) were treated with herbal medicines. The results indicate that majority of children who delayed for one week 110(89.43%) developed sepsis compared to those who delayed for two weeks 8(6.50%), three weeks 3 (2.44%), and those who delayed for one month 1 (0.81%).

Conclusion: Sepsis in pediatric burn patient can be prevented if preventive measures could be taken at early and on treatment as health care provider do not treat sepsis as a general population children there so special and very sensitive.

KEYNOTE FORUM

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2

SINGAPORE NURSING RESEARCH CONFERENCE 2021

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NURSING 2021



Elvessa Narvasa

Canadian Council of Cardiovascular Nurses Montreal, Canada

Embracing a growth mindset in the age of medical robots

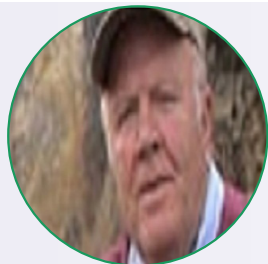
As new discoveries are being made on a daily basis, medical technology is experiencing advancements in robotic applications. These intelligent machines will progressively become part of our hospitals technological evolution and medical staff. Henceforth, NURSES will inevitably need to work closely with 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 received Master of Science in Nursing, Montreal University and PH.D(c) U.S. Certified Critical Care Nurse. Her experiences include ICU-CCU Head Nurse Sta. Cabrini Hosp. Montreal; Cardiac Surgery ICU staff, New Jersey, USA. PACU/OR Nurse Manager, MRH, Montreal; Co-President Quality Assurance. She is a Team Leader of Hospital Accreditation, Writing Exam for Cardiovascular Certification-Canadian Nurses Association. She is In-service educator at ICU-CCU; Med, Surgical Unit; PACU/OR; Invited Nurse educator of different hospitals; and Faculty of School of Nursing as well as Public Health Nurses Association. She is Organizing Committee for Canadian Council of Cardiovascular Nurses; International Society of Pituitary Surgeons; Montreal University Multidisciplinary Perioperative Medicine. She is an Invited Speaker of Quebec Intensive Care Association, Keynote speaker and Honourable Chief Guest of different International and World nursing Conferences; 2019 International RFCCN, SAARC, Critical Care Society.



Stuart Mott

Clinic, Inc - Albany, USA

Advance cannulation techniques for nurse, techs and patients

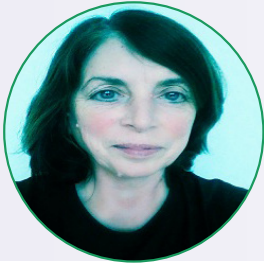
A major hurdle for patients choosing Home Hemodialysis (HHD) modality is the anxiety associated with self-cannulation. Tap Cannulation is a teaching method that reduces the fear and pain of self-cannulation for patients who are beginning to use an arterio-venous fistula (AVF) or graft. Tandem Hand Cannulation technique helps patients learn to self-cannulate by placing their hand over the nurse's hand for close visual and tactile observation of the needle insertion. The hands are reversed for the patient's first few self-cannulation experiences. Touch Cannulation is part of the training process which involves holding the needle 2 or 3 inches behind the wings for better control and improved sensitivity for the cannulator.

Retraining staff in advanced cannulation techniques will improve patient outcomes, increase the life of fistulas, and reduce the pain and expense of vascular access complications. Cushion Cannulation is a simple change in the position of the cannulator and the patient's arm that reduces the frequency of infiltrations during needle insertion. The Tear Drop Technique draws the needle into the access with less damage to the skin during insertion. Hubbing the needle is poor technique when the needle is placed too deeply that causes an indented buttonhole. Sidebar Technique is used when a fistula has a raised aneurysm at the AVF which has been demonstrated to reduce the size of the aneurysm over time without surgical intervention.

Biography:

Stuart Mott, LPN, is a cannulation expert who specializes in the patient's experience of dialysis needles. He has been a dialysis nurse for more than 20 years, working with patients who have had acute and chronic dialysis, and spent more than 6 years as a traveling nurse to multiple states. Since 2005, he has been a vascular access nurse, and has developed several unique approaches. Stuart has spoken at multiple conventions, acute units, and in-center teaching in-services through out United States, and has published articles in the Nephrology Nursing Journal. He is a board member of ESRD Network 12 and works with the Fistula First Breakthrough Initiative as an advisor.

He had professional memberships and committee memberships in American Nephrology Nurses Association (ANNA), Council of Nephrology Nurses & Technicians (CNNT), Council of Nephrology Nurses & Technicians (CNNT), Home Therapies Specialty Practice Network (AMMA), Heartland Kidney Network 12, Medical Review, a board member, Fistula First Coalition, Patient Self-Cannulation Change Work Group and Home Therapies Specialty Practice Network (ANNA).



Sofica Bistriceanu

Academic Medical Unit – CMI, Romania

Management insights for devastating time caused by the loss of loved ones

Background: Our varied emotional life changes the functioning of systems composing our body, according to its value. The insights into management accounting the mental activity disaster caused by the death of loved ones, and then smart decisions, partnering with key persons for the improvement model to scale down the effects of such devastating life moments, represent a priority for us.

Aim: To reveal the loss of loved ones effects on their relatives, dear ones, and how we can balance them.

Material & Method: Qualitative study performed by the author into community, 1984-2019, referring to the people passing away impact on the community members; the relevant data including 24 individuals affected by definitive separation from their loved ones who passed away, used for analysis.

Findings: During, and after the time of loved ones loss, the people in their 2-3 life decades reported heart arrhythmia symptoms, those in their 4-5 life decades experienced depression, hypertension, endocrine disorders such as thyroid illness, type 2 diabetes, Cushing disease, and obesity. The people in their 6-8 life decades registered with advanced circulatory system diseases, more depression; some of them died 6 weeks to 6 months later.

Action taken: The physician dealt the situation using drugs, behaviour change information. She suggested to their families, community members more attention for the verbal and nonverbal communication with the patients. The doctor advocate for the refinement into collaborative framework, taking into account the patients' preferences for the group therapy or solitude, not exceeding.

Results: The behaviour change, suitable drugs, communication skills enhanced the clinical outcomes in 6 to 18 or 24 months, according to the initial emotional tension magnitude, individual's vulnerability.

Conclusion: The medical team, community members have to pay attention to desperate life moments for the people who lost their loved ones. The use of the drugs, kind words, attitudes, compassion, behaviour change with regard to their preferences for this life episode ameliorate its damage on the human existence.

Implication: Each community member will experience soon or later definitive separation from his/her loved ones. We must rarefy the destructive power of such critical life moments, to remain minimal mental, physical injuries. The alliance for designing a model to ameliorate our vulnerability in front of such unplanned situations, represents our devotion in the end.

Biography:

Dr. Sofica Bistriceanu, PhD is a Family Physician and the representative of Academic Medical Unit – CMI Romania. She is working using the medical home model, private practice, and contractual relationships with the National Health System, assuring the continuity of care in Medical Centres after the daily program of her colleagues working with a team composed by 5 to 7 family physicians for each Medical Centre.

SPEAKERS | DAY
2

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Chengmao Zhou

Southeast University, China

Application of machine learning in perioperative and postoperative analgesia

At present, we have entered the fourth industrial revolution. Data and information intelligence endow modern medicine with new mission and ability. Similarly, artificial intelligence, led by machine learning, is bringing new strength and changes to our perioperative medicine. Therefore, we mainly discuss the application of machine learning in perioperative medicine and the role of postoperative analgesia.

First of all, it is necessary to build a multi-center perioperative database of important related diseases, which is convenient to promote medical data and information intelligence. Then, around the multi-modal data information of patients during perioperative period, the patients were comprehensively quantified and accurately evaluated, and the patients' vital signs during operation were monitored and regulated statically and dynamically. At the same time, the patients were individually and accurately managed for postoperative analgesia and early rehabilitation. Finally, we can verify various algorithms and study specific mechanisms by collecting patients' multimodal data, and form standardized and standardized intelligent diagnosis and treatment technical solutions and medical products.

The expected results of the application of machine learning in perioperative medicine:

1. Establish a standardized and standardized database center for perioperative related diseases
2. Form standardized and standardized intelligent medical products, and the medical digital economy will provide new kinetic energy for sustained economic recovery
3. Provide intelligent services for the perioperative population, improve the efficiency and effect of diagnosis and treatment

Biography:

Chengmao Zhou is a doctor of southeast university medical school. He is also the leader and chief researcher of Big Data and Artificial Intelligence in the Department of Anesthesiology, Pain and Perioperative Medicine of the First Affiliated Hospital of Zhengzhou University. Main research interests: machine learning related anesthesia and perioperative application research and mechanism research. He has published more than 21 research articles in SCI(E) journals. He is also a reviewer of 15 SCI journals in the fields of anesthesiology, oncology and pharmacology. In addition, he has been supported by many provincial and municipal projects.



Theyamma Joseph

Mar Sleeva College of Nursing, India

Effectiveness of a structured teaching program on knowledge and practice regarding prevention of type 2 diabetes mellitus among adolescents in selected schools of Kerala

Background: Type 2 Diabetes Mellitus (T2DM) is a global epidemic which has looming implications for youth. This study was undertaken

- i. To assess and compare the knowledge and lifestyle practice related to prevention of T2DM,
- ii. To find the relationship between knowledge and lifestyle practice,
- iii. To compare the knowledge and lifestyle practice in urban and rural areas and
- iv. To find the association between pretest knowledge and lifestyle practice related to prevention of T2DM with selected variables among adolescents attending selected schools in Kerala.

The study aimed to empower adolescents with knowledge to prevent T2DM by adopting a healthy lifestyle based on Health Belief Model (HBM).

Methods: Experimental study with pretest posttest control experimental groups by quantitative approach was designed. Multistage stratified random sampling was used to select 975 adolescents, studying in 9th standard of 18 selected schools from two districts, who were assigned to control and experimental groups respectively. Instrument included pretested, validated questionnaire to assess knowledge and lifestyle inclusive of food habits and activity patterns, bio-physiological and demographic profile and structured teaching program (STP) on T2DM. Ethical clearance, administrative permissions, consent from Principal and assent from adolescents were obtained before pretest, followed by STP to experimental group. Posttest was given after 30 days to both groups. Data was analyzed using SPSS v.18.

Results: Knowledge about risk factors (87.7%) was high while complications (43.53%) least. The mean knowledge score was (pre 7.89 ± 2.08, 8.21 ± 2.14 post) was high among experimental than control (pre 7.64 ± 2.11; post 7.78 ± 2.43). Experimental group had significant gain in knowledge score ($t = -3.064, p < 0.002$) after STP on DM. Rural subjects were better informed than urban ($p < 0.001$). Lifestyle assessment found unhealthy food habits were similar in both groups on pretest. Unhealthy food habits reduced (48.92 ± 6.59) significantly ($p < 0.001$) while healthy food habits (30.44 ± 7.20) remained stable ($p > 0.05$) after STP in experimental group. Adolescents (72% control & 56.2% experimental) reported physical activity < 30 min/day and screen time < 1 hour/day (5.2% control & 7.3% experimental) and < 2 hours/day (2.4% Control & 5.2% Experimental). Majority (42.5%) spend > 4 hours while 45.7% spend < 10 hours on sedentary pursuits from control; whereas from experimental group 35.6% spend 10 hours/day and 31.9% spend 24 hours/day for sedentary hobbies. Watching TV, using mobile and computer were the activities majority adolescents enjoyed. Lifestyle showed significant difference ($p < 0.001$) on unhealthy food habits, healthy activities, and sedentary activities during holidays among subjects in experimental group after intervention. Lifestyle showed association with income, religion and maternal occupation in experimental group and birth order in control group. WHR values reduced significantly ($p < 0.001$) in experimental group after intervention; with control group from rural area

showing similar result ($p < 0.001$).

Conclusion: The perceived possibility of prevention of T2DM had fetched significant changes in lifestyle among adolescents in accordance with HBM. Findings appeals early childhood intervention as obviously nearly 50% of subjects had visceral obesity which is only tip of the iceberg.

Take away notes:

- The study details on the results of a structured teaching intervention on knowledge and practices related to prevention of type 2 diabetes mellitus among healthy adolescents attending high schools.
- How the audience will be able to use what they learn?

Type 2 diabetes mellitus is a global epidemic affecting every 11th person across the globe. The onset is insidious and often goes unnoticed until complications manifest as one of the vascular events like MI, stroke, CRF or blindness. Once developed there is no permanent cure but can only be kept under control with diet, exercise and medicines. Being a lifestyle disease that can be prevented or delayed by modifying lifestyle at an early age of adolescence before risk factors manifest.

- The study will help the audience to apply the results in implementing preventive health promotion.
- The study findings are useful to expand the research in to early childhood and their parents to find a solution for prevention of type 2 diabetes and thus reduce heavy disease burden in young adulthood.
- Reducing the incidence or delaying the occurrence of T2DM will have significant effect on the health of the young adults, reduction of premature death owing to complications, wellbeing of citizens and productivity and economy of the nation.

Biography:

Theyamma Joseph began her career as a staff nurse in medical college hospital after her GNM certification and continued her journey to complete PC BSc at AIIMS, New Delhi and MSc in Medical Surgical Nursing at PGIMER, Chandigarh securing first rank in all three programs. She received her PhD in 2017 from RGUHS, Bangalore under INC Consortium. Her nursing experience is diverse from clinical nursing, to teaching, administration and research. Currently she works as Principal at Mar Sleeva College of Nursing Pala, Kerala, India. She has overseas experience from Oman and Philadelphia besides from India. She has presented scientific papers and published articles.



Marvin Jay C. Salvador*, Lyron James S. Guemo, Jenevieve Mae A. Ruiz

De La Salle Medical and Health Sciences Institute, Philippines

Effects of superhero splint distraction technique in the level of pain among pediatric clients during intravenous insertion

Background of the Study: Intravenous cannula insertion is one of the most common medical procedure and source of pain in hospitalized children. It is a painful procedure that has been associated with increased levels of distress in children and 60% of children reported a fear of needles (Taddio, Thivakaran, Jamal, Parikh, Smart & Katz, 2012).

Objectives: Evaluate the effectiveness of Superhero Splint Distraction Technique during intravenous insertion in children and to determine the profile of the respondents.

Basic Procedure: The respondents of the study are limited to twenty-four pediatric clients confined in the emergency room of Pagamutan ng Dasmarinas aging three to six years old who underwent intravenous insertion for the first time. The respondents are divided into two groups, the comparison and the treatment group. The first-mentioned underwent standard routine procedure while the second group underwent Superhero Splint Distraction Technique.

The significant difference in the level of pain experienced by pediatric clients during Intravenous Insertion after the application of Superhero Splint Distraction Technique showed that the t value of 12.29 is significantly different at 0.05 level of significance using 22 degrees of freedom.

General Conclusion: There is significant difference in the level of pain between the comparison and treatment group. Therefore, hospitals in the Philippines may use the results of this study by creating new guidelines and policies for intravenous insertion which may turn into a less traumatic experience.

Audience Take Away:

- There are various methods of distraction techniques and the benefits of distraction techniques during intravenous insertion among pediatric clients. Nonpharmacologic interventions is given emphasis to this presentation during intravenous insertion to improve the standard of care provided to pediatric clients
- This presentation provides an avenue for nurses around the world to learn technique that is very beneficial to them in the conduct of care to their patients through decreasing their client's pain response to IV insertion, improve their technique and reassure the parents that the children will feel comfortable during IV insertion
- Hospitals around the world may use the results of this study by creating new guidelines and policies for intravenous insertion. By incorporating the Superhero Splint Distraction Technique as well as adopting other distraction techniques, the pain experienced by children during intravenous insertion may turn into a less traumatic experience. Also, nurses will be able to have active role in updating the policies and guidelines for intravenous insertion by strengthening the in-service training program and incorporating the result of the evidence-based practice in intravenous administration like the use of the Superhero Splint Distraction Technique may open an avenue for more discoveries for patient comfort and satisfaction

Biography:

Marvin Jay C. Salvador studied Bachelor of Science in Nursing at De La Salle Medical and Health Sciences Institute and graduated in 2020. He received several awards such as Academic Top 4 of their batch and best nursing research award. He then competes with other colleges with their study and successfully win the first place of best presenter during 13th Student Nursing Research Competition at Center of Academic Health Sciences Research De La Salle Medical and Health Sciences Institute.



Sripriya Gopalkrishnan

Sadhu Vaswani College of Nursing, India

Faculty and student perception of cultural competence and its implication in nursing research

Cultural competence is essential for nurses. Nursing Faculty must demonstrate the effective application of knowledge, skills and attitudes to practice safely and effectively to the students. Cultural competence in research is necessary to ensure ethically safe and culturally relevant research is carried out. This mixed methods study was to assess the effect of cultural competence training on self-assessment of nursing faculty and students as well as explore their perceptions regarding cultural competence and its implications in nursing research. A convenience sample of 29 nursing faculty and 20 postgraduate students was included. Focus group discussion and structured questionnaire was used to assess the perception and knowledge respectively. Cultural competency training curriculum was developed to meet specified goals of understanding culturally competent care and implications in nursing research. A two hour teaching intervention was conducted for faculty and student's related to cultural competence and its implication in nursing research. Participants completed the Cultural competence self-assessment checklist before and after the training. An increase in the cultural competence self-assessment score was observed after cultural competence training ($P < 0.05$). The participants were divided into four groups for Focus group discussions. Separate groups were made students and faculty. Common themes emerging from Focus group discussions were effective communication. Barriers to cultural competence, Inclusion in curriculum, supervised practice, participant issues in research and resources available. A critical examination of the nursing research curriculum is required to enhance adequacy of content in terms of inclusion of Cultural competency and cross cultural study methods. Nurses need to be culturally competent, i.e. demonstrate the effective application of knowledge, skills and attitudes to practice safely and effectively in a multicultural society.

Biography:

Dr. Sripriya Gopalkrishnan graduated from SNDT university, Mumbai in 1990 and completed M Sc in Medical surgical nursing with super specialization in Oncology nursing from CMC college of Nursing, Vellore. She received her PhD degree in 2009 from Bharati Vidyapeeth university, Pune. With over 25 years of experience as an academician, she is passionate about research and is involved in teaching research to postgraduate and doctorate students. She has published over 30 papers.



Subhash Chandra Sharma

SKIMHS&R Nursing College, India

Challenges in nursing research

Nursing research dates back to Florence Nightingale era followed by slow acceptance. Earlier researches were mainly in Nursing Education and administration. In the era of 1950's Nursing Research was accepted as part of professional Nursing. 1970 onwards was the period of clinical practice. Research process is an attempt to gain new knowledge through scientific method of systematic investigation. Most of the results of nursing research are never adopted due to inconclusive results, non-communication of findings and failure to experiment with findings. Nursing research is a vital component to the health care field; helps implement new changes in the life long care of individuals and is used to develop treatments that provide the most optimum level of care. It focuses on developing and promoting high levels of standards in the following areas: high quality management of patients during long term illnesses; developing advancements that aid patients in recovery; developing standards that help reduce the numbers of disease in the community; promoting healthy lifestyles and preventing the onset of preventable diseases and illnesses; helping to install techniques and treatments that increase the quality of life in patients with degenerative diseases; easing the transition for those who are facing the end of life; encompasses a holistic approach; views the treatment of the patient, family members, and caregivers as a whole; focuses on the whole community involved in the patient's care, there is a greater level of effectiveness when new techniques are implemented; by utilizing holistic approach, quality of care is enhanced; the health field makes significant advances every day; as science unfolds and expands man's concept of the boundaries of medicine, we can expect that this will cause considerable and important leaps in the area of health and treatments; these new changes will continue to be implemented and developed into therapies and treatments that will ultimately bring faster healing and better quality of life to the patients who need them most; these therapies are not only for the bettering of the patient, but also for the community as a whole; scientific progress and discovery means less disease, fewer illnesses, more vaccines, and a better quality of life for the community as a whole. The need of the hour is to emphasise on clinical research. The positive reason is it being a part of everyday work, sense of personal satisfaction, easy access to patient care and eventually improves the health care. The reasons for lack of clinical research are too busy attitude, academic training not geared towards theoretical conception, importance not learnt and understood, lack of confidence, ethics are frightening, lack of motivation in hierarchy and finally lack of time and funds. Challenges facing nursing research are choosing the right topic and methodology, assembling the research team, finding research participants, getting institution to participate, staying motivated and working the plan and dealing with data. Challenges in real life nursing research are permission, funding, logistics, random events, recruitment, confidentiality, roles and boundaries, complaints, dissemination and translation of findings into practice.

Biography:

Subhash Chandra Sharma an aluminous of CON Ahmdabad (1982), MN (1986) and MPhil 1990 from RAK CON Delhi and PhD (1994) from University of Rajasthan. Administrative and Lecturer teaching profile include and Principal at SON & CON in Rajasthan and Haryana and Associate Professor Community Medicine and Registrar at SIHFW Rajasthan. He is a PhD guide and examiner at IGNOU and JJT University, three papers presented at International level. He was awarded special recognition award for significance in international research 1991 life time achievement award by TNAI Rajasthan state branch 2018 and Rajasthan Pvt Nursing association 2019. He is presently Director and Professor of SKIMHS&R Nursing College Jaipur.

Sanele Nene

University of Johannesburg, South Africa

Nurse Managers experiences of their leadership roles in a specific mining primary healthcare service in the West Rand

Introduction: Leadership role is the leader's ability to influence followers to move in the right direction and to achieve shared organisational goals. The World Health Organisation's (WHO) sustainable development goal number three, affirms that PHC nurse managers play a critical leadership role in ensuring healthy lives and well-being for all.

Problem statement: The researcher has observed that nurse managers in this specific mining PHC service demonstrates: Lack of understanding of their leadership roles, which is leading by example, effective communication of the vision, empowerment, transferring enthusiasm, assertiveness and building relationships (Jooste, 2014: 243). Mining leadership is highly characterized by a "do what I tell you" leadership (directive) style, and therefore many leaders fall short of their roles and responsibilities (Pederson, 2015: 1; and Ayers, 2017: n.p).

Research purpose and objectives: To explore and describe the nurse managers' experiences of their leadership roles in a specific mining PHC service in the West Rand; and To develop recommendations to enhance the nurse managers' leadership roles in this specific mining PHC service.

Research methodology: A qualitative, exploratory, descriptive and contextual design was used to understand the nurse managers' experiences of their leadership roles in a specific mining PHC service in the West Rand.

Population: The population of this study was the nurse managers in a mining PHC service in the West Rand, and comprised of the nurse managers who were willing to participate in the study.

Data collection: Data was collected using in-depth phenomenological individual interviews. In addition, the researcher took field notes, which was the non-verbal responses which demonstrated emotions involved during data collection.

Data analysis: In this study, a qualitative data analysis following a phenomenological approach using Giorgi's 4 steps (2012: 5-6) of descriptive analysis was used to analyse the data. The researcher and the independent coder had a meeting and discussed the findings, then reached the consensus about the central theme and sub-themes that emanated from data collected.

Conclusion: This study can be used: As an empowerment tool for nurse managers in their leadership roles; and to facilitate the continuing professional development of nurse managers on leadership roles.

POSTERS

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2

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Krutika Shaikh

King Saud Bin Abdul Aziz University for Health Sciences, Saudi Arabia

Perception of nursing students of basic sciences courses in King Saud Bin Abdul Aziz University for Health Sciences

Background: There was enormous research and discussion done to assess whether the nursing curriculum is well defined, modelled to adequately equip students with the bioscience knowledge they require for efficient clinical practice. In Saudi Arabia, bioscience subjects are generally taught by specialists, in a common department external to the nursing department. The bioscience subjects in pre-registration nursing programs are taught mainly within the common basic science program during the first 18 months of the nursing program, followed by specialist clinical nursing components. The study is designed to investigate the perceptions that nursing students and nursing graduates in the College of Nursing at King Saud Bin Abdul-Aziz university for Health Science have in relation to bioscience subjects offered in the nursing curriculum and its integration to nursing practice

Design: The study employed a cross-sectional design using online survey.

Methods: The survey was conducted in Saudi Arabia involving (i) second year (ii) third year and (iii) fourth year nursing students as well as (iv) nursing graduates. Participants were asked to respond to a range of questions around their perception of bioscience subjects. A total of 167 participants were in the study (N=167) with a response rate of 46.7%.

Results: Findings indicated that 51% of the participants perceived that an understanding of bioscience subjects forms the foundation of nursing practice. While only 37% were comfortable with the content and detail taught in bioscience subjects; 44% thought that they would prefer to have a better knowledge of bioscience than what they have at present and 41% thought with their current knowledge of bioscience they will be able to explain the biologic basis of nursing decisions. The respondents were in agreement that bioscience subjects were difficult and that they spent more time studying bioscience subjects than nursing subjects 41% and 52 % respectively. Only 36% of participants thought that the learning strategies used in bioscience subjects were efficient and 33% indicated that nursing lecturers rather than bioscience lecturers should be teaching the bioscience subjects. Further, 51% stated that it would assist their understanding of bioscience subjects if nursing lecturers related more to bioscience when teaching nursing courses. In regards to the support offered by the University to facilitate the learning process of biosciences subjects only 33% of respondents were in agreement that it was adequate.

Conclusion: Existing consensus clearly values the delivery of bioscience subjects as an initial and ongoing priority of learning throughout the undergraduate nursing program.

Relevance to practice: Improving the ways in which students learn bioscience subjects will impact on nursing practice, with the potential to improve patient care.

Biography:

Krutika Shaikh, graduated in 1995 M.B.B.S, From B.L.D.E.A .S Medical College, Hospital and Research Center. Karnataka University, Dharwad. In 2006 she completed Master of Surgery, Human Anatomy, Topiwala National Medical College Mumbai, University of Mumbai. From 1999-2005 she joined as lecturer in Department Of Anatomy, Topiwala National Medical College, Mumbai. In 2008 she joined as lecturer in College of Nursing, King Saud University of Health Sciences, Jeddah. At present she is a lecturer in Basic science Department affiliated to King Saud Bin Abdul Aziz university for health science Jeddah.



Machiko Higuchi

National Center for Global Health and Medicine, Japan

Perceptions and behavioural risk factors related to Non-Communicable Diseases (NCDs) among impoverished people in urban Vietnam

Non-communicable diseases (NCDs) are an emergent health hazard worldwide. Cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes are the four main NCDs that contribute to premature death and high healthcare expenditure (WHO, 2018). Thus, the high prevalence of NCDs in developing and middle-income countries has an adverse effect on the socio-economic development of these countries. The World Health Organization has expressed deep concern over the need to reduce the mortality rates of NCDs by up to 25%. This is because the ratio of the population in urban areas of Asia and Africa has increased from 54% in 2014 to 70% in 2015 (World Food Repost, 2017), leading to widening economic disparity in the population. Most of these diseases can be prevented by strict public health policies and appropriate interventions targeting a reduction in the risk factors such as unhealthy dietary practices, physical inactivity, and the use of alcohol or tobacco (WHO, 2018). In Vietnam, NCDs account for more than 3% of all deaths, with one in five individuals dying prematurely from NCDs (WHO, 2018). Accordingly, literature reviews have been conducted to determine the outcomes of research related to NCDs in Vietnam and other low- middle income developing countries.

According to the 2012 health statistics, NCDs were responsible for all top five causes of death in hospitals. In Vietnam, 78% of all deaths are attributable to NCDs (Ministry of Health, 2013), hindering both public health improvement and economic development (UN Interagency Taskforce, 2015). Vietnam has developed economically since the introduction of the Doi Moi policy in 1986. However, the widening economic disparities have an impact on the daily lives of people in urban areas. Although the Vietnam government has established a program for the prevention of NCDs, the current health services continue to be treatment- oriented (Hongfei, 2019). Additionally, 15 % of men drink alcohol and 47% smoke cigarettes (WHO, 2018).

Prevention of NCDs will continue to be a challenge unless the social determinants and context-specific behavioural risk factors that make people more vulnerable to NCDs are addressed. Therefore, more evidence-based studies need to be designed for appropriate interventions in the target population, which in turn demand an approach focused on context-specific factors rather than universal programs for prevention (Kleinman, 1980). However, there are hardly any studies that have explored the perceptions and behavioural risk factors pertaining to NCDs among the impoverished urban people in Vietnam. Consequently, further research on NCD prevention among impoverished people in Vietnam is recommended.

Biography:

Professor Machiko Higuchi studied at University of Colombo, Sri Lanka and graduated as PhD in 1998. Then she joined faculty of medicine at University of Okayama, Japan as an associate professor in 2000 and was promoted as a professor at University of Shizuoka in 2004. She has served as a professor at post graduate institution of National College of Nursing, National Center for Global Health and Medicine since 2007. She has been in charge of OJT (on the job training) for staff nursing and faculty members in Japan. She has published more than 50 research articles and 10 books.

Iman El Kiweri

King Saud Bin Abdul-Aziz University for Health Sciences, Saudi Arabia

Sleep patterns and sleeping disorders among low risk and high risk pregnant Saudi women: A comparative approach

Introduction: Scattered research evaluated sleep pattern as well as sleep disorders across pregnancy. However, sleep disorders remains under recognized in women of the Middle Eastern Arab population. Further, to our knowledge little is known about sleep and sleep disorders during pregnancy in Saudi Arabia. Thus, this study is designed to investigate sleep patterns and sleeping disorders among low risk and high risk pregnant, Saudi women.

Methods: A descriptive cross-sectional design was utilized. The study was conducted at King Khaled National Guard Hospital, King Abdul-Aziz Medical City Jeddah. A simple random stratified sample of total of N= 300 participants of which n=184 was low risk and n=116 was high risk pregnant women in the first, second and third trimesters of pregnancy were recruited. Data was collected using a self-administered questionnaire related to sleep patterns and sleep disorders.

Results: More than half of the studied sample was low risk (61.3%) while only (38.7%) were high risk. As regard to gestational age, (25%) of the studied sample were in early pregnancy between 5 to 19 weeks, (26.3 %) were between 20 to 28 weeks , (35.3%) were between 29 to 36 weeks while (13% were between 37 week to 42 weeks of pregnancy. As regards to the fetal presentation (84.3%) was cephalic, (12.3%) breech and (3.3%) shoulder presentation. The most common problems among the high risk pregnant women were gestational diabetes (16%), anaemia (6.7%), hypertension (2.3%), respiratory problems (3%), and urinary tract infection (2.3%) while (8.3%) complained from more than one health problem. There was no significant difference found regarding the number of hours slept during weekdays and weekends across pregnancy among the two groups. There was a significant difference in regards to the following causes of nocturnal awakening; nightmares $p=0.001$, restless legs $p=0.03$ and legs feeling hot and itchy $p=0.017$ among the two groups. It was found that the dozing mean score as measured by the Epworth sleepiness scale was highest in women who were 5 to 19 weeks pregnant (score of 8) that indicates higher normal daytime sleepiness as compared with women who were 37 to 42 weeks pregnant (score of 5) indicative of lower normal daytime sleepiness. As for symptoms of sleep apnea results indicated that (55%) never were awakened by choking while (42.67%) sometimes have awakened by choking. Result indicated that there was statistically significant difference between common sleeping problems and gestational age of pregnant women ($X^2 = 39.59$ $p \leq 0.05$). Moreover, the highest mean percentage of common sleeping problem was recorded for restless leg (34.33%) among high risk pregnant women and there was a significant difference between the two groups $p=0.030$. Conclusion: Physiological changes that occur during pregnancy may predispose women to exacerbation of pre-existing sleep disordered breathing or to the development of new diseases.



Sofica Bistriceanu

Academic Medical Unit –CMI, Romania

The effects of loved ones loss on vulnerable people

Background: Our feelings influence the function of all systems composing the human body; the reasoning power fills us with energy, according to its value. Best pondering of existence maintains wellbeing, and wrong consideration of things, events, circumstances makes us physically, mentally less vigorous, altering our health.

Aim: To reveal the inflected forms of diseases to be on the decline of vulnerable people, how too much suffering alters the individual interest, doings, life expectancy.

Material& Method: A qualitative study was performed by the author into community, 2018 to 2020, relating to the thinking power to settle the person's existence value.

Findings: In 2018, patient, 83, experienced the worst moments of his life caused by the death of his wife, and after six months, his daughter, 59.

Patient's medical history: duodenal ulcers, 1984; kidney stones, 1993.

Patient's family health history: mother, father: hypertension.

Actions were taken:

- In winter 2018, his nephew, 35, a lecturer at the Faculty of Medicine and his father invited him to their home, offering more emotional support.
- In April 2019, the patient returned home.
- On June 2019, his nurse notified oedema of lower limbs and informed his family doctor; she managed the hearth failure using drugs, behaviour change information. The doctor suggested more in –person or IT communication skills with dear persons; adjusted food intake, controlled daily activities, connection by phone, tablet with his loved ones improved the patient's health.
- Community members, patient's family continued to offer him emotional support in trouble time; his daily visits to the church ameliorated his suffering, but not enough to attain emotional equilibrium.
- In April 2020 he was admitted into private hospital for annual routine control; no new abnormalities were detected. At the end of October 2020, the patient's unintentional fall from a height of 3 feet landing on the ground [ladder accident] required transportation to the hospital, emergency ward; no bone fracture, blood abnormalities registered. He received suitable drugs, according to his data.
- Three weeks later, persistent bone pain involving the ribs, lumbar spine, and fatigue demanded additional investigations into hospital. This time, the findings of the blood tests revealed abnormalities including the proliferation of B cells

and the secretion of antibodies, anemia; skeletal radiography, computerized tomography [CT] , magnetic resonance imaging [MRI], detected lumbar vertebrae fissure, L4. Diagnosis of multiple myeloma noticed. During hospitalization, a pneumothorax appeared spontaneously and was successfully treated; biopsy specimen revealed the diagnosis of chondrosarcoma of the chest wall.

Results: in December 2020, the patient died in hospital.

Conclusion: Mental life governance for the individual functioning has to be considered in clinical practice. Persistent negative thoughts determined by the physical absence of the loved ones altered the heart, blood vessels function, immune system control relating to the proliferation of B cells and the secretion of antibodies, transformed cells that produce cartilage.

Discussion/ Implications: The people must be informed about the consequences of prolonged, disturbed mental life for the human body function. Persistent unhealthy thoughts' energy initiated by the loss of loved ones may alter the tight control of blood vessels, immune system. Proliferation of B cells and the secretion of antibodies appear when chromosomes 13,14, genes are altered. Gene translocation to chromosomes promotes antibody genes to overproduction. It is possible that persistent unsafe thoughts' energy to foster deletion of parts of chromosome 13, or chromosome 14 abnormalities as observed in 50%, 50% of cases of myeloma, finally appearing a proliferation of a plasma cell clone; genomic instability can command to further mutations and translocations. Bone tumors in evolution can lead to a spontaneous broken bone or the fracture facilitated by minor trauma; it can explain the pneumothorax registered to this patient. The selection of appropriate remedies for trouble time determined by the loss of dear ones may prevent or attenuate the individual's malfunction. It is our mission, in the end, to facilitate the best solutions to succeed over death of loved ones.

Biography:

Dr. Sofica Bistriceanu, PhD is a Family Physician and the representative of Academic Medical Unit – CMI Romania. She is working using the medical home model, private practice, and contractual relationships with the National Health System, assuring the continuity of care in Medical Centres after the daily program of her colleagues working with a team composed by 5 to 7 family physicians for each Medical Centre.

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2

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Measurement of organizational culture, at health personnel of health centers in the Island of Crete

Background: Organizations are characterized by distinct types of culture, which affect the quality and efficiency of services provided. Specifically, organizational culture has been positively associated with organizational performance that contribute to quality of services, such as medical and nursing care, job satisfaction, patient safety and change of administration process.

Methods: A cross-sectional design was employed to measure organizational culture. Five Health Centers were randomly selected out of a total of 11 Health Centers which are located in the prefectures of Heraklion and Rethimnon. The sample consisted of 77 health professionals 29.8% (23) were men and 70.1% (54) women. 32.4% were doctors, 35% were nurses and 32.4% other health professionals, such as social care workers, midwives and physiotherapists. In the current study, a Greek modified version of the organizational culture inventory (OCI), adapted with the permission of Human Synergistics International, was administered. The Greek modified version has been found to have satisfactory internal consistency, with Cronbach's α of the 12 culture styles of OCI[®] ranging from 0.665 to 0.914, while the overall OCI rated $\alpha=0.900$. Descriptive statistics were used to analyze the data. Unadjusted or raw total scores were converted into percentile scores for each of the twelve cultural styles. Comparison to a norming sample established the operating culture as well as cultural styles in Health Centers. Gap Analysis indicated areas for cultural change and improvement.

Results: The findings reveal that the operating culture of the 5 Health Centers is a combination of both aggressive – defensive (91stile) and pathetic – defensive organizational culture (85.5thile) whereas constructive culture is the least present (27.7thile). Members in the Primary Health Care level are predominantly encouraged to oppositional behavioral styles (98thile), closely followed by power and avoidance behavioral styles (97thile). The greatest gap in the current culture of primary health care organizations and the typical ideal culture was in the avoidance culture scoring higher (87%) than the typical ideal profile followed by conventional (80%) and power culture (80%).

Conclusions: Targeted interventions should be undertaken in order to decrease employees' Avoidance and Conventional behaviors and encourage specific Constructive behaviors such as Achievement and Humanistic, in order health care organizations operate efficiently and meet local health needs.

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Assuma Beevi MIMS College of Nursing, India	13
Bincy Reginold Oakton Community College, USA	20
Chengmao Zhou Southeast University, China	33
Dawn Orr NHS 24, United Kingdom	15
Elvessa Narvasa Canadian Council of Cardiovascular Nurses Montreal, Canada	29
Ievgeniia Burlaka Bogomolets National Medical University, Ukraine	22
Iman El Kiweri King Saud Bin Abdul-Aziz University For Health Sciences, Saudi Arabia	44
Katherine Anderson Rosselot Capella University, USA	18
Krutika Shaikh King Saud Bin Abdul Aziz University For Health Sciences, Saudi Arabia	42
Latiena Williams University of South Florida, United States	16
M. J. Kumari Jawaharlal Institute of Postgraduate Medical Education & Research, India	26
Machiko Higuchi National Center for Global Health and Medicine, Japan	43
Marjeta Logar Cucek University Clinical Centre Ljubljana, Slovenia	21
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Melanie Leach University of Texas Medical Branch, United States	17

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Patricia Burrell Hawaii Pacific University, USA	12
Sanele Nene University of Johannesburg, South Africa	40
Shobha Gaikwad S.N.D.T Women's University of Mumbai, India	24
Sofica Bistriceanu Academic Medical Unit – CMI, Romania	31, 45
Sripriya Gopalkrishnan Sadhu Vaswani College Of Nursing, India	38
Stuart Mott Clinic, Inc - Albany, USA	30
Subhash Chandra Sharma SKIMHS&R Nursing College, India	39
Theyamma Joseph Mar Sleeva College Of Nursing Pala, Cherpumkal, India	34



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