

WORLD NURSING SCIENCE CONFERENCE

September 11-12, 2023
Miami, Florida, USA

Venue:
Hilton Garden Inn
Miami Airport West,
Miami, Florida, USA

Hybrid (In-Person & Virtual)



EXHIBITOR
FIREFLY
TECHNOLOGIES

WMS 2023

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2023
WNSC

About Precision Global Conferences

Precision Global Conferences is a highly established scientific conference organizer. We take high integrity in conveying your achievements to the world and emphasize your incredible work and scientific contribution. Precision global conferences have developed the progression, broadcast, persistence, research, and development activities in cancer, neurology, and nursing science,

We support the beacon of quality research works and efforts of academicians, researchers, scientists, doctors, and all the future young to be experts to confide their outstanding works fearlessly. Our primary goal is to make health care accessible and understandable to people. We are ecstatic to pass on the ray of research, developments, and cutting-edge therapies worldwide. Hence, we are here to organize and conduct highly esteemed conferences.

This conference will emphasize the outstanding works and their medicinal consequences through hybrid presentations. If you're searching for a perfect podium that can reflect your professional ethics and voice your appointment, we are here with the best team, welcoming your honourable presence.

About WNSC

World Nursing Science Conference (WNSC 2023) will accentuate the ground-breaking spirit of enriching the nursing profession. The nursing conference presents the industry's most innovative studies and research to give researchers, medical professionals, and academicians the most recent and cutting-edge evidence for optimum healthcare practices and safety.

There are 27.9 million nurses worldwide who work in the workforce. First and foremost, we would like to express our profound gratitude to all the nurses, clinicians, and medical personnel for their contributions to the country's enduring struggle against COVID-19. For all the sacrifices made for society, we are all forever indebted.

Nursing science is the cornerstone foundation of the healthcare industry. Over the years, the demand for nursing kept rising to unprecedented proportions because of the concurrent nursing shortage necessitating nurses. Hence, it's crucial to discuss innovative advancements like monitoring outpatient therapy, highlighting professional status, and enhancing patient health and their experience in hospitals, to ensure the highest level of medical safety.

We are persuaded that all nursing professionals will find this seminar highly informative. We aim to fill the gaps in the current academic and scientific fields. Grab your seat quickly to participate in the conference's most crucial conversations to date.

SPEAKERS



Robin Adams Geiger
Clinician Advocacy at
Ingenovis Health
USA



Adele Webb
Executive Dean of Health-
care Initiatives at Strategic
Education, Inc
USA



Mustafa Z Younis
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**Victoria
Grimes-Holsinger**
Founder of Nursing Health
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Susan L. Montminy
Director of Risk Manage-
ment for Coverys
USA



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Thembelihle Sylvia
Patience Ngxongo
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University of Technology
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Youngmee Kim
Professor of Psychology,
University of Miami
USA



Mohannad Eid AbuRuz
Professor, Assistant Dean
and Chairman of the
Nursing Department at
Applied Science University
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SPEAKERS



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Vocal Advocate of Health & Safety Issues
India



Gitumoni Konwar
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Mohaya Farzin
Ph.D. Researcher Physiology
Iran



Kungeh Clement Gwe
Public health literacy
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Elsie Gyasi Kwofie
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Ilene Gottlieb
President/CEO Vibrational Healing From The Heart, Inc USA



Delgersuren Bold
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SPEAKERS



Hippolite O Amadi
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Senior Researcher, University College Absalon
Denmark



Maysoun Atoum
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USA

Welcome Message



Adele Webb

Capella University, United States

On behalf of the Scientific Committee, I take great pleasure in welcoming you to the World Nursing Science Conference here in the beautiful city of Miami. This year the conference will present the most innovative studies and research in the industry. We welcome your participation and are glad you chose to participate. While you are here, I sincerely hope that you take the opportunity to network, learn, share, and collaborate with international experts. All of us on the Scientific Committee would take great pleasure in meeting you in person and learning more about your amazing work.

I wish you an enjoyable and productive conference. I hope you enjoy your stay in this wonderful city and use pre- and post-conference times to enjoy the sites.

We are enthusiastic about your attendance and participation. Enjoy the conference!

EXHIBITOR

FIREFLY TECHNOLOGIES

OUR MISSION

Our mission is to bring the healing power of natural light to healthcare professionals. We believe that light therapy can be a safe, effective, and natural way to support your patients' overall health and well-being.

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- Reducing Wrinkles
- Increasing Injury Recovery Time
- Balancing Hormones
- Lowering Inflammation

WWSG 2023

DAY 1

KEYNOTE SPEAKERS





Compassion Fatigue: When Caring Too Much Has a Cost

Adele Webb, PhD, RN, FNAP, FAAN

Executive Dean of Healthcare Initiatives,
Alternative Learning | Strategic Education, Inc., USA

According to the American Nurses Association, 81% of nurses reported feeling exhausted, and 71% reported feeling overwhelmed in 2021. Working long shifts and addressing complex patient needs can cause emotional distress in nurses. According to the literature, nurses are reporting feeling exhausted and overwhelmed. Over time, these feelings can lead to compassion fatigue, defined as a condition in which the cumulative burden and stress of nursing practice cause individuals to lose their ability to nurture and empathize with their patients. The COVID-19 pandemic has helped create a perfect storm for compassion fatigue. Fatigue, in general, can affect an individual's mental and physical functions. In healthcare settings, fatigue can impair decision-making and slow responses to patients' needs, thereby compromising care. Left unaddressed, it can impact an individual's mental health and lead to post-traumatic stress disorder.

Biography

Adele Webb earned her Bachelor of Science in Nursing degree from the University of Akron, her Master's in Nursing from Ohio State University, and her Ph.D. in Nursing from Wayne State University. She began her nursing career as a NICU nurse and transitioned into the emergency room in a paediatric setting. In the early 1990s, Adele began focusing on HIV in underdeveloped countries. Over the last 25 years, Adele's focus has been on international nurse capacity building as it relates to both communicable and non-communicable diseases. She has received extensive funding for her international work and has published her findings in several refereed journals. She has contributed to WHO guidelines, testified to the Institute of Medicine, and given testimony to the White House on nursing workforce issues. A sought-after speaker on international nursing care issues, Adele continues to collaborate with the World Health Organization as well as the World NCD Congress. This work has resulted in Adele's contributions to nurse capacity building in 56 countries. In recognition of her body of work, Adele has received not only the Association of Nurses in AIDS Care Lifetime Achievement Award she has also received the Nicholas Andrew Cummings Award for Excellence in Interprofessional Practice from the National Academies of Practice. Adele is an International Council of Nurses Global Health Fellow, a Fellow in the National Academies of Practice, and a Fellow in the American Academy of Nursing.



Improving Healthcare Quality: Clinician Advocacy and Strengthening Resilience

Robin Geiger, DNP, MSN, FNP-BC, NEA-BC

Senior Vice President, Clinician Advocacy at Ingenovis Health, USA

The recent pandemic and current health crises allowed open vulnerabilities and visualization into an already fragile system of expecting super skills and dedication from nurses (clinicians) without full support of their needs. Nurses work through frequent, and often unrecognized, mental, and physical challenges as part of their dedication to the profession. This level of dedication can often create patients out of nurses, and unmet expectations from our initial view of what it means to be a nurse. It's vital to remind nurses and teach students, that self-care is equally important; it's essential (and ok) to ask for help when needed.

Health systems and executives must be proactive vs. reactive when providing support and transparency for existing and new nurses as part of their strategic plan and quality review process. Healthcare education programs should provide inclusive self-care and mental health awareness within nursing practicums. What is your advocacy role in improving healthcare quality through a resilient nursing workforce?

In this session, we will discuss resilience in nursing and frontline healthcare heroes, and why it's important. You will be challenged to recognize your current preparedness to care for patients or support nurses through internal and external stressors and challenges. There will be situational case presentations of unexpected and often unrecognized sources of stressors, in hopes of acknowledging and strengthening nurses for diverse care environments.

By the end of the session, you will be more familiar with varied sources of clinician stress, contributing lived experience/ trauma that may affect nursing care, and how to create/ advocate for support systems that build resilience. Strengthening clinicians by providing support systems will enable them to provide the best patient care to improve healthcare quality.

Biography

Dr. Geiger is the Senior Vice President, of Clinician Advocacy at Ingenovis Health. Ingenovis Health is the parent company to portfolio brands (Trustaff, Fastaff, U.S. Nursing Corporation, CardioSolution, HealthCare Support and VISTA Staffing Solutions). There she leads the ACT Program (Advocacy, Career, Tools) to provide nurses with the tools and resources they need to flourish, advance their careers, and foster their development. Dr. Geiger maintains clinical privileges as a Family Nurse Practitioner (FNP) co-founder/ owner of Ovita Health, PLLC, a concierge-based clinic, located in Gainesville, Florida. In her clinical role, she provides holistic family health, focused on mental and physical well-being, to the uninsured.

Dr. Geiger has an extensive nursing history. She has served as Associate Dean of Academic Affairs for National University, Vice President of Care & Clinical Services and Chief Privacy Officer for Muscular Dystrophy Association (MDA), and Head Nurse for Veterans Affairs Community Care. She is an Editor-In-Chief for Nursing Ethics and Policy and Nurse Practitioner Certification Review with StatPearls publisher. She has published articles, a book chapter, continuing education courses, and presented on multiple healthcare topics. She is passionate about clinician advocacy, health equity, and mentorship. Dr. Geiger lives in Florida with her family and enjoys travel, cooking, and painting.



Conscious Heart Connection & Ho'oponopono: Powerful Tools For Self-Care & Well-Being in the 21st Century

Ilene Gottlieb, RN, CHTP, CMI, CQP, CHP

President/CEO Vibrational Healing From The Heart, Inc, USA

The key to experiencing true happiness, success, overall well-being, and inner peace in your professional and personal life begins and ends with a conscious connection to your heart ... period! During these challenging times, self-care is a necessity to maintain overall health and well-being. Conscious Heart Connection is a simple, portable tool that assists us in releasing stress and promoting balance in all areas of our lives from a holistic perspective. When combined with Ho'oponopono, the ancient Hawaiian problem-solving process, you have formidable tools for transforming trauma on all levels. Our current healthcare system and our Nursing community need a way to heal that is simple and can create expanding benefits. Join Ilene as she shares how Conscious Heart Connection and Ho'oponopono can be the keys to your success in powerfully being present for your patients and colleagues, your families, manifesting your heart's desires, and transforming our Nursing profession and the environments where we serve.

Biography

Ilene Gottlieb, The Heart Healer, combines over 50 years in Nursing and 29 years in Vibrational Healing to create a holistic approach to clearing energy blocks and promoting healing. She helps an international clientele of heart-centered individuals and entrepreneurs who struggle with trauma, fear, self-sabotaging, negative thoughts or behaviours, and self-worth issues to experience inner peace, self-confidence, empowerment, and clarity about their soul's purpose. She received her Diploma in 1975 from the Hospital of the University of Pennsylvania School of Nursing, has several certifications in the field of vibrational healing and Ho'oponopono, and has published numerous articles on vibrational healing, Ho'oponopono, spirituality, and aromatherapy. As the Founder of The Heart Healers Ho'oponopono Community, Ilene's passion is sharing how to combine Conscious Heart Connection and Ho'oponopono, the ancient problem-solving process, as powerful tools for transforming personal, childhood, community, ancestral, and global trauma.

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DAY 1

ORAL SPEAKERS



Learning from Nursing Home Infection Prevention and Control Citations during the COVID-19 Pandemic

Sayuri Kelly* OTD, OTR

Division of Health Care Policy and Research, School of Medicine, University of Colorado Anschutz Medical Campus, USA



The devastating effects of coronavirus disease 2019 (COVID-19) highlight the critical need for effective infection prevention and control (IPC) practices in nursing homes. Nursing management and infection preventionists should be cognizant of the most common reasons underlying federal IPC citations during the pandemic. Analysis of IPC citation data from the first 7 months of the public health emergency identified that adherence to personal protective equipment (PPE) and mask use, appropriate transmission-based precautions, and hand hygiene were the most common reasons for COVID-19 related F880 citations, including those that placed a person at immediate risk for serious injury or death. More specific staff practices and other factors leading to a citation are also highlighted. Although nursing homes may have limited control over factors such as PPE supply and staffing resources, nursing management and infection preventionists can use these results to help ensure that operational mechanisms, staff training, and adherence monitoring efforts effectively address the areas most associated with COVID-19 IPC noncompliance.

Biography

Sayuri Kelly, OTD, OTR, is a senior research instructor at the University of Colorado Anschutz Medical Campus, Division of Health Care Policy, and Research. Dr. Kelly has 16 years of health services and policy research experience, emphasizing quality improvement in nursing homes. She serves as principal investigator on a CMS-funded project focused on the development, training, implementation, analysis, and refinement of the Long-Term Care Survey Process (LTCSP). Her other research activities include analyzing state requirements for LTC criminal background checks, examining consumer response to the Five Star Nursing Home Quality Rating system, and describing strategies for promoting consistent survey performance.

Leadership Behaviours, Attitudes, and Characteristics to Support a Culture of Safety

Susan L. Montminy* EdD MPA BSN RN CPHRM CPPS
Director of Risk Management for Coverys, USA



It has been estimated that medical errors are the third highest-ranking cause of death in the United States. A patient safety culture has been touted for many years as the best practice to reduce medical error. While there is a general agreement about its importance, it has remained elusive for many. This study sought to learn how strengthening leadership skills within a healthcare organization could catalyze patient safety culture improvement. The research asked the following to gain an appreciation for that question: How does a leader ensure consistency in policies, practices, and protocols to create a patient safety culture? What attitudes, beliefs, and collective efficacy are needed to produce a patient safety culture? What leadership characteristics are needed to create a patient safety culture? The research participants were the employees who make up the patient safety department in a large academic healthcare system. Information was gathered to capture their view of leadership's role in patient safety culture and to gain knowledge relative to their individual experiences following a medical error.

Biography

Susan Montminy is the Director of Risk Management for Coverys. Susan worked as a registered nurse and has held director-level positions in nursing, risk management, and quality; has provided oversight of clinical and employee health departments; and has served as a nurse investigator for the Rhode Island Department of the Attorney General. Her breadth of experience ranges from ambulatory care settings to academic health systems, which include hospitals, level-one trauma centers, behavioral health clinics, ambulatory surgical centers, and outpatient clinics. Susan received a doctoral degree focusing on organizational change and leadership from the University of Southern California. She has earned a Master of Public Administration, a Bachelor of Science in nursing, and a post-graduate Certificate in Occupational Health and Safety. In addition to her academic achievements, she has several professional certifications, including the Certified Professional In-Patient Safety, Master Team STEPPS Trainer, and a Certified Professional in Healthcare Risk Management. She has been professionally published and a guest speaker at numerous conferences. Throughout her career, Susan has received several awards for her untiring work in patient and employee safety, including the U.S. Food & Drug Administration (FDA) Center for Devices and Radiological Health's Director Special Citation, the Agency for Healthcare Research and Quality (AHRQ) citation for dedicated service to Patient Safety Improvement, and the American Association of Occupational Health Nurses (AAOHN) National Governmental Affairs Award.

Dyadic Neuroendocrine Regulation in Response to Acute Stress among Patients with Colorectal Cancer and Their Spousal Caregivers

Youngmee Kim*, PhD, Cooper Fellow
Professor, Department of Psychology, University of Miami, USA



Both adult cancer patients and their caregivers are vulnerable to neuroendocrine dysregulation, which has been associated with several morbidities and greater mortality. Less known is the degree to which individuals' affect regulation in response to acute stressors influences their own and their partner's daily neuroendocrine functioning.

Patients diagnosed with colorectal cancer (n=73, 54.6 years old, 35.2% female, 62.9% Hispanic) and their spouses underwent an experimental session together. Positive affect (PA) and negative affect (NA) were self-reported before and after the stress onset (affect reactivity), and again 12 months after the stress offset (affect recovery). Participants collected saliva samples for 7 days, from which cortisol was assayed and the diurnal slope was calculated.

Dyadic, time-lagged, multilevel modelling showed that patients' overall steeper cortisol decline was predicted by their caregivers' stronger PA recovery, whereas caregivers' was predicted by their own stronger PA recovery and their patients' stronger NA recovery ($b \geq 0.043$, $p \leq 0.049$). On a subsequent day, caregivers' steeper cortisol decline was predicted by their own stronger NA reactivity but weaker NA recovery, and their patients' weaker PA and stronger NA recovery ($|b| \geq 0.04$, $p \leq 0.034$).

Findings suggest one's own and partner's affective regulatory patterns impact one's neuroendocrine functioning. Investigation for the differential benefits of affect regulation for partners' neuroendocrine functioning is warranted to develop dyadic interventions to promote the health of cancer patients and caregivers.

Biography

Kim earned her Ph.D. in social and personality psychology from the University of Rochester and completed a postdoctoral fellowship in paediatric haematology/oncology and behavioural medicine at the University of Rochester School of Medicine. She is a professor of psychology at the University of Miami. She has served as Associate Editor of Quality-of-Life Research, Translational Behavioural Medicine, Psycho-Oncology, and Psychosomatic Medicine. Her work focuses on the various aspects of the quality of life of adult cancer survivors and their family members and close friends, and interpersonal and sociocultural processes involved in adjustment to cancer.

Promoting Mental Health and Well-being Among Nurses: 10 Strategies for Self-Care and Resilience

Solanyi Ulloa

Nurse Consultant and Transformational Coach, USA



Nursing is a demanding profession that places significant physical, emotional, and mental strain on healthcare providers. The well-being of nurses is crucial not only for their health but also for maintaining optimal patient care. This presentation aims to address the importance of promoting mental health and well-being among nurses and provides ten evidence-based strategies for self-care and resilience.

1. Recognizing Stress and Burnout: Understanding the signs and symptoms of stress and burnout is the first step towards self-care. Nurses will learn to identify these indicators in themselves and their colleagues, allowing for early intervention and support.
2. Establishing Work-Life Balance: Balancing professional responsibilities with personal life is essential for mental well-being. Practical tips and tools for managing time and priorities will be explored to achieve a healthier balance.
3. Engaging in Regular Physical Activity: Exercise has proven benefits for mental health. Encouraging nurses to incorporate physical activity into their daily routines will enhance mood, reduce stress, and increase resilience.
4. Practicing Mindfulness and Meditation: Mindfulness techniques can help nurses stay present and focused, reducing anxiety and improving emotional regulation. Simple meditation practices will be introduced to enhance mental clarity and relaxation.
5. Fostering Social Connections: Building and maintaining a strong support network is vital for nurses. The presentation will emphasize the importance of healthy social interactions and provide strategies for fostering meaningful relationships.
6. Seeking Professional Support: Encouraging nurses to seek help when needed is critical. Information on confidential resources such as Employee Assistance Programs (EAPs) and how to find professional counselling services.
7. Developing Coping Skills: Nurses will learn various coping mechanisms to handle high-stress situations. Techniques like cognitive reframing and problem-solving will empower nurses to navigate challenges effectively.
8. Practicing Self-Compassion: Nurses often extend compassion to patients, but self-compassion is equally important. The presentation will highlight the benefits of self-compassion and ways to cultivate it.
9. Engaging in Creative Activities: Encouraging nurses to participate in creative hobbies can be therapeutic and serve as a positive outlet for stress.
10. Establishing a Healthy Sleep Routine: Adequate sleep is essential for mental and physical health. Nurses will receive practical tips for improving sleep quality and developing healthy sleep habits.

This presentation seeks to empower nurses with practical strategies to prioritize their mental health and well-being while navigating the demands of their profession. By adopting these evidence-based practices, nurses can build resilience and maintain a healthy and fulfilling career in nursing.

(Note: The actual presentation will delve deeper into each strategy, providing research-based evidence, case studies, and interactive activities to engage the audience effectively.)

Biography

Solanyi is a nurse consultant and transformational coach. She is a fearless advocate for empowering individuals to lead healthier, more fulfilling, positive, and joyful lives. Possessing a wealth of wisdom and expertise, Solanyi has been a driving force in inspiring individuals to assume ownership of their health, proactively preventing diseases, and unlocking their true potential.

Her area of expertise lies in disease prevention, as well as providing invaluable support to those grappling with chronic conditions. Solanyi equips her clients with the essential tools and a transformative mindset, empowering them to not only prevent diseases but also offer a framework for managing chronic illnesses effectively, mitigating the risk of complications, liberating themselves from the shackles of limiting beliefs, overcome obstacles, and achieve audacious aspirations, ultimately unveiling the highest version of yourself.

Solanyi extends a compelling invitation to revolutionize your life characterized by exuberant health, boundless energy, and unwavering happiness. With Solanyi as your guiding light on this transformative journey, it is time to embark on a profound, life-changing expedition.

Public Health Actions for the Homeless Population - Access, Resolution, and Sustainability

Vanessa Luiza Tuono*, Luciana Mazon; Josiane Steil Siewert; Suelen Saraiva; Kristiane Duque; Vanderleia Muller Duarte
Department of Health and Services, Federal Institute of Santa Catarina, Florianópolis, Santa Catarina, Brazil



Using the translation of knowledge as a theoretical reference, this research was conducted with the homeless population, health professionals, and health administrators. Funded by FAPESC in a PPSUS Program. PPSUS é a fund directed to strengthen our public health system - SUS. The homeless population is growing worldwide, especially in metropolises or big cities. The access of this population to health services and the effectiveness of public health programs designed for them was the scope of our research. We get started with a bibliography review using PRISMA methodology, checking what was produced about health programs and the homeless population. We included the central policies in Countries such as the USA, England, Colombia, and Mexico to compare with Brazilian policy on the homeless population and all the scientific productions about this theme. We developed the evaluative matrix to conduct our investigation based on these results. An evaluative matrix is a strategic device to help a team, a program, or an organization clearly express the effects that its social interventions intend to generate and the associated indicators. This matrix was validated by experts and with members of national groups or non-governmental organizations of the homeless population. These members usually live on the streets, so their analyses of health question and needs, helped us to elaborate the interview guide; it was conducted in two of the biggest cities (Joiville and Florianópolis) in our state Santa Catarina in the south region of Brazil. The results show a lack of what is offered and what precisely the homeless population can access, mainly because the health professionals are not conscious of the peculiarities of this population, and bureaucratic requirements make it difficult and are not sustainable. The final product of this research is a line care guide for discussion in our state and country discussing the role of nursing in welcoming and monitoring the health of this population and proposing the effectiveness of public policies already developed but not precisely improving the health of vulnerable people.

Biography

Vanessa Luiza Tuono has completed her Graduation in Nursing and Obstetrics from Universidade de São Paulo - USP (2005). Master's Degree in Epidemiology and Public Health from USP (2008) and Ph.D. in Nursing Technologies from the Federal University of Santa Catarina and City London University (2015). I'm a researcher and teacher in the nursing and health administrator program of the Federal Institute of Santa Catarina. Starting in 2015, a university program of extension to the community focused on the homeless population and health issues. This research was funded by a national program designed to strengthen our national health system in Brazil.

Experiences of Nurses Regarding The Implementation Of An Ideal Clinic Project In KwaZulu-Natal, South Africa

Thembelihle Sylvia Patience Ngxongo

Durban University of Technology, (Nursing Department, Faculty of Health Sciences), South Africa



The key outcome of the vision of the South African government is the attainment of a long and healthy life for all its citizens. Given this, the government of South Africa embarked on a phased implementation of National Health Insurance to achieve universal health coverage to provide access to appropriate, affordable, efficient quality health services for all its people. In 2013, the Ideal Clinic Realisation and Maintenance (ICRM) program was formed to lay a strong foundation for the implementation of the National Health Insurance. The ICRM program is an initiative that was established as a way of systematically improving and correcting shortages in the PHC facilities in the public sector and transforming the existing government-owned public PHC clinics into 'ideal clinics.' An ideal clinic is defined as a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes, and sufficient adequate bulk supplies. The target was to achieve the 50% clinic mark in selected vital areas such as staffing, resource allocation, and utilization by 2019. However, reports indicated that this target was not achieved by 2019. Thus, a study was conducted in one of the eleven Districts of Kwa-Zulu-Natal Province of South Africa to explore and describe the experiences of nurses regarding the implementation of an ideal clinic project. A qualitative research design was employed, guided by Donabedian's structure, process, and outcomes model. Data was collected using semi-structured interviews with 58 nurses from 18 PHC clinics between 15 September and 25 October 2020 and analyzed using Tesch's open coding approach. The findings from the study revealed that structural limitations, processes involved in the running of the clinic, the support offered to the PHC clinics, communications and staff involvements, staff training, and administration of an ideal clinic project were the major obstacles that interfered with the successful implementation of the ideal clinic project. Little support was offered to nurses who are the drivers of the ideal clinic project, and their negative experiences and perceptions made it difficult to fulfil the ideal clinic project standards. The recommendations were made with special reference to the employment of more trained staff, improvement of the infrastructure of the facilities, staff involvement in the implementation of any programs, and adequate support of staff members regarding the implementation of the ideal clinic project.

Biography

Thembelihle Sylvia Patience Ngxongo is an Associate Professor and the Head of the Nursing Department, in the Faculty of Health Sciences at Durban University of Technology (DUT) in South Africa. Received Ph.D. and Master in Nursing Qualifications (DUT) and Ba Cur Nursing (University of Zululand) in South Africa. Her basic qualification is General Nursing and Midwifery. Specialized in several Nursing and health care disciplines including Primary Health Care, Nursing Administration, Community Nursing, Nursing Education, and Quality Assurance. Thembelihle spent most of her career life as a Professional Nurse and advanced midwife both at operational and management levels. As a researcher, Prof Ngxongo is actively involved in writing for publication in national and international peer-reviewed journals and supervising Masters and Doctoral students.

Perceived Constraints to Effective Clinical Assessment of Nursing Students' Competencies among Nursing Students and Educators in Southwest Nigeria

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²Department of Nursing Sciences, Delta State University, Abraka, Nigeria.

Adventist Healthcare Inc, USA



Background: The study explored the perception of nursing students and nurse educators on the constraints to practical clinical assessment of nursing students' competencies and probed possible solutions to the identified constraints in Lagos, southwest Nigeria.

Methods: In this cross-sectional study, 175 nursing students and 49 Nurse Educators from five randomly selected nursing schools participated. The study adopted a triangulation approach of quantitative and qualitative methods for data collection and analysis. A self-administered questionnaire was utilized to collect quantitative data from the nursing students and nurse educators, and a response return rate of 163 (93%) and 46(94%) were recorded, respectively, from both groups. Focus Group Discussion (FGD) was employed for qualitative data among 12 nursing students and 11 nurse educators in two nursing schools. Data were analyzed, and the relative importance index (RII) and its ranking (R) were utilized to establish the relative importance of the various constraints identified as responsible for effective clinical assessment of competencies.

Result: The result revealed, as rated by the nursing students, the two most profound constraints to effective clinical assessment of nursing students' competencies as; a lack of confidence of the students in carrying out procedures in a clinical setting and a lack of materials and instruments for clinical practice with equal ranking (RII=0.78; R=1.5), while the educators rated; Lack of confidence by the students in carrying out procedures in a clinical setting (RII=0.74; R=1.0) as a key constraint. The Mann-Whitney U test showed no statistically significant differences in the perception of the two groups both on the constraints and probable solutions to the identified constraints ($p>.05$) respectively. FGD revealed; a lack of clear objectives for each clinical posting as a major constraint, as both students and clinical assessors do not have a clear idea of what competence they are to acquire and assess.

Conclusion: The researchers recommend that clinical placement objectives should be set and communicated to the students, educators, and assessors to direct nursing students' clinical practice, and evaluation and assessment format should be developed by the school administrators in line with specific skills to be evaluated.

Biography

Edith is a self-motivated and committed registered nurse with a strong passion for knowledge acquisition, evidence-based practices, care of patients, teaching, and clinical research. I seek to contribute to the growth of the profession by leveraging my experiences and knowledge that satisfy the patients' and societal needs as well as those of nursing practice. To ensure growth, I am a Fellow and clinical Preceptor with the West African College of Post Graduate Nursing and Midwifery and an Examiner with the Nursing and Midwifery Council of Nigeria. I am friendly and keen to learn new skills, meet people, and strive to go the line to overcome new challenges and achieve set goals. Recently worked with Adventist Healthcare Maryland USA Ph.D. Nursing in view, MSc Nursing, BSc. Nursing, RON, RNE, RM, and RN with over twenty years of experience in teaching, researching, and providing care to patients.

Frontier Innovations for Efficient LMIC Hinterlands Neonatal Care – The Nigerian Case Study

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Publications have shown that African countries and many other LMICs are riddled with so much need and lack of basic infrastructure due to poor government commitment and goodwill towards the people. It is well-understood that such political situations as are prevalent at LMICs would never breed a conducive environment for a competitive, independent, and progressive healthcare system. This is the backdrop of a high neonatal mortality rate in Nigeria, for example. Efficient neonatal care is all about sustainable and affordable technologies that have remained elusive to these countries. The extensive neonatal work of this corresponding author and his Nigerian team, spanning over a quarter century, reveals that the country is full of very intelligent basic skilled nurses and doctors who can rid the country of its high neonatal mortality if provided with the necessary technologies. However, this is farfetched due to a lack of government empathy, and perhaps, international conspiracy. The technology requirements to save neonates have remained unaffordable and insufficient in most Nigerian centers, creating no immediate hope for the reduction of high morbidity caused by this condition. The country's high poverty rate and 100% dependency on technology importation have further put any sustainable solution beyond her reach. A possible sustainable solution that could alter the trend for good must be radical, affordable, and indigenously self-sustaining.

We highlight the components of our Neonatal Rescue Scheme (NRS) and its recent frugal devices and ideas that could revolutionize neonatal healthcare in resource-limited settings. These are radical ideas within the contexts of rural healthcare transformation, empowering local people in remote locations of the LMICs with extraordinary knowledge to push their boundaries of neonatal survival. The rural health centers in the hinterlands of Nigeria are limited in skill and technology to handle neonatal devastating conditions such as extreme prematurity requiring incubator care, respiratory distress syndrome requiring non-invasive respiratory support machines with the use of oxygen delivery techniques, threats of hyper-bilirubinaemia and kernicterus syndrome disorder (KSD) requiring early phototherapy treatment, amongst other conditions. A great number of neonates in the hinterlands die of these conditions because they are unable to successfully journey to the impoverished centers in the cities, where there could be expertise but without any guarantee for survival. Therefore, many of them die without being known or counted. Our NRS is changing all these with technologies that empower the rural populace.

We set out to develop low-cost, rural village-compatible devices that could ensure the affordability of incubators, bubble CPAP applications, minor assistive breathing devices, and extended reach of oxygen delivery, all applying low voltages that could be derived from the sun. Hence, we trialled applications such as the recycled incubator technology (RIT) 1, discovered and researched the antidote to evening fever syndrome (EFS) 2, the Handy Approach (HHA) and Initial Setpoint Algorithm (HISA) 3, the politeheartCPAP machine 4, the politeoxygen splitter system (PSS) 5, the polite-light-bank (PLB) 6, and various other applications, which are currently in use at some rural centers of Nigeria. These are affordable technologies that are reliant on sunlight-harnessed and converted energy for operation, with which Nigerian centers like the Niger State's Amina center in Minna have applied in reducing neonatal mortality from 90% to 4% within five years of operation. The combination of these technologies and the training provided for the local practitioners have provided strong intervention confidence which they applied to adequately cater to the needy neonates simultaneously within their rural location, hence revolutionizing the once precarious situations. The Minna, Nigeria case shows that the LMICs can be empowered for self-sustaining and independent healthcare, pushing their boundaries of development and self-reliance.

Biography

Hippolite's medical career has lasted three decades, since 1987, cutting across engineering-in-healthcare, orthopaedics, and neonatology research. His current global prowess in neonatal innovations for LMICs has been greatly influenced by his academic exploits, both as a student and later Professor at Imperial College London, UK. His current practice and research of nurses, doctors, and technicians span the entire regions of Nigeria, covering 30 tertiary hospitals over the last two decades, enabling him unprecedented access to evidence-based data on a national representative scale. He has since been a regular in the WHO and World Bank list of global thinkers on the African perspective of climate change's impact on neonatal health.

Health Promoting Hospital

Lenka Gutová, MBA, LL.M.

Deputy Director of Nursing Healthcare Professions and Chief Quality Care Manager, Central Military Hospital, Prague, Czech Republic



Central Military Hospital Prague (CMH Prague) has been a member of the International Network of Hospitals and Organizations Providing Health-Promoting Health Services (HPH) since 2012. The principles of HPH help to put into practice the process of supporting the health of patients, the public, and employees to gain greater control over their health resulting in its improvement. The strategy of health-promoting hospitals is aimed at meeting the physical, mental, and social demands of the growing number of chronically ill patients and seniors, meeting the demands of hospital staff exposed to physical and mental stress, and, finally, meeting the demands of the public. The hospital prepares and implements projects to support the health of its patients and employees, who can thus gain more control over their health resulting in its improvement. It also initiates several actions held to support and maintain public health and thus contributes to a healthier society. The health support program is focused on patients, employees, and the public. By the principles of HPH, CMH Prague has a long-term volunteer program. As a part of supporting the health of patients, the volunteer program improves the psycho-social state of patients, supports interpersonal communication, and contributes to improving the overall ambiance of the hospital. Voluntary activities bring humanity and empathy to clinical workplaces but also lighten the daily routine work of health professionals.

Biography

Mgr. Lenka Gutová, MBA, LLM is the Deputy Director of Nursing Healthcare Professions and Chief Quality Care Manager with the Central Military Hospital Prague. She has been serving the Hospital Management for more than twenty years. Further, she is actively engaged as an Assistant Professor for the Third Faculty of Medicine of Charles University in Prague, specifically at the Institute of Nursing. She has played a vital role in improving the quality and safety of health services in the Czech Republic.

What is this Thing called Ankle Replacement?

James K. DeOrio, M.D.
Duke University, USA



What is this Thing called Ankle Replacement?

James K. DeOrio, M.D.
Duke University, USA

In the U.S., every year, 10,000 people receive ankle replacements. They are like an upside-down knee replacement and have been done with increasing frequency since the 1970s. They are composed of two pieces of metal, one in the tibia and one in the talus. There is an intervening polyethylene component that is either locked to the tibia or allowed to glide between the two metal components. In the beginning, deformities greater than 10 degrees varus or valgus were said to be contraindicated. Now, however, there are no deformities, in my opinion, that would negate an ankle replacement. The sophistication of ankle replacements is now complete with revision components. The most frequent diagnosis for receiving an ankle replacement is post-traumatic arthritis, about 80%. The remainder of the ankle replacements are done for metabolic diseases like gout, rheumatoid arthritis, and even haemophilia.

Biography

First, I am originally from Dearborn, Michigan. I am the fourth child of my parents in a lower middle-income family my mother was a cook at the local community college and my father was a window display man in a department store. After graduating from junior high and high school, I was awarded the Scholar-Athlete Award from both. The Russel Catherman Award from O.L. Smith Jr. High and the Frank McIntyre Award from Dearborn High School. I was granted a primary nomination to the Air Force Academy by Congressman Dingell and graduated from there in 1970. From active duty, I decided to go into medicine and become an orthopedic surgeon. I attended George Washington University Medical School and while still on active duty, fulfilled my residency at the Mayo Clinic. After I returned to service and completed my military obligation, I was asked by the Mayo Clinic to be one of 35 doctors to head up the new Jacksonville branch of the Mayo Clinic. I worked there for 20 years and then came to Duke. The move was largely motivated by my desire to get into a large teaching program and because my son wanted to do a Fellowship in Foot and Ankle with me Mayo said "no" and Duke said "yes". He is now in practice in Huntsville, Alabama.

I have been here at Duke for 15 years and am now 75 years ago. My wife, Rita, and I have had three children and have been married for 52 years. I have helped train many orthopedic surgeons in residency and fellows who have gone on to practice foot and ankle in both private and academic programs. I have authored over 150 peer-reviewed articles and chapters. During my time at Duke, I have been recognized as one of the top 23 foot and ankle surgeons in the country (US News and World Report, 2012) and am currently, according to Healthgrades.com, in the top 5% of foot orthopaedic surgeons in North Carolina and top 10% in the nation. My main interests have been the replacement of arthritic ankles with total ankles, and I have worked with several orthopaedic companies and have several patents in that area. I have lectured worldwide and am a frequent traveller on the airlines.

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DAY 2

KEYNOTE SPEAKERS





Depressive Symptoms and Quality of Life among Older Adults in Jordan

Malakeh.Z. Malak

Al-Zaytoonah University of Jordan, Amman, Jordan

Background: Depressive symptoms are a severe public health issue among older adults, which is the second leading cause of disease burden among this cohort group. Therefore, the present study purposed to evaluate depressive symptoms and quality of life among Jordanian older adults and factors correlating with the quality of life and depressive symptoms.

Methods: A cross-sectional design was adopted to conduct this study. A convenience sample (N=301) was selected to recruit community-dwelling older adults in Amman governorate/Jordan. Data were collected using a questionnaire consisting of the Geriatric Depression Scale (GDS) and the World Health Organization Quality of Life (WHOQOL-BREF-26), in addition to demographic data. The data were collected from August to November 2022.

Findings: The results demonstrated that the mean (SD) age of older adults was 66.8 (6.9) years and 52.5% of participants were females. Also, 53.8% of the participants experienced moderate to severe depressive symptoms and the total mean (SD) score for depression was 8.52 on a scale of 0 to 15, and the mean (SD) for the quality of life scale was 12.0 (3.81) on a scale of 4 to 20. Significant differences existed in quality of life and depressive symptoms due to marital status ($p < 0.001$), level of education ($p < 0.001$), working status ($p < 0.01$), monthly income ($p < 0.001$), and number of chronic diseases ($p < 0.01$). Concerning correlation, the results revealed that a negative correlation existed between the quality of life and depressive symptoms. Also, the participants who reported a higher quality of life and lower depressive symptoms were married and working, completed higher educational levels, had higher monthly income, and experienced one chronic disease.

Conclusion: Interventions to enhance the quality of life and minimize depressive symptoms among older adults should be promoted and given attention to the significant correlated demographic factors.

Keywords: Depressive symptoms; Older adults; Quality of life; Sociodemographic factors

Biography

Prof. Malakeh Malak has a Ph.D. degree in Community Health Nursing. She is working at Al-Zaytoonah University of Jordan at Amman City in Jordan where she is working as a researcher instead of an academic position as a professor. She is an Editorial Board Member for many journals including, the Journal of Nursing Management, Journal of Applied Life Sciences International, SM Addiction Research & Therapy, Global Journal of Health Science and Nursing, Integrative Journal of Global Health, and others. She is a reviewer of many Journals. She published many articles and she is working on other studies. She is an active member of community services and national/international organizations such as the Council of Asian Science Editors (CASE), International Health Literacy Association (AHLA), American Psychological Association International, and Jordan Society for Scientific Research, Entrepreneurship, and Creativity (JSSREC).



Improving Accuracy in Documenting Cardiopulmonary Arrest Events

Bridgid G. Joseph DNP, RN, CCNS

ThriveIN LLC Healthcare Consulting, USA

Aim: Traditional paper-based documentation is often inaccurate and incomplete of time and events. Electronic documentation for cardiopulmonary arrest (CPA) events supports appropriate process improvements and optimal patient care, while readjusting national benchmarks with more accurate data.

Method: Nurses on 4 Medical-Surgical units received training on a handheld electronic documentation application (Code Pro) to document live CPA events. All events downloaded into an excel file were compared to the LifePak15defibrillator downloads using the CODE- STAT 10.0 software for completeness, accuracy, and timing. Electronic and traditional paper documentation events, collected on the same pilot units 4 months previous to the pilot, were both assessed against the CODE-STAT 10.0for comparison of documentation.

Results: There were 26 total observations, 6 cases were captured using the electronic application, 8 using paper-based worksheet, and 12 using paper-based on the pilot units (which were excluded).The data accuracy in the electronic group was significantly higher as compared to the paper-based group for recorded rhythm (accuracy 100% vs 13%, p-value =0.01) and end-tidal carbon dioxide (67% vs 0%, p-value = 0.02). The electronic method significantly outperformed the paper-based method in legibility (100% vs 13%, p-value <0.01). Staff reported significant satisfaction in utilizing the electronic vs. paper-based documentation.

Conclusion: When compared to electronic handheld app-based documentation during live resuscitation events, the inaccuracies of paper-based documentation was reinforced. Electronic documentation was far superior in overall quality of documentation and related to the initial rhythm of the event. A larger study using electronic documentation, capturing more VF/VT arrests, would show a greater accuracy of timing of events, which will have large impacts on overall resuscitation quality improvements and guidelines for patient care.

Biography

Dr. Joseph is the CEO of ThriveIN LLC, a Healthcare Consulting business, an APRN and certified Clinical Nurse Specialist for over 20 years. Dr. Joseph is considered a resuscitation nurse specialist, as her focus for the last 13 years has been in cardiac resuscitation. She was the co-chair of the resuscitation committee at a large academic medical center for 13 years, and has implemented many Quality Improvement initiatives and published research related to all aspects of innovation related to resuscitation and nursing care. She has previously worked as the Director of Emergency Cardiovascular Care, Director of Simulation Education, and as a Training Center Coordinator for the American Heart Association. Additionally, she has worked in a variety of fields and specialties as a Legal Nurse Expert Consultant, an Inter-Professional Education (IPE) Consultant, and has been an invited speaker at numerous medical conferences nationally and internationally.

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DAY 2

ORAL SPEAKERS



Kangaroo Mother Care Improves Exclusive Breastfeeding and Reduces Time to Full Enteral Feeding in Extremely Preterm Infants Requiring Non-Invasive Assisted Ventilation During Hospitalization: A Retrospective Study

Xiaoyun Xiong

Affiliated Shenzhen Maternity and Child Healthcare Hospital, Southern Medical University, China



To investigate how kangaroo mother care (KMC) affects breastfeeding and the time required for full enteral feeding in extremely preterm infants (EPI) receiving non-invasive assisted ventilation.

Study Design: This was a retrospective cohort study of 145 highly preterm infants in tertiary care who required non-invasive mechanical ventilation. We analyzed the rate of exclusive breastfeeding in the 24 hours before discharge and the time to full enteral feeding during hospitalization.

Results: The rate of exclusive breastfeeding during hospitalization in the KMC group was significantly higher in the KMC group than in the non-KMC group (52.8% vs. 31.5%, $p=0.009$). The time to full enteral feeding was shorter in the KMC group than in the non-KMC group (43.1 ± 9.6 vs. 48.7 ± 6.9 , $p<0.001$). Multiple linear regression analysis showed that KMC was an independent protective factor for improving the exclusive breastfeeding rate ($OR=2.430$, 95CI:1.235,4.780, $P=0.010$) and shortening the time to full enteral feeding ($\beta=-5.358$, $P=0.000$), 95CI: -8.086,-2.630, $P<0.001$) in EPI during hospitalization.

Conclusions: Kangaroo mother care can shorten the time to achieve full enteral feeding and improve the rate of exclusive breastfeeding in extremely preterm infants with non-invasive assisted ventilation.

Keywords: extremely preterm infants; Full enteral feeding; Breastfeeding; Kangaroo Mother Care

Biography

Xiaoyun Xiong has a Doctor of Nursing. She has worked in the NICU of Shenzhen Maternal and Child Health Hospital for 30 years as the head nurse of the department. The Department of Neonatology of Shenzhen Maternal and Child Health Hospital is a national clinical key specialty and a training base for specialized neonatal nurses in Guangdong Province. She is the person in charge of the training base for nurses. She is a postgraduate tutor. Her research topics include nursing extremely premature infants, kangaroo mother care, and breastfeeding premature infants.

Mental Health in Times of Pandemic COVID-19 and the Nursing Professionals

Joao Fernando Marcolan

Professor of Post-graduate Program in Nursing. Federal University of São Paulo, Brazil



The pandemic of COVID-19 should be a landmark for humanity in terms of union, solidarity, cooperation, and fraternity. For healthcare professionals, specifically nurses, we can generally speak of these principles as the basics, but we had a lot of damage and suffering from being on the front line of care. Estimates point to hundreds of thousands of deaths of healthcare professionals in the world, many of them in nursing. Nursing professionals faced episodes of profuse loss of patients, loss of loved ones, social isolation of family and friends, perceived feelings of helplessness and incapacity, inadequate working conditions (overload, increased working hours, long daily shifts without breaks, lack of material and equipment, ethical conflicts), discomfort and difficulty in relaxing, lack of support from superiors and health care institutions, physical illness, suffering, and mental illness. The onset or worsening of anxious and depressive symptoms associated with this scenario was common. The mental health of the world's population was put to the test and the results are not the best. Nursing professionals have needed to receive mental health support and resources have not always been available for this. After the crucial months of the pandemic, there are still many nursing professionals in mental distress and those without adequate therapeutic follow-up or without treatment. The pandemic leaves us with lessons learned and indications for the future, in particular the importance of investments in the mental health of the population and, specifically, of healthcare professionals to better practice in times of normality or under conditions of global emergency. Health institutions must be committed to maintaining adequate working conditions, preserving the physical and mental health of workers, investing in permanent education, promoting leisure and recreational activities, investing in interpersonal relationship activities, getting as close as possible to the horizontality of professional relationships and the consequent reduction of hierarchies (a very common fact in nursing), offer support services and interventions in mental health, conduct therapeutic listening groups, prevention actions in mental health and healthy habits of life, search for professionals in suffering and illness, meetings with teams and management for conflict resolution, benefits, and salary fair to the memorable work that is done, recognition of the work and the role of nursing. The class entities can greatly collaborate in the advocacy and achievement of the actions listed for the institutions and collaborate in the realization of some such as offering or facilitating access to treatment, psychological support, and prevention programs, fighting for improvements in working conditions and quality education, promoting the social valorization of nursing through wide dissemination, and being close to the professionals. For professionals, it is necessary to have training, organization, and political participation to fight for adequate working conditions, social recognition, and appreciation, and for the necessary changes in the profession. Professionals should be aware of the signs and symptoms of mental suffering and illness and seek professional help as soon as possible, be open to help and overcome prejudice. Nursing professionals need to be aware that they are a fundamental part of the provision of care and to seek union, the strengthening of the class, and the solidarity fight for rights, specifically for mental health. The pandemic showed everyone the need for and importance of nursing, there was recognition of the efforts and the loss of professionals, and we should make better use of this window that opened. Mental health needs to be preserved, as the pandemic has shown that there are unseen or unappreciated issues regarding the mental health of professionals that have been exacerbated.

Biography

Joao is a Nurse. Master in Psychiatric Nursing. PhD in Nursing. Post-doctorate in Public Health. Associate professor and researcher of the Postgraduate Program in Nursing at the Federal University of São Paulo/São Paulo/Brazil. Experience in care and teaching in mental health nursing. Acting in psychiatric emergency, outpatient, and inpatient care in mental health. Researcher on the topics of depression, suicidal behaviour, mental health of nursing professionals, and mental health public policies. Supervised a master's research on mental suffering and illness of nurses in the intensive care unit of a university hospital during the COVID-19 pandemic.

Nurses' Education and Perceptions of Climate Change: A Scoping Review

Thierno Diallo

Faculty of Nursing Sciences, Laval University, Quebec, Canada



Climate change (CC) is a major threat to human health. Health risks include air pollution, threats related to extreme weather events, changes in the geographic distribution of vector-borne diseases, water availability, and quality, access to food, forced migration, and mental health. As one of the largest groups of health professionals, nurses have a critical role to play in raising awareness of this phenomenon and addressing health consequences experienced by the most vulnerable populations. They must constantly adapt their practice to adequately respond to new health issues caused by CC. Working in a multitude of settings, nurses need to be involved in fighting those issues, individually and collectively, and should promote policies to protect populations from the adverse effects of CC. To do so, nurses should be aware of their role in the fight against the climate crisis.

The place of CC in nursing education and practice remains little studied worldwide. A scoping review was therefore conducted to answer the following questions: What are nurses' perceptions of CC? How are CC issues addressed in the nursing education curriculum? Results show that nurses have a great concern for the health impacts of CC but have a variable and generally low level of knowledge on the subject. They perceive CC issues as complex and the solutions as inaccessible. It is suggested that content related to CC and health be integrated from the baccalaureate to the doctoral level through case studies, simulations, and group discussions. The use of theoretical models could broaden the perspective of nursing students. However, several challenges arise overloaded curricula, professors not trained in CC, the effectiveness of teaching methods to be tested, etc. Educational interventions could increase nurses' knowledge and awareness about CC, thus contributing to CC adaptation, mitigation, and resilience.

Biography

Thierno Diallo is a professor in the Faculty of Nursing at Laval University in Quebec, Canada. His research interests focus on climate change and health, Health Impact Assessment, and urban health. He has worked with public interest organizations, higher education institutions, and government agencies in Europe and Canada, as well as United Nations agencies including the United Nations Environment Programme. Thierno holds a Ph.D. in Environmental Sciences from the University of Geneva. He completed postdoctoral research at Laval University on urban planning and public health. He serves as associate editor of Global Health Promotion.

Graduating Bachelor of Science in Nursing (BSN) Students: Satisfied, Fatigued, or Stressed?

Brittany Nicole Hudgins Graham EdD, MSN, RN, CNE, CNE (cl), NBC-HWC
Western Carolina University, USA



Nursing care is not a duty that should be taken lightly; it is of utmost importance that nursing care is delivered to clients safely with empathy and competence. Professional nurses, such as Registered Nurses (RN), are on the frontlines of providing care. “The backbone of a truly caring professional is compassion, where care providers have a feeling of empathy for the suffering or misfortune of others and understand the client’s personal feelings or experiences without being judgmental” (Williams & Stickley 2010: 73). However, nurses may experience compassion satisfaction, compassion fatigue, or secondary traumatic stress. Upon graduation, pre-licensure Bachelor of Science in Nursing (BSN) students seek to become an RN. Michalec, Diefenbeck, and Mahoney (2013) suggest “Because burnout and compassion fatigue are such a detriment to nurse well-being and the nursing workforce overall, it is essential to uncover if and to what extent nurses-in-training may be suffering from these debilitating affective/cognitive states.”

Biography

Dr. Hudgins-Graham began her nursing studies at Isothermal Community College (Spindale, NC) and graduated with an associate degree in 2010. She obtained her Bachelor of Science in Nursing from Appalachian State University (Boone, NC) in 2012. For graduate studies, she attended Gardner-Webb University (Boiling Springs, NC) and received her Master of Science in Nursing (2015) and Doctor of Education (2018) degrees. She has been involved in nursing education since 2014. Her primary background before entering nursing education was in emergency nursing. Currently, she serves as an Assistant Professor of Nursing at Western Carolina University.

Risk Factors for Fall-Related Serious Injury among Chinese Adults: A Retrospective Analysis

Xiaohua Xie

Shenzhen Second People's Hospital, China



Background: Falls are an important cause of injury and death in hospitalized patients. Analyzing the multi-factorial risk of falls from past cases to develop multi-factorial intervention programs is clinically significant. However, previous studies have focused on fall risk factors, so evidence of severe injuries from falls is limited.

Objective: To explore the risk factors for serious fall-related injuries.

Methods: This retrospective cohort study was conducted from the hospital nursing adverse event reporting system. We included the inpatients who fell during hospitalization in a tertiary A-level hospital from January 2019 to December 2022. General characteristics and clinical characteristics of patients at admission were collected.

Results: A total of 128 patients were included, with 34 having sustained no injury (26.56%), 34 minor injuries (26.56%), 36 patients sustaining moderate injuries (28.13%), and 24 severe injuries (18.75%). Factors that increased the risk of experiencing a fall with serious injury were secondary diagnosis (Odds Ratio, OR 3.056; 95% Confidence Interval, CI 1.114–8.380; $p<0.05$) and female (OR 2.165; 95% CI 1.006–4.658; $p<0.05$). On the contrary, pain (OR 0.358; 95% CI 0.161–0.797; $p<0.05$) was protective.

Conclusions: This study found that secondary diagnoses and females are risk factors for serious fall-related injuries in inpatients in China. There is a need to develop a tailored fall prevention activity plan for patients, especially for who have a secondary diagnosis on admission.

Keywords: falls; serious injury; inpatients; risk factors

Biography

Xie Xiaohua (1964/05/01) is the director of the Nursing Department of the Shenzhen Second Peoples Hospital, China. Her main areas of impact are service, education, and research. She has trained 23 full-time nursing masters & 39 students, received over 3,400,000 USD in funding for over 20 projects, obtained 20 national patents, and published over 70 papers, including 13 SCI papers. She has won the 7th Science and Technology Award of the Chinese Nursing Association.

Nursing Education Curriculum for Improving Patient Safety

Kungeh Clement Gwe
Public Health Literacy, Cameroon



Throughout the 21st century, the role of the nurse has evolved significantly. Nurses work in a variety of settings, including the hospital, the classroom, the community health department, the business sector, home health care, and the laboratory. Although each role carries different responsibilities, the primary goal of a professional nurse remains the same: to be the client's advocate and provide optimal care based on evidence obtained through research. Many nurses are involved in either direct patient care or administrative aspects of health care. Nursing research is a growing field in which individuals within the profession can contribute a variety of skills and experiences to the science of nursing care.

In preparing future nurses who are competent to provide safe care, nursing education has an important role in developing the knowledge, skills, and attitudes of nurses. This article aims to present important points about the incorporation of patient safety into the nursing education curriculum for improving patient outcomes. It is concluded that policymakers and educators should attend to the development of necessary competencies in nurses, bring creativity into the style of patient safety education, and consider the culturally specific aspects of the phenomenon of patient safety during designing nursing education curricula. The application process, the various learning opportunities and responsibilities performed by the nurses, and the benefits and outcomes of the experience are described. The authors hope that by sharing their learning experiences, more nurses will be given similar opportunities using the strategies presented in this article. Nursing research is critical to nursing education and is necessary for continuing advancements that promote optimal nursing care.

The findings from this study provide some initial insights into the state of nursing education science in Cameroon. Despite the small sample, the findings affirm the paucity of research in nursing education and that the discipline must attend to the developmental needs of nurse researchers who study phenomena related to nursing education.

Biography

Dr. Kungeh Clement Gwe studied Medical Biochemistry at Yaoundé University 1, Cameroon, and graduated with BSC and MPH in 1997 and 2005 at the University of Durban-Westville. He then joined the research group of Prof. Michael Rudolph at the Wits Medical School, Johannesburg, South Africa. He received a Ph.D. degree in 2014 from the University of Ambrosiana, Milan, Italy. He has attended Similar courses at Harvard Medical School, John Hopkins University, and many others and received a special award for books for peace from Milan, Italy. Obtain my fellowship from the Netherlands on M&E. Went bible school where he obtained a diploma in counselling.

3 Steps Towards Advanced Nurse Practitioner in KSA

Adel Harb

Eastern Health Cluster, Saudi Arabia



The roots of Advanced Practice Nursing (APN) can be traced back to the 1890s, but the nurse practitioner (NP) emerged in Western countries during the 1960s. Today, APN is evident in both developed and developing countries. The World Health Organization (WHO) supports its growth to meet growing global healthcare needs.

APNs demonstrate nursing expertise in clinical practice, education, research, and leadership, and are no longer perceived as "physician replacements" or assistants.

Now is an optimal time to define APN in Saudi Arabia, in a culturally appropriate way that utilizes nursing as an effective resource for the health of its citizens. This requires legislation, the provision of higher education aimed at advanced practice, protection of titles, and regulation of the scope of practice; ensuring experts are caring for patients safely and effectively while delivering patient-centered care based on the latest evidence.

Biography

Adel Harb from Australia, Graduated from the Faculty of Nursing, University of Jordan 1993. Had worked as a senior Cardiac RN in Jordan. Completed a Master's in Education from the University of Jordan in 1998. Second Master in Critical Care from Ohio State University / USA in 1999. Worked as a Clinical Nurse Consultant in Sydney - Australia. Worked at the Ministry of National Guards for Health Affairs (NGHA-Riyadh) in 2003 as a Clinical Resource Nurse in Nursing Education till 2010. Then worked in NGHA (Madinah) as Director for Safety and Quality till 2014. From 2014-2017 worked as Director of Nursing Education at Security Forces Hospital- Riyadh. In Jan 2018, worked at King Fahad Specialist Hospital-Dammam as Director of Nursing Education. Obtained Ph.D. in Healthcare Administration in 2010 and worked as a visiting Professor Assistant supervising all Saudi Nursing Students - Interns and graduates. Publications: two books, 15 Abstracts, and Papers. 10 published Research. Speakers at several international Symposia and conferences, Saudi Heart Association member as senior Regional Faculty for ACLS. Developed many courses and programs accredited by Saudi Council such as Cardiac Catheterization Upgrading Program®, Invasive Hemodynamic Programs, "Medication Administration Course", "IV Therapy Course", "Preceptor Course", "Charge Nurse Course", "Burn Critical Care Course", "ER Nursing Course", "Pain Management Course", "Wound Care Management Course", "Neonatal Nursing Care", "Critical Care Course" and "Leadership and Management Course" and many Cross Training and Upskilling programs.

Currently working as Chief Health Academy and Director for Nursing - Professional Development in Eastern Health Cluster which includes 22 hospitals and 3 PHC megacenters supporting all hospitals with evidence-based nursing education. My top priority projects are delivering and supporting all programs that are aligned with healthcare transformation and KSA vision 30. Strengthening Nursing Education Departments in Eastern Health Cluster facilities and then continuing Succession Planning programs to train and develop future nursing Leaders in KSA and internationally.

Sustaining Nursing Leadership through Succession Planning in Saudi Arabia

Adel Harb

Eastern Health Cluster, Saudi Arabia



Nursing Leadership development through succession planning is a strategy that has gained recent attention in Saudi Arabia in alignment with Saudi Vision 2030 and the National Transformational Plan 2020. Aim: This study explores how to develop and sustain nursing leadership competency through succession planning in the Eastern Healthcare Cluster. Method: A qualitative descriptive design took place in the Eastern Healthcare Cluster which consists of 22 hospitals and 137 Primary Health Centers. Through a purposive sampling technique, a total of 121 potential candidate names were submitted to the Eastern Healthcare Cluster Nursing Affairs for consideration and acceptance on the Succession plan program. A comprehensive document package was developed that utilized the Structure, Process, and Outcome (SPO) framework to examine and evaluate the development of leadership competency. Results: A total of 31 completed competencies aligned to the workshop and were found to be suitable for succession plan positions, The remaining 15 demonstrated leadership potential and their deadlines were extended to provide more time to develop competency. Recommendations: Despite many challenges and limitations, the authors recommended maintaining and sustaining the succession plan program during 2021 by developing additional workshops that align competencies to further develop Nurse Leaders. Additionally, the provision of mentorship programs that have the aim of sharpening the mentor's skill set will provide mentees with the necessary support to successfully develop leadership competence. There is thus a requirement for further studies to be conducted in this nursing population in Saudi Arabia which is currently under-researched.

Keywords: Nursing Leadership, Succession Planning, Sustaining, Saudi Arabia

Biography

Adel Harb from Australia, Graduated from the Faculty of Nursing, University of Jordan 1993. Had worked as a senior Cardiac RN in Jordan. Completed a Master's in Education from the University of Jordan in 1998. Second Master in Critical Care from Ohio State University / USA in 1999. Worked as a Clinical Nurse Consultant in Sydney - Australia. Worked at the Ministry of National Guards for Health Affairs (NGHA-Riyadh) in 2003 as a Clinical Resource Nurse in Nursing Education till 2010. Then worked in NGHA (Madinah) as Director for Safety and Quality till 2014. From 2014-2017 worked as Director of Nursing Education at Security Forces Hospital- Riyadh. In Jan 2018, worked at King Fahad Specialist Hospital-Dammam as Director of Nursing Education. Obtained Ph.D. in Healthcare Administration in 2010 and worked as a visiting Professor Assistant supervising all Saudi Nursing Students - Interns and graduates. Publications: two books, 15 Abstracts, and Papers. 10 published Research. Speakers at several international Symposia and conferences, Saudi Heart Association member as senior Regional Faculty for ACLS. Developed many courses and programs accredited by Saudi Council such as Cardiac Catheterization Upgrading Program®, Invasive Hemodynamic Programs, "Medication Administration Course", "IV Therapy Course", "Preceptor Course", "Charge Nurse Course", "Burn Critical Care Course", "ER Nursing Course", "Pain Management Course", "Wound Care Management Course", "Neonatal Nursing Care", "Critical Care Course" and "Leadership and Management Course" and many Cross Training and Upskilling programs.

Currently working as Chief Health Academy and Director for Nursing - Professional Development in Eastern Health Cluster which includes 22 hospitals and 3 PHC megacenters supporting all hospitals with evidence-based nursing education. My top priority projects are delivering and supporting all programs that are aligned with healthcare transformation and KSA vision 30. Strengthening Nursing Education Departments in Eastern Health Cluster facilities and then continuing Succession Planning programs to train and develop future nursing Leaders in KSA and internationally.

Communication Strategies of Nursing Professionals with Deaf-Mute People

Amaya Melendez Moreno

Hospital Universitario La Paz, Madrid, Spain



Communication is a conscious action to exchange information or opinions between two or more people. It is the basis for the psychological, social, physical, and cultural development of human beings. It is a fundamental element for the contact between them. It is based on the interaction process through which ideas, messages, needs, opinions, and many kinds of emotions are exchanged, among others. The communication process can be done verbally and non-verbally. Verbal communication is voluntary; however, nonverbal communication can be intentional or involuntary. Of the total information transmitted, between 65-70% of the total is usually non-verbal. In the care process within the field of Nursing, communication is essential to decode, identify, and perceive the meaning of the messages sent by patients to identify and recognize their needs. However, communication with deaf or mute people has limitations that can lead to this process being compromised since there are barriers that will hinder this process. Nursing professionals perform interventions with the patient obtaining information through different instruments: clinical, observation, or through interaction between people. The latest is a very important source since it allows personalizing the care based on the patient's needs. This interaction is compromised by certain communicative processes in which there is reciprocity between the people who make up the conversation, but when one of the participants presents a communicative barrier, adding to this problem a lack of knowledge on the part of the professionals of the communicative strategies. Deaf-mute people present many difficulties in accessing health and its services, socialization, and educational inclusion.

For this reason, nursing students should develop competencies during the study of the career that allows them to maintain effective communication and that are effective for the health care of a deaf or mute patient. Currently, nursing professionals need training in communication strategies that allow this process to be established adequately to act in these specific situations. The most appropriate communication strategy for communication with deaf-mute people is the use of sign language, which will allow preserving the right to nursing-patient confidentiality, thus reducing the stress of involving a third person in the care process and, by the existing legal framework. The inclusion of these users in health services could be guaranteed satisfactorily. Due to this fact, the lack of training and knowledge, as well as the awareness on the part of professionals to address this type of patient, causes care to be affected, and these users avoid attending health centers and do not participate in health promotion and prevention activities.

Biography

I am Amaya Meléndez Moreno. I finished my training as a Graduate in Nursing in 2016. I completed a master's degree in emergency and Critical Care in Nursing in 2018, and now I am training by doing a master's degree in Nursing Direction and Management. I developed my work as a nurse in an Intensive Care Unit in 2018 at the La Paz University Hospital in Madrid (Spain).

Innovating Nurse Education with AI-Based Adaptive Learning Technology - 21st Century Learning in Health Education

Werner Sperschneider

University College Absalon, Denmark



Statement of the Problem: Nurse Ed (Nurse Education) is a 4-years innovative research and development project, forming a new didactic design for 21st-century nursing education based on the digital learning platform Rhapsode™. By accelerating theory learning, nursing becomes more differentiated and practice-oriented by releasing more time for capability teaching in the Sim-Lab.

Methodology & Theoretical Orientation: Based on state-of-the-art research in digital learning tools, we apply a data-driven approach to adjust the path and pace of learning, thus enabling the delivery of personalized learning at scale.

Upscaling and implementation steps are integrated into the methodology, and the last iteration targets the full cohort after proof of concept (N = 1100) by the end of 2023.

Findings: This paper will present the first results after two years of research in didactics, software adjustment, teaching experiments, and qualitative and quantitative evaluation. Students have a hard time understanding the intent of the adaptive technology, but they accept and learn to appreciate it over time and take it on surprisingly quickly after initial rejection.

Conclusion & Significance: The vision is to create a new and innovative didactic approach that integrates virtual and physical learning environments to train many more and more skilled nurses - including:

Make more efficient knowledge acquisition.

Increase the professional performance level.

Provide more individually tailored teaching.

Provide better support for students with weak study skills.

Reduce dropouts and achieve a higher grading average.

Biography

Werner Sperschneider has expertise in research & and development as well as innovation management. His particular focus is on the use of adaptive learning technology in health education and continued education. In addition, Werner is concerned with patient and user involvement in transversal activity and intervention projects that lead to empowerment. He is associated with the research environment and the local healthcare system.

Gender Differences in Associations between Electronic Devices Use and Psychological Well-being and Social Support: A Cross-Sectional Study

Maysoun Atoum

The Hashemite University, Jordan



Introduction: Adolescents spend an increasing amount of time using electronic devices (e-devices), but gender differences in their use and associations with psychological well-being and social support are unclear.

Design: A cross-sectional descriptive design was employed using a multiple-stage cluster sampling technique to select 485 (13- to 18-year-old) adolescents. Data were collected through self-administered structured questionnaires that gathered information on the time spent on e-device use and measures of depression, anxiety, stress (using the DASS-21), and perceived social support (using the MSPSS).

Results: The study revealed a high prevalence of e-device use among adolescents, with almost all participants who used e-devices reporting an average usage of five hours per day. Additionally, a notable proportion of the subjects (20.2%, 37.9%, and 17%) experienced mild to extremely severe depression, anxiety, and moderate stress, respectively. Bivariate and multivariate linear regression analyses were conducted to examine the relationship between the duration of e-device use as an independent variable and the associated factors as dependent variables. Associations between heavyweight e-device use and low psychological well-being are larger for adolescent females than males. Also females reported higher levels of perceived social support, including support from friends and other sources than males.

Conclusion: Understanding and addressing these gender differences in psychological distress and social support are crucial for developing effective interventions and support systems that cater to both males' and females' unique needs.

Biography

Dr. Maysoun Atoum is a highly dedicated faculty member at Hashemite University's Nursing School. With a strong passion for nursing education, she plays a vital role in shaping the future of nursing by imparting essential knowledge, skills, and ethical values to her students. Dr. Atoum understands the importance of evidence-based practice (EBP) in nursing and is committed to incorporating it into her teaching and clinical practice. Her commitment to shaping the future of nursing by equipping her students with the necessary knowledge and skills will undoubtedly contribute to advancing healthcare and improving patient outcomes.

Documentation and Its Relevance for Patient Safety

Mary Anbarasi Johnson
CMC Vellore, India



Nursing documentation is essential for good clinical communication. Appropriate documentation provides an accurate reflection of nursing assessments, changes in clinical state, care provided, and pertinent patient information to support the multidisciplinary team to deliver great care. Documentation provides evidence of care and is an important professional and medico-legal requirement of nursing practice.

Documentation is considered a vital communication tool among healthcare professionals. Quality nursing documentation plays a vital role in delivering quality nursing care services.

The presentation aims to explain the need for a structured and standardized approach to nursing documentation for inpatients and to ensure consistent clinical communication processes. The main required documentation is the minimum documentation required to reflect safe patient care on admission. At the commencement of each shift, all 'required documentation' must be completed to comply with the National Safety & Quality Health Service Standards. There is an expectation that shift-required documentation is completed within 3 hours of the shift start time. Documentation is essential for quality nursing care as well as for patient safety. Nurses need to focus on the documentation process to make it sufficient and relevant.

Biography

I am Mary Anbarasi Johnson working as a professor and Head of the paediatric nursing department, at CMC Vellore. I worked as a Clinical Nurse Specialist in the PICU for a year and as an assistant professor in the USA for two years. US faculty and friends went out of their way to help me. I also worked as Assit. director of Nursing, in the Saudi Arabia Defence Sector, (Kamis Mushayt Armed Forces Hospitals for the Southern Saudi Arabia Region), I have learned much about the military from the excellent and amicable team there. CMC allowed me to be a Master trainer for International Projects like GFATM, and IMNCI at the national level as well as national projects like ICMR Infection Control, Child Sexual Abuse Protection, OSCE by Dr. MGR Medical University as well Diabetic of Educators programme, etc. It also allowed me to be an examiner or paper setter for various levels of nursing students for 6 universities and inspector for Dr. MGR Medical University. I am very much interested in reviewing articles. I have published in 70 national, and international journals and presented at around 30 national and international conferences. I have also contributed to 5 book chapters and published a book. I have completed "The Lean Six Sigma -Academy Europe, green, yellow, and black belt. I have served in CMC Vellore as an addl. Deputy Nursing Superintendent for staff training and quality assurance, NABH coordination, HICC -coordination, etc. I have been a CMC Institutional research board member for more than 4 years. NGO "INSO" had awarded me as well, I am thankful to them as well thankful to the SAS society for giving me the eminent membership with them. I am allowed to be the chief editor for a book on "Trends in Engineering, Management and Arts". I recently received the "Life Achievement Award "for my contribution to society by the SAHEI. My alma mater helped me to get "The Presidents Gold Medal for standing first in the university for the BSc (N) program. CMC research guidance has allowed me to be a speaker at many international conferences as well as to be an advisory member or editorial member executive editor or reviewer in more than 80 international journals.

Planetary Health Nursing for World Health in the Anthropocene

Alice M. L. LI

School of Nursing and Health Studies, Hong Kong Metropolitan University, Hong Kong SAR China



It is recognized that the entering of this historical new era of the Anthropocene will create important sustainable health needs in the philosophy of professional caring praxis. Planetary health nursing for world health represents the unprecedented challenges for sustainable health developments across present and future generations, together with grave implications for this evolving knowledge advocacy and health concerns as an obligatory part of professionalization towards global public health in transition at this age of eco-environmental and climate-mediated health risks per se. Planetary health nursing serves the significance of such arising rationalities at this critical time of need. The evolution of nursing knowledge development must be based on the progress of intellectual and scientific advancement. As the context of caring is the broadest term and the corresponding centrality that moves upon with its coherent parallel relevance of knowledge development should also be made for the role expansion of nursing capability scientifically and professionally to serve and blend for the changing health needs. In the realm of caring sciences, the dogma of a focus is on the parts of the changing health needs to the greater whole of health-determining factors. This is a continuing process of sustainable caring needs under the changing supremacy of deterministic rationality that echoes our legitimate expectations and notions of 'caring needs' towards the 22nd century. Today, the evolution of nursing knowledge demystifies the changing and expanding role to counter a new perspective of sustainable caring praxis. Thus, we must gain insights into the global and ecological worldview phenomena of such relational complexities under the Anthropocene effects in transition alongside the changing need to shape our professionalization of caring under such unprecedented facts in this age of eco-environmental and climate crisis per se. This is especially so, as it has enormous impacts on the sustainability of global public health. This further reinforces the need for planetary health nursing, as it comprises rationality and reasoning for our relational sense of coherence and connectivity in support of sustainable health developments across generations.

Biography

Alice M. L. LI Before joining the Hong Kong Metropolitan University, I was the Former Programme Director of HKU SPACE and Former Assistant Professor at The Hong Kong Polytechnic University. I have published many international articles with a recent book on Ecological Public Health for Nursing and Health Professionals in the Anthropocene. My interest's area includes ecological public health and planetary health. I think as a nurse, we could offer a new dimension of sustainable caring needs with the evolving professional praxis in this Age of eco-environmental and climate-mediated health threats under the mediating effects of the Anthropocene.

Anxiety and Depression in Patients with T2D in Greece: The Effect of Clinical Features

Paraskevi Theofilou

General Hospital of Thoracic Diseases SOTIRIA, Greece



Diabetes is a chronic disease that may be related to various periods of an individual's life. The aim of the present study is the investigate the existence of depression and anxiety among patients suffering from type 2 diabetes as well as the factors that influence these variables (depression and anxiety). The Hospital Anxiety and Depression Scale (HADS) for mental health assessment was used in the context of the collection of the research data. The study involved 100 patients (42 men and 58 women) with an average age of 63.72 ± 9.84 years of life. The results showed that there was a positive correlation between HbA1c value and anxiety as well as the HADS questionnaire total score and a positive correlation between blood glucose value and anxiety as well as the HADS questionnaire total score. Different clinical factors influence both the depression and anxiety of these patients.

Biography

Paraskevi Theofilou is Post Doc Researcher (2016-2018, University of Peloponnese, Department of Nursing, Sparta, Greece). She completed her Ph.D. in Health Psychology (Panteion University of Social and Political Sciences, Department of Psychology, Athens, Greece) Ph.D. in Personnel Management (University of Peloponnese, Department of Nursing, Tripoli, Greece) M.Sc. Health Services Management (Frederick University, School of Health Sciences and School of Law and Business Administration, Cyprus) M.Sc. Social exclusion, minorities, and gender (Panteion University of Social and Political Sciences, Department of Sociology, Athens, Greece) Social Administration - Management of Health Services (National School of Public Administration, Athens, Greece) B.Sc. in Psychology (Panteion University of Social and Political Sciences, Department of Psychology, Athens, Greece) B.Sc. in Social Work (Technological Educational Institute of Athens, Athens, Greece)

Case-Based Patient Scenario Learning Activity on Medication Administration Safety

Sandra McDade PhD, MSN-Ed, RN
Nursing Education, Capella University, USA



Over 50 percent of nursing students make medication errors worldwide (Dehvan et al., 2021; Spector, 2023). Medication errors range from near-misses to giving the wrong dose, medication, time, route, and environmental issues (Spector, 2023). An alarming 400,000 medical mistakes are made annually in the United States, and medication errors are the most common (Tsegaye et al., 2020).

The scope was for nursing faculty to teach critical thinking skills and clinical reasoning on medication administration safety to prevent medication administration errors to associate degree nursing students. The method utilized is case-based patient scenarios (CBS). CBpractical, innovative learning activities focus on the cognitive learning domain. They are underpinned in andragogy, increasing clinical judgment, critical thinking skills, and clinical reasoning in onsite and online educational settings.

The medication administration CBS objectives are (1) the learner will assess the patient scenario accurately, (2) the learner will identify normal findings, (3) the learner will identify abnormal findings, and the d (4) the learner will apply appropriate clinical judgment to give or hold medication.

CBS based on medication administration safety was conducted in a medical-surgical course. The last 20 minutes of the study course were dedicated to CBS activity. The results were an increase in active learning and engagement with the duration of the activity. The learners asked for CBS to be part of each class with various content from the weekly content taught. The learners stated they felt more prepared for exams and clinical rotations with the CBS activities implemented in the classroom.

In conclusion, CBS is an effective method for nursing students to practice critical thinking skills in medication administration in a safe learning environment.

Biography

Dr. Sandra McDade recently graduated with the highest honors from Capella University with a Ph.D. in Nursing Education in 2022. She received a master's degree in nursing education and a baccalaureate in nursing with the highest honors in both programs from Benedictine University. Her passion and focus are directed at enhancing nursing education and patient safety. She has an extensive nursing background in the emergency department. Dr. McDade's dissertation focused on improving nursing student resiliency. Dr. McDade has published 2 research articles in nursing journals in the last year.

The relationship between depression risk and gestational diabetes mellitus

¹Yu-Chen Su*, Ph.D

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Shu-Fang Chang, Professor Department of Nursing, College of Nursing, National Taipei University of Nursing and Health Sciences, Taiwan.



Gestational diabetes mellitus (GDM) refers to the occurrence of any degree of impaired glucose tolerance in pregnant women during pregnancy. GDM has short-term and long-term adverse effects on both the pregnant woman and the newborn, and it reduces the quality of life. GDM may increase the risk of developing preeclampsia, hypertension, and type 2 diabetes in pregnant women, and they are more prone to undergo caesarean section and experience preterm birth. Furthermore, GDM is also associated with foetal macrosomia, shoulder dystocia, neonatal hypoglycaemia, death, and an increased risk of future development of type 2 diabetes. Pregnancy is a crucial period in a woman's life as it involves commitment, establishing attachment, and self-preparation, requiring continuous learning and adjustment to enter a new stage and embrace the new maternal role. According to a survey conducted on 6,421 pregnant women by Canadian scholars, it was found that 12% of women experienced high levels of stress, which may lead to maladaptive coping and excessive stress, and even trigger depressive emotions in women. Particularly, women with high-risk pregnancies may endure greater stress and are more likely to experience depressive emotions. Research suggests that women with gestational diabetes mellitus (GDM) have a higher prevalence of depression. A study examining stress, depression, anxiety, and physical activity levels in 632 Hispanic women with GDM found that these women experienced more severe stress and tendencies towards depression compared to pregnant women without GDM. In a survey conducted involving 95 women with GDM, it was found that 33.4% of the women exhibited symptoms of depression. Another study conducted compared 180 women with GDM to 186 women with normal blood glucose levels and found that women with GDM had higher levels of depression compared to women with normal blood glucose levels.

Biography

Yu-Chen Su is currently a Ph.D. candidate in the Nursing Department at the National Taipei University of Health Sciences in Taiwan. She possesses over twenty-five years of nursing clinical practice experience.

In 2022, she published a paper titled "The Relationship between Sarcopenia and Injury Events: A Systematic Review and Meta-Analysis of 98,754 Older Adults" in the Journal of Clinical Medicine (J. Clin. Med.) (SCI).

In 2023, she attended the 29th International Council of Nurses (ICN) conference in Montreal, Canada, and successfully presented two papers, exploring "The Relationship Between Sarcopenia and Fracture Risk in Older Adults" and "The Relationship Between Diabetes and Depression Risk in Adults".

Using Large Language Models to Tag Clinical Concepts Extracted from Nursing Notes

Delgersuren Bold*¹, Darren Liu¹, Laurie Dimisko¹, Cheng Ding¹, Vivian Zhang¹, Roy L. Simpson¹, Vicki Herzberg¹, and Xiao Hu¹

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Nursing notes contain information, complementary to widely used objective measurements including laboratory test results and vital signs, that can enrich structured data used in machine learning models to recognize patient deterioration. Our group aimed to enhance machine learning models used for patient deterioration recognition by incorporating information from nursing notes. We developed a multi-modality data fusion algorithm framework that represented heterogeneous data as time-stamped tokens. To extract clinical concepts from nursing notes, we utilized MetaMap (from NIH), a medical-named entity extraction tool. However, MetaMap had limitations in terms of concept detection accuracy, temporality, and negation. To address this, we tested general-purpose large language models (LLMs), i.e., GPT3.5 to further tag a clinical concept detected by MetaMap. Annotations were performed by a team of 3 nursing and 6 physician professionals on 160 randomly selected notes in the web-based annotation tool we developed. Discrepancies were resolved through group consensus. We utilized Microsoft Azure OpenAI Service to submit each note individually and asked specific questions related to concept recognition, temporality, and negation to GPT3.5. We also experimented with a 'chain of thought' prompting process to improve accuracy. Results showed that GPT3.5 achieved high accuracy and F1 scores for detecting concepts correctly. However, it performed poorly in determining whether a detected concept should be negated. The study highlighted the potential of using large language models like GPT3.5 to process nursing notes, but further research is necessary to improve the model's performance in tagging temporality and negation of concepts. We collectively acknowledged that our study raised more questions than answers and discussed the conservative nature of GPT3.5 in providing answers related to diseases, syndromes, and symptoms. Despite this, we found the potential of LLMs such as GPT 3.5 to be valuable in providing correct answers and clinically sound explanations. They emphasized the potential of using language models in nursing to improve communication, reduce documentation burden, and enhance AI applications with valuable information extracted from nursing notes. In conclusion, this pilot study demonstrated that LLMs such as GPT 3.5 can accurately detect clinical concepts identified by traditional clinical-named entity recognition approaches. However, further research is needed to refine LLMs ability to tag temporality and negation of concepts in nursing notes.

Biography

Delgersuren Bold's current title at Emory University is Senior Research Data/Informatics Specialist. He is a full-stack developer, and data engineer with a strong emphasis on clinical data management. He has master's and bachelor's degrees in Computer Science, obtained from San Francisco State University. Over the past 7 years, he has been involved in developing systems that advance medical research, patient care in hospitals, and various research relating to natural language processing and clinical waveform signal processing.

Validation of a Guideline for Nurses Taking Care of Patients with Liver Cirrhosis in the Context of COVID-19

Jéssica Costa Maia*, Kátia Cilene Godinho Bertoncello, Sabrina da Silva de Souza, Melissa Orlandi Honório Locks, Sabrina Regina Martins, Elisiane Lorenzini
Federal University of Santa Catarina, Florianópolis, Santa Catarina, Brazil



In December 2019, pneumonia of unknown etiology in China was identified and later characterized as a new coronavirus (World Health Organization, 2020a). The virus referred to as severe acute respiratory syndrome 2 (SARS-CoV-2) became known for its high transmissibility and potential infection due to its pathogenicity that can cause coronavirus disease-2019 (COVID-19). COVID-19 is manifested in different clinical outcomes and may present signs and symptoms that are developed in a mild, moderate, severe, or critical form (Deng, 2020; Wang et al., 2020; Wang, Tang, & Wei, 2020). In January 2020, the World Health Organization declared COVID-19 a public health emergency of international interest and, in March, a pandemic (World Health Organization, 2020b, 2020c). Patients with liver cirrhosis, who are in an immunodeficiency state, can be more susceptible to SARS-CoV-2 infection (Irvine, Ratnasekera, Powell, & Hume, 2019; Marjot et al., 2020). When infected with the virus, diverse evidence indicates that people with liver cirrhosis have worse clinical outcomes, with increased hepatic decompensation and increased hospitalization and death risks (Marjot et al., 2020; Singh & Khan, 2020). The objective of this study was to prepare and validate the content of a guideline for the nursing care of adult patients with liver cirrhosis and COVID-19 treated in the emergency department. The study was conducted in two stages: first, the guideline was developed based on an integrative literature review and existing guidelines on the topic. The guideline was prepared with six domains and 64 care items. In the second stage, 15 specialists in urgency and emergency services performed content validation of the guideline. The data were analyzed using the Content Validity Index, with reliability assessed through Cronbach's α . The judges validated the guide regarding language clarity, objectivity, theoretical relevance, and practical pertinence. The value of the guideline's Content Validity Index was 0.96. Cronbach's α reliability reached a value of 0.93. The judges validated all domains and items of the guideline for theoretical relevance and practical pertinence, to be used by researchers and clinical practice professionals in the nursing area.

Biography

Jéssica Costa Maia is a Nurse. Master in Nursing. Specialist in Enterostomal Therapy at Albert Einstein Hospital. Currently in the doctoral program in nursing at the Federal University of Santa Catarina – Brazil. Experience in emergency care, clinical care, and surgical care.

Education and Socialization

Rachel E. Spector, PhD, CTN-A, FAAN
Boston College, USA



“When we asked nurses for help because we didn’t think mom was safe to be home alone, all we got was that she was “medically” fine and a list of home care agencies to call. As a daughter, I was frustrated at the lack of accountability across the entire system. As a nurse, I was appalled at the lack of critical thinking and sense I got that it was always someone else’s responsibility. It is time to reform health care, and the nursing profession, and that reform must come from the top.”

These words, written by a prominent nursing leader, lead to countless questions about Education and Socialization. How did we reach this critical moment in our professional development? Is it related to the ongoing quick educational fix used to prepare nurses?

This presentation will explore this issue. A comparison of the “traditional” generic long-term and the new “modern” 15-month curriculum for the preparation of “Master Nurses” will serve as the foundation that will lead to the development of questions that MUST be answered to disentangle our present circumstances.

Biography

Dr. Spector authorises several books, including Cultural Diversity in Health and Illness; Cultural Care: Guides to Heritage Assessment and Health Traditions; and Las Culturas de la SALUD, published in Spain (2003). She is continuing her research in cultural diversity, expecting to publish an international edition of Las Culturas de la SALUD.

Dr. Spector was an associate professor at the William F. Connell Boston College School of Nursing, where she taught Community Health Nursing, Issues in Nursing and Health Care, and Culture and Health Care. Much of her work focused on developing and teaching models of effective nursing care, or “cultural care,” in multicultural populations. For more than 30 years, Dr. Spector has researched, taught, practiced, and consulted in this specialty in many parts of the United States and internationally. She initiated and mounted the popular “Immigrant Health Traditions” exhibit at the Ellis Island Immigration Museum in 1994.

Dr. Spector is a Mount Sinai Hospital School of Nursing graduate in New York City. She earned a B.S. in Nursing, an M.S. in Community Health Nursing from Boston College School of Nursing, and a Ph.D. from the University of Texas at Austin School of Nursing. She is a Distinguished Alumna from the Mount Sinai Hospital School of Nursing, a Fellow of the American Academy of Nursing, and a Scholar in Transcultural Nursing. The Massachusetts Association of Registered Nurses, the State organization of the American Nurses Association, honoured Dr. Spector as a “Living Legend” in 2007. In 2008, the American Nurses Association awarded her an Honorary Human Rights Award. In 2010, she was appointed a Visiting Distinguished Scholar at the Institute for Patient Care, Massachusetts General Hospital in Boston.

Heart diseases, anxiety disorders, and negative thoughts

Mina Karki*¹, Gehendra Mahara²

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The mind and the heart are inextricably linked. Depression, worry, loneliness, anger, and chronic stress are all negative mental states that can increase the risk of heart disease or worsen existing cardiac problems.

Cardiomyopathy develops in response to suddenly hearing stressful news, such as a loved one being diagnosed with cancer. Thus, intense emotions, such as anger, can also lead to abnormal heart rhythms. When you are stressed, your blood pressure and heart rate both rises. Chronic stress causes your body to produce harmful quantities of stress hormones such as cortisol, which can alter blood clots. All these factors can lead to a heart attack or a stroke. Negative thoughts, feelings, or emotions may influence lifestyle patterns, increasing the risk of heart disease. People who are chronically stressed, nervous, sad, or angry are more likely to consume excessive amounts of alcohol, smoke, overeat, and exercise insufficiently— all harmful habits that are detrimental to their heart health.

Biography

Mrs. Mina Kumari Karki is a dedicated registered Nurse from Nepal, with over 20 years of experience as a senior nurse at the Mental Hospital in Lagankhel, Lalitpur. She holds an M.Sc. degree in Nursing, specializing in Community Health. Mrs. Karki has tirelessly served her country in various capacities, focusing on community health, nursing care, policymaking, communicable diseases, and mental health. Her passion for research has led her to actively participate in international and national conferences, seminars, and workshops related to her areas of interest. Mrs. Mina Kumari Karki's invaluable contributions have significantly impacted the field of nursing and healthcare in Nepal.

Incidence of Respiratory Depression Among Trauma Patients on the General Care Floor Receiving Intravenous Opioids: A Prospective, Blinded Observational Study

Susan J Dempsey

Clinical Nurse Specialist, University of California, USA

Methods. Patients who presented to the emergency department following traumatic injury and were admitted to general care floors were continuously monitored with bedside capnography and pulse oximetry for signs of respiratory depression. The Principal Investigator (PI), an advanced practice registered nurse with expertise in pain management and critical care, also assessed every patient within 5 minutes before opioid administration and every 10 minutes for 60 minutes thereafter. The adjusted Wald method was used to calculate the incidence of respiratory depression. STOP-BANG and PRODIGY risk scores were calculated. The time of admission to the ward and the time of the first OIRD were determined and displayed on a 24-hour radar plot for visual inspection of the peak occurrence of events.

Summary of findings. Nineteen patients were admitted for a traumatic injury to a general care floor and underwent continuous monitoring with capnography and pulse oximetry. Indications for admission were orthopedic trauma (n=15), chest trauma (n=3), or abdominal (n=1) trauma. Twelve patients required surgical management. High-risk STOP-BANG and PRODIGY scores were calculated for 5 (26.3%) and 8 (42.1%) patients, respectively. The median duration of monitoring was 7.0 [6.4, 7.4] hours. All patients received intravenous opioids in the emergency department and general care floors. Median morphine equivalents in the emergency department were 17.5 MME (IQR 24) and 18MME (IQR 24) for patients who later experienced >1 respiratory event on the GCF as compared to those patients who did not experience a respiratory event on the GCF. Median morphine equivalents (MME) on the general care floor were 7 MME (IQR 8) and 7 MME (IQR 3.5) for patients with >1 respiratory depression event or without, respectively. Respiratory depression was detected in 14 patients (incidence 71 [95%CI 50.9 – 88.6] cases per 100 patients) with apnea (n=12) and hypoxemia (n=10) the most detected abnormalities and hypopnea (n=5) and low expired end-breath carbon dioxide level (n=4) less common. The median time to first detected OIRD was 108 (24, 275) minutes. The majority of admissions were between 1600 and 2400 (n=9, 64%), and the majority of first OIRD episodes were from 1800 to 2400 (n=9, 64%). 42.8% (n=6) of respiratory events occurred before administering intravenous or oral opioids in the general care ward. Using the Pasero Opioid-Induced Sedation Scale, sedation was observed in 78% (n=11) of patients. The PI recognized fifty percent (n=7) of respiratory events. No patient received an opioid receptor antagonist (naloxone) or was transferred to a higher level of care.

Conclusion. These findings revealed that respiratory depression detected by bedside capnography and pulse oximetry was common among trauma patients hospitalized on general care floors. Importantly, OIRD typically was first observed early in the hospital course. Furthermore, respiratory depression and apnea were commonly recognized by changes in exhaled carbon dioxide (ETCO₂) and oxygen saturation while undetected with nursing assessment. These results show the unmet need for continuous monitoring in this patient population.

Biography

Susan Dempsey is the Pain Management Clinical Nurse Specialist for the University of California, Los Angeles Health System. Her research interest is monitoring and surveillance of patients receiving opioids for pain management to prevent opioid-related adverse events, including respiratory depression. She works to improve monitoring for the early recognition of unintended sedation and respiratory compromise.

Dr. Dempsey has practiced as a CNS for Pain Management, Acute and Critical Care Units, and Surgical Services. She earned her Ph.D. from the University of California, Los Angeles, focusing on patient safety, outcomes research, and monitoring of patients receiving opioids.

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