



Joint Event 4th Edition of

World Nursing Science Conference & Public Health and Midwifery World Conference

07-09 September 2025

Venue

Crowne Plaza Boston-Woburn
15 Middlesex Canal Park
Woburn, MA 01801, USA

WNSC&CRDW C 2025

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ABOUT US

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KEYNOTE SESSIONS

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Adele Webb

Executive Dean of Healthcare Initiatives at Strategic Education, Inc., USA.

Overview of Augmented Intelligence for Nursing

Augmented intelligence (AI) is revolutionizing the field of nursing through its integration into various facets of healthcare delivery. The primary inputs include vast amounts of patient data collected from electronic health records (EHRs), wearable devices, and other health monitoring systems. This data encompasses patient histories, real-time vital signs, diagnostic results, and treatment outcomes, providing a rich and comprehensive dataset for AI systems to process and analyze. By enhancing clinical decision-making, streamlining administrative tasks, and improving patient outcomes. AI-driven tools such as predictive analytics, machine learning algorithms, and natural language processing are enabling nurses to identify at-risk patients, predict disease progression, and tailor interventions more effectively. These technologies are also reducing the burden of documentation and administrative work through automated data entry and intelligent record-keeping systems, allowing nurses to focus more on patient care.

AI systems leverage advanced algorithms, machine learning, and natural language processing to interpret and analyze the input data. These technologies facilitate predictive analytics, decision support systems, and personalized care plans. AI's ability to identify patterns and predict outcomes enhances clinical decision-making, streamlines administrative tasks, and improves operational efficiencies. Through these processes, AI supports nurses by providing evidence-based recommendations, automating routine tasks, and enhancing the accuracy of diagnoses and treatments. Additionally, AI-powered wearable devices and telehealth platforms are providing real-time health monitoring and remote patient management, expanding the reach and efficiency of nursing care. Despite the significant advancements, the integration of AI in nursing practice also poses challenges, including the need for proper training, ethical considerations, and the importance of maintaining the human touch in patient interactions.

The transformation brought by AI in nursing practice results in improved patient outcomes, increased efficiency, and enhanced patient and staff satisfaction. Outputs include personalized care plans tailored to individual patient needs, early detection of potential health issues, and optimized resource allocation. AI also contributes to continuous education and training for nurses by providing up-to-date information and insights derived from real-world data. Ultimately, the integration of AI into nursing practice leads to a more proactive, efficient, and patient-centred healthcare system. This presentation will detail the impacts on nursing practice from current AI opportunities, as well as address the challenges of use along with the future effects as AI continues to develop.

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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 concerning both communicable and non-communicable diseases. She has received extensive funding for her global 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-out 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.



Robin Adams Geiger

Chief Executive Officer, Ovita Health, USA.

Nursing Retention Redefined: Transformative Strategies That Work

Nursing retention is a critical challenge in today's healthcare landscape, exacerbated by high stress, burnout, and systemic pressures. In this keynote presentation, we explore innovative strategies to retain our invaluable nursing workforce through the transformative power of active listening and comprehensive wellness programs. By centering on the voices of our nurses, we uncover the unique challenges they face—from emotional exhaustion to work-life imbalance—and identify targeted, evidence-based solutions that promote well-being, engagement, and professional fulfillment.

Drawing from real-world case studies and success stories, this presentation highlights how institutions that prioritize active listening and create robust wellness programs can significantly enhance job satisfaction and reduce turnover. Attendees will learn practical approaches to building a supportive environment, such as implementing tailored stress management initiatives, developing peer support networks, and introducing flexible scheduling policies that accommodate the diverse needs of nursing staff. These strategies not only mitigate burnout but also foster a resilient, engaged workforce committed to delivering high-quality patient care.

This keynote is designed to empower nurse leaders with actionable tools and insights to transform challenges into opportunities. By fostering a culture that truly listens to its nurses and invests in their overall wellness, we can build a sustainable healthcare workforce that is both resilient and dynamic. Ultimately, prioritizing the well-being of our nurses is essential for improving patient outcomes and ensuring the long-term success of our healthcare systems.

Keywords: nursing, workforce, inclusion, retention, culture, leadership

Biography

Dr. Geiger is an accomplished, results-driven, board-certified nurse executive with over 20 years of clinical leadership experience, leading national teams and creating program initiatives in federal, corporate, and academic settings. She is the Senior Vice President of clinician Advocacy for Ingenovis Health, where she is proud to lead the ACT (Advocacy, Career, and Tools) program focused on clinician support and well-being.

She is board-certified as a Nurse Executive and Nurse Practitioner and maintains clinical privileges as co-founder and owner of a concierge-based telehealth practice in Florida. Dr. Geiger holds several board positions. She is the Chair of the Chief Nurse Advisory Board for Ingenovis Health, a board member of the National Diversity Council, and a board member of the American College of Education Nurse Advisory. She is often sought as a global motivational speaker and lecturer on nursing leadership, mentorship, and nurse education. She hosts the Clinician Voice podcast and ACT for Health Professionals Webinar Series.

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Dr. Geiger has served as Associate Dean of Academic Affairs for National University, Vice President of Clinical Services/ Chief Privacy Officer for Muscular Dystrophy Assoc., and Head Nurse for Veterans Affairs Community Care. She is passionate about clinician advocacy, health equity, and mentorship. She resides in Florida with her family.



Joi A. McMillon

J.A.D. Infection Control Experts, USA.

The Challenge of Post-Acute Compliance with Infection Prevention and Control

The post-acute nursing world presents many challenges for the prevention of healthcare-acquired infections. CMS has minimum requirements of only 20 hours per week dedicated to infection prevention and control, no matter the size and capacity of the building. Many of the infection preventionists do not have the proper training and experience and wear many hats. Most function as the Assistant Director of Nursing and Staff Development Coordinator. Depending on the competing priorities in the facility, proper infection prevention often takes a backseat to patient issues, complaints, and regulatory survey issues. This leaves the facility at a greater risk for outbreaks and an extended length of stay for patients. It is important to use a proactive approach to infection prevention and control, and it requires proper surveillance of compliance with evidence-based practices, as well as role-specific education in infection prevention and control. To effectively manage infection prevention and control, the infection preventionist must have the time to complete the risk assessments, root cause analysis, construction risk assessments, and monitoring of compliance. Proper infection prevention does not fall solely on the clinical departments, such as nursing. Infection prevention and control is the responsibility of everyone in the healthcare facility. J.A.D. Infection Control Experts has developed a way to proactively address these issues and develop a tailored blueprint for success.

Biography

Joi McMillon has been nursing for over 31 years. In her 31 years in nursing, leading organizations to clinical excellence by using her passion by applying evidence-based practices and continuous improvement strategies. She has thirty years of experience in infection control and regulatory compliance. She is passionate about speaking to healthcare industry leaders about leading with compassion and accountability, infection prevention and control strategies, and best practices. She engages in strategic planning events and leadership development. CEO of J.A.D. Infection Control Experts a trusted name in the industry, bringing the latest research and best practices directly to their clients



Cristen Mackwell

Atlantic Health System, USA.

Elevate, Educate, Empower: The Nursing Journey

This keynote presentation will focus on elevation, education, and empowerment of nurses through a healthy work environment.

The nursing profession is in a constant state of evolution, driven by the evolving demands of healthcare, the growing complexity of patient care, and the expanding role of nurses in clinical and leadership settings. In such a dynamic environment, it's crucial for nurses to continuously strive to elevate, educate, and empower themselves. The aggregation of these three elements is key to support thriving within nursing and to improve healthcare delivery. This journey demands a deep commitment to professional growth, lifelong learning, and a mindset of proactive leadership. Through a focus on these principles, nurses can create positive change for their teams and patients.

The concept of "elevating" in nursing goes beyond personal ambition; it is about advancing the profession. Elevation involves seeking leadership opportunities, expanding one's scope of practice, and consistently striving for excellence in patient care. The choice to elevate your practice may mean returning for a higher degree, obtaining a specialty certification, joining a committee within your organization, attending a conference, or becoming actively involved in a professional nursing organization. Nurses must be intentional about setting long-term professional goals and seeking out mentors who can provide guidance.

Continual education and nursing are intertwined as new technologies, treatments, and best practices are frequently emerging. How a nurse continues their education will depend on their interests, patient populations served, available time, and goals. Elevating one's knowledge positions the nurse to be more effective in their nursing role and to deliver high-quality care.

Empowerment in nursing is synonymous with advocating for patients, other team members, or yourself. Empowered nurses are more likely to assist with facilitating a healthy work environment. Healthy work environments directly support the empowerment of nurses. When nurses feel supported, respected, and valued, they are more confident in their ability to provide excellent care, advocate for patient needs, and contribute to improvements in the healthcare system. In such an environment, they are also more likely to pursue career advancement opportunities, knowing that their well-being and growth are prioritized. Healthy environments also reduce burnout and turnover. Empowered nurses who feel supported are more likely to stay in the profession long-term and to take on leadership roles, contributing to the overall elevation of nursing practice.

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Biography

Cristen Mackwell has been a registered nurse for over twenty years with varied experience in both the acute and outpatient settings. She is currently enrolled in a PhD in nursing program and holds a Doctor of Nursing Practice degree from Grand Canyon University. Cristen received her Master of Science in Nursing from Walden University and a Bachelor of Science from Cedar Crest College. She holds certifications as a CEN, CMSRN, and in EBP-C, GERO-BC, NPD-BC, and CDP. Cristen currently works as a clinical nurse specialist with a focus on research and innovation and the NICHE coordinator for Hackettstown and Newton Medical Centres. Additionally, Cristen adjuncts for three nursing programs in New Jersey. She is professionally involved as the president of the Northern New Jersey Chapter of AACN, chair for the (CMSRN) Certified Medical-Surgical Registered Nurses national recertification committee, Program and Research/EBP committees co-chair for the Consortium of New Jersey Nurse Educators, , the New Jersey State Nurses Association on the legislation committee, and as a member of the research committee for the New Jersey Organization of Nurse Leaders and the EBP and Aging RIG for ENRS. Cristen was inducted in Sigma Theta Tau in 2003. She became a DAISY Award honouree in 2021. Cristen was also a finalist for the March of Dimes Nurse of Year in 2017 and the NJSNA C.A.R.E.S award in 2020. She was a clinical excellence award winner in the Western Region in the Leadership category in 2019. Cristen regularly presents at the state and national level and has been published for work related to Chronic Obstructive Pulmonary Disease and social media.



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ORAL | **DAY 1**





Kathleen Smith ^{1*}Dawn Kempa ^{2*}

¹Northwell Health, USA.

²Telehealth Lactation Consultant, USA.

Virtual Lactation Increases Duration and Exclusivity of Breastfeeding in Black Women

This presentation will explore the significant impact of virtual lactation support on breastfeeding outcomes for Black women, a population disproportionately affected by low breastfeeding rates and related health disparities. Despite the well-documented benefits of breastfeeding for both mothers and infants, Black women face numerous systemic barriers that hinder their ability to initiate and sustain breastfeeding. These barriers include lack of access to culturally competent lactation support, socioeconomic disparities, historical trauma related to medical mistrust, and implicit bias within the healthcare system. Consequently, Black infants experience higher rates of adverse health outcomes, including Sudden Unexpected Infant Death (SUID), which is nearly three times more prevalent among Black infants compared to white infants. Exclusive breastfeeding for the first two months of life can reduce the risk of SUID by 50%, highlighting the critical need for interventions that effectively support breastfeeding in this population.

This presentation will demonstrate how telehealth lactation programs, such as the Northwell Health Virtual Lactation Program, offer a promising solution to address these disparities. By leveraging technology to provide convenient, accessible, and culturally sensitive support, virtual lactation consultations remove significant barriers to care. Eliminating the need for transportation, childcare, and time off work, these programs empower Black mothers to receive the support they need in the comfort and privacy of their own homes. This is particularly crucial in the critical first days and weeks postpartum when breastfeeding difficulties are most common and timely intervention can significantly impact breastfeeding success.

Data from the Northwell Health Virtual Lactation Program reveals a substantial improvement in breastfeeding outcomes for Black women. Compared to the US average, the program achieved a remarkable 32% increase in breastfeeding duration and a 135% increase in exclusive breastfeeding rates at six months. These findings underscore the effectiveness of virtual lactation support in promoting both the initiation and continuation of breastfeeding among Black mothers.

The presentation will delve into the specific learning objectives, aiming to equip the audience with a comprehensive understanding of the challenges and solutions surrounding breastfeeding disparities.

Attendees will learn about the persistent gap in breastfeeding rates between Black women and other racial/ethnic groups, the disproportionate burden of adverse health outcomes experienced by Black mothers and infants, and the crucial role of telehealth in narrowing these health inequities. The presentation will also highlight the recommendations of the US Preventative Services Task Force, which emphasizes the effectiveness of breastfeeding support in increasing exclusive breastfeeding rates. Finally, the presentation will detail the implementation methods of the Northwell Health Virtual Lactation Program, showcasing the practical application of telehealth technology in delivering one-on-one, personalized lactation support by certified lactation consultants. By sharing this successful model, the presentation aims to inspire and inform the adoption of similar programs to improve breastfeeding outcomes and reduce health disparities for Black women and their infants.

Biography

Kate Smith BA, MSN, RNC-MNN, IBCLC has worked in the Maternal/Child area as a nurse at the bedside and has held leadership positions within Northwell Health. She brings with her a wealth of knowledge in the Maternal/Child area and has also worked with many populations within the community. Kate has presented at a few different conferences including Northwell Health Annual Perinatal Conference, AWHONN and North Country Leadership Summit.

Biography

Dawn Kempa, BSN, RN, IBCLC, an expert in lactation, has been a Registered Nurse and International Board-Certified Lactation Consultant for 38 years. Dawn implemented LIJ WIC Program and served as WIC Director at Cohen Children's Medical Center and as a NYC WIC Association Board member for 18 years. She has worked closely with the underserved populations in many communities. Dawn has spoken at Albany Grand Rounds and presented at many conferences. She continues her work as a RN, IBCLC providing telehealth lactation visits helping families achieve their breastfeeding goals

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Dymphna O'Carroll ¹*Susan Resnick^{2*}

¹Emmanuel College School of Nursing, USA.

²Advent Health Orlando, USA.

Evaluating the Effectiveness of the m ROMPIS Scale in Preventing Pressure Injuries in Intubated ICU Patients: A Clinical Intervention Study

Problem

Medical device-related pressure injuries (MDRPIs) are a significant concern in ICU settings with endotracheal tubes (ETTs). The incidence of MDRPIs can reach up to 34%, with oral pressure injuries affecting up to 45% of ICU patients, impacting outcomes and costs (Kuniavsky et al., 2020). Using a standardized tool like the modified Reaper Oral Mucosa Pressure Injury Scale (m-ROMPIS) can improve assessment consistency and accuracy (Fitzgerald et al., 2023; Genc & Yildiz, 2022).

Purpose

This project aims to evaluate oral pressure injuries associated with ETTs and pilot the m-ROMPIS tool during routine oral care in the ICU. The goal is to equip RNs and RTs with the skills to assess and manage these injuries, enhancing patient outcomes (Genc & Yildiz, 2022).

Theoretical Framework

Betty Neuman's Systems Model is used to address stressors contributing to oral pressure injuries in ICU patients with ETTs. The model focuses on mitigating stressors through education on assessment and management, enhancing patient outcomes.

Methodology

A multi-phase approach includes a baseline assessment of ICU staff knowledge, development and delivery of an education module, and integration of the m-ROMPIS tool into routine assessments. Data on oral pressure injuries will be collected pre- and post-intervention to evaluate effectiveness.

Implementation

The project will be implemented in the ICU of St. Elizabeth's Medical Center, involving ICU RNs, RTs, and a multidisciplinary team. Educational materials and training sessions will be developed and conducted.

RNs and RTs will complete m-ROMPIS assessments via surveys to gather data on oral pressure injuries.

Evaluation

A bedside documentation survey incorporating the m-ROMPIS scale will be completed by ICU staff following oral care and/or ETT repositioning. Data collection will extend over three weeks, followed by a one-month follow-up. The anticipated outcome is a clinical practice guideline for standard oral care in intubated patients.

Results

Over three weeks, 100 m-ROMPIS patient surveys were completed. The average intubation duration was 5.4 days. There were 68 instances of Stage 0, 14 of Stage 1, 5 of Stage 2, and 3 of Stage 3 injuries. Post-implementation surveys indicated staff appreciated the tool for enhancing oral mucosa assessment and valued interdisciplinary collaboration.

Implications for Practice

Baseline and post-implementation data will provide insights into the impact of the m-ROMPIS tool on pressure injury rates. A proposed clinical practice guideline will ensure continued use of the m-ROMPIS tool, promoting long-term improvements in patient care. The project underscores the importance of interprofessional collaboration and effective communication in the ICU.

Biography

Dymphna O'Carroll is a respected nurse educator, clinician, and researcher with over two decades of experience in healthcare leadership, clinical practice, and nursing education. As an Assistant Professor of Nursing at Emmanuel College in Boston, she is dedicated to shaping the next generation of nurses through innovative teaching methodologies, evidence-based practice implementation, and interdisciplinary collaboration.

Professor O'Carroll's doctoral project at Samford University focuses on revolutionizing pressure injury prevention protocols in critical care settings through the implementation and validation of the modified Reaper Oral Mucosal Pressure Injury Scale (m-ROMPIS). Her DNP project demonstrates significant clinical improvements in pressure injury identification and prevention among high-risk ICU patients, establishing a framework for early intervention that can be adapted across diverse healthcare settings.

Throughout her career, Professor O'Carroll has held key leadership positions in nursing education, hospital administration, and clinical coordination, consistently driving quality improvement initiatives that advance patient-centered care. Her research emphasizes the critical intersection between evidence-based protocols and practical bedside nursing implementation, addressing the challenges of translating research into sustainable clinical practice.

At the 4th Edition World Nursing Science Conference 2025, Professor O'Carroll will present her work on the m-ROMPIS implementation model, sharing insights on enhancing patient safety outcomes, empowering frontline healthcare professionals through specialized education, and integrating innovative assessment tools into standard nursing workflows. Her presentation will highlight the demonstrable improvements in pressure injury prevention achieved through her implementation strategy, offering conference attendees practical frameworks for application in their clinical environments.

Professor O'Carroll's commitment to mentoring nursing students and healthcare professionals, combined with her expertise in quality improvement methodologies, positions her as a transformative voice in advancing nursing science and practice in today's evolving healthcare landscape.

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Biography

Susan Resnick is an accomplished nursing professional with extensive experience in both clinical and academic settings. Currently serving as the Training Program Manager at Advent Health Orlando, she specializes in supporting new graduate nurses and delivering obstetric and pediatric nursing education. Susan has held various roles, including a Nursing Faculty member at the University of Central Florida, Professional Development Coordinator at Nemours Children's Hospital, and Clinical Assistant Nurse Manager at Winnie Palmer Hospital for Women & Babies in the NICU. Susan is pursuing a Doctor of Science in Nursing at Samford University, complementing her Master of Science in Nursing from Western Governors University and her Bachelor of Science in Nursing from Millikin University. Susan enjoys spending time at Disney, the beach, and supporting her children in their varied sports activities with her husband Cade.



Hanna Lenkola and Anna Sievers

Senior Lecturer, School of Health Care, Metropolia UAS Helsinki, Finland.

Functionally Bilingual Nursing Education Model – A Sustainable Solution to the Global Nursing Shortage

The global nursing shortage is a significant challenge for healthcare, particularly in regions with limited resources and increasing health needs. Functionally Bilingual Nursing Education Model provides a groundbreaking innovation and a sustainable solution to this issue by integrating the recruitment of international students and language learning into nursing education.

Students can begin their studies without prior proficiency in the destination country's official language, as language acquisition is integrated into the curriculum, saving time by learning the language simultaneously. In Finland, this model has already been successfully implemented with English as the language of instruction and Finnish learned alongside professional studies. Since the model is generic from both a pedagogical and language- learning perspective, it can also be applied to other languages. Additionally, following the ministry's recommendation, Finland is transitioning towards a bilingual educational model in nursing degrees and other sectors facing labour shortages.

Functionally Bilingual Nursing Education is based on blended learning, combining theoretical studies, practical training, and language acquisition. International students are integrated into nursing education from the outset, ensuring that professional language skills are acquired as part of their studies. The program structure enables students to participate in internships and mentoring programs that support both clinical skills and linguistic proficiency. This ensures that graduates are well-prepared to enter the job market and work effectively and culturally sensitively within the healthcare sector of their destination country. This approach not only alleviates workforce shortages in destination countries but also improves healthcare quality and fosters global collaboration in the nursing field. Moreover, the model promotes cultural diversity and inclusivity in healthcare, which is essential in an increasingly international patient population.

Functionally Bilingual Nursing Education Model supports sustainable and responsible workforce mobility while ensuring that future nurses can seamlessly integrate into the healthcare system of their destination country upon graduation. The development and implementation of the Functionally Bilingual Nursing Education Model have been supported by the Finnish Ministry of Education and Culture and the Ministry of Economic Affairs and Employment, ensuring a strong foundation for ethical

and sustainable workforce development.

Conclusion: Functionally Bilingual Nursing Education Model offers a comprehensive and innovative approach to addressing global nursing shortage. Its strengths lie in blended learning, work- oriented language education, and ethically sustainable international student recruitment. The uniqueness of this approach lies in its ability to combine language learning with professional training, creating a seamless pathway for international students to become fully integrated healthcare professionals and making it an effective and impactful solution to the global nursing shortage.

Biography

Hanna Lenkola is a Finnish language expert, experienced pedagogue, and project manager specializing in language education and international competence development. With a strong background in language pedagogy, multilingual education, and educational innovation, she combines her pedagogical expertise with project management to create effective training solutions, such as bilingual teaching practices. Hanna's work focuses on supporting the reform of education systems and the integration of a multilingual workforce across various sectors, fostering the development of global competencies through innovative educational approaches.

Biography

Anna Sievers is an experienced healthcare professional, nursing educator, and pedagogue specializing in nursing education and international competence development. With a strong foundation in nursing pedagogy, multilingual education, and educational innovation, she integrates her clinical expertise and teaching skills to develop effective training solutions, including bilingual teaching practices within healthcare. Anna's work plays a key role in the reform of nursing education systems and the integration of multilingual professionals into the healthcare sector. She is dedicated to improving nursing education quality and enhancing global competencies among healthcare professionals in diverse clinical and educational settings.



Laura Cline

MGH Institute of Health Professions, USA.

Implementing a Zone-Based Congestive Heart Failure Protocol in a Skilled Nursing Facility: A Retrospective Study on Hospital Utilization Outcomes

Background: Congestive heart failure (CHF) remains a leading cause of hospital readmissions, particularly among older adults in post-acute care settings.

Objective: This study evaluated the impact of a zone-based CHF protocol on hospitalizations and 30-day readmission rates in a skilled nursing facility

Methods: A retrospective cohort analysis involved 155 patients with CHF from January 2023 to December 2024; a color-coded protocol guided daily monitoring, symptom escalation, and post-readmission quality review. Statistical analysis included paired t-tests, subgroup analysis, and multiple linear regression.

Results: Hospitalizations decreased from a mean of 5.85 in 2023 to 3.66 in 2024 ($p < .001$). 30-day readmissions declined from 4.21 to 1.90 ($p < .001$). No significant outcome differences were observed by age, sex, or race.

Conclusions: Implementation of a structured, nurse-led CHF care protocol was associated with significant reductions in hospital utilization. Findings support using zone-based symptom monitoring to improve outcomes regardless of patient demographics. This model is scalable for similar post-acute care settings.

Keywords: *Congestive Heart Failure (CHF), admission/re-admission rates, zone-based CHF protocol, older adults, ages 50+*

Biography

Dr. Laura Cline is a dedicated nurse educator and dual-certified Family and Pediatric Nurse Practitioner with a strong foundation in academic leadership, clinical practice, and interdisciplinary mentoring. She currently serves as Assistant Professor at the MGH Institute of Health Professions, in Boston, MA., where she teaches across the advanced practice curriculum, including Advanced Pharmacology, Advanced Health Assessment, Diagnostics Measures, and Primary Care across the Lifespan.

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Dr. Cline earned her Doctor of Nursing Practice from Simmons University and holds dual master's and bachelor's degrees in nursing from the MGH Institute. She also holds degrees in Business Management (Entrepreneurship) and Child/Adolescent Psychology. She is actively pursuing a Post-Master's Certificate in Nursing Education at MGH Institute and previously completed her FNP training at UMass Boston.

A respected educator, Dr. Cline received the 2024 DAISY Award for Excellence in Nursing Education and is a contributing author to the *Fast Facts Handbook for Pediatric Primary Care*. She regularly mentors advanced practice nursing students and coordinates key simulation-based learning experiences, including Pediatric Day and Gynecology Day for advanced practice learners.

She has presented her work internationally, including at the World Congress on Nursing in Vienna, and remains active in professional organizations such as ANA, NAPNAP, and Sigma Theta Tau. Her service includes leadership roles on admissions, awards, and appeals committees and as a clinical preceptor for NP students in urgent care and skilled nursing facility settings.

Dr. Cline is committed to advancing nursing education, fostering clinical excellence, and supporting the next generation of nurse practitioners through innovative teaching, mentorship, and collaborative scholarship.



Giuseppe Saitta* Mantovani F.A, Calabrese B, Aliboni C, Di Paola G, Ceresoli A.S, Meazza A.L, Seveso M

Department of Urology, Istituto Clinico Città Studi of Milan, Italy.

Prospective observational study on the efficacy and tolerability of a complex of phytochemicals versus dutasteride in the treatment of Lower Urinary Tract Symptoms due to Benign Prostatic Hyperplasia

The aim of our study was to treat 2 similar groups of patients suffering from BPH: one group with a complex based on phycocyanin, PEA and selenium; the other group with dutasteride. So the effectiveness of these treatments was checked, especially regarding the improvement of LUTS and the reduction of PSA and prostate volume. We included 104 patients in the study. All patients aged between 50 and 70 years, PSA values between 4 and 10 ng/ml, prostate volume calculated by transrectal ultrasound between 50 and 70 cc, flowmetry with maximum flow value greater than or equal to 10 ml/s, no suspicious nodules on DRE, no suspicious lesions on MRI (PI-RADS 1-2), negative previous prostatic biopsies or never biopsied, moreover absence of diabetes mellitus or chronic renal failure (blood creatinine >2 mg/dl). We considered: -Group A of 54 men who used the complex; -Group B of 50 patients treated with dutasteride. Then we controlled all patients 6 months after starting therapy, considering the following parameters: PSA, prostate volume, flowmetry.

Our results showed that both dutasteride and complex decreased PSA levels (both had a $p<0.0001$), with a more significant contribution of dutasteride (mean decrease of -2.743 ng/ml vs -0.971 ng/ml). Uroflowmetry also improved with both ($p<0.0001$) with a mean increase in maximum flow of urine of + 3.03 ml/min for the former and + 13.02 ml/min for the latter. Lastly, dutasteride proved to be highly effective on reducing the prostate volume on TRUS (- 22.14 ml, $p<0.0001$) compared to Ficoxpea, which showed a mean decrease of - 10.04 ml ($p<0.0001$). Moreover the consistent reduction in prostate volume obtained through the use of dutasteride proved to be more intense than the one obtained by using the complex even in statistical analysis ($p<0.0001$).

Both Ficoxpea and Dutasteride showed reduction of PSA values after 6 months of treatment. The complex based on phycocyanin, PEA and selenium showed a statistically significant improvement in urinary flow, while dutasteride acts more on the volume of the prostate. However, the natural complex is a product with good efficacy on the phlogistic component and does not have the side effects of dutasteride (e.g. gynecomastia, reduced libido). Therefore, we believe it can be used by a large part of the population, in order to reduce LUTS and PSA and improve urinary flow, without side effects.

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Biography

Doctor Giuseppe Saitta was born in Catania (Italy) on 10th November 1988. He graduated in Medicine and Surgery with 110/110 cum laude. Then he obtained Urology specialization with a score of 70/70 cum laude at the Ateneo 'Vita-Salute' San Raffaele in Milan (Italy) – Director: Prof. F Montorsi. From 2014 to 2020 he worked at the San Raffaele Hospital in Milan. Since January 2023 he is carrying out his clinical and operative activity mainly at the IstitutoClinico Città Studi of Milan - ICCS (Head Doctor Dr. M Seveso). In 2018 he lived for some months in Madrid, where he learned all the laser techniques for the treatment of prostatic hyperplasia. In 2019 at the FundacióPuigvert in Barcelona he studied the treatment of tumors of the upper excretory tract (UTUC). During the last years in Milan he has dedicated particularly to Endourology, learning surgical techniques for the minimally invasive treatment of renal and ureteral stones.

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POSTER | **DAY 1**





Danielle Tortora

Maureen Murphy Wilkins School of Nursing, Emmanuel College, Boston, USA.

Empowering Nurses to Educate Patients Following Spinal Cord Injury to Reposition Overnight: A Pressure Injury Prevention Initiative

Patients with spinal cord injury (SCI) are at increased risk for pressure injuries (PIs) due to impaired mobility and sensation (Wijker et al., 2025). On the SCI unit at Spaulding Rehabilitation Hospital, a recent rise in PIs prompted a quality improvement initiative focused on overnight repositioning practices. While protocol recommends repositioning every two hours, patients frequently decline, and staff report barriers to adherence.

This project aimed to identify barriers to overnight repositioning and implement an educational intervention to support nursing staff in addressing these challenges. Virginia Henderson's Need Theory served as the theoretical framework, aligning to support patient independence and prevent complications.

An educational session was developed for the nursing and patient care assistant staff. Content included SCI pathophysiology-related pressure injury risk factors and communication strategies for engaging patients in skin care decisions. However, on implementation, it was revealed that participants were not ready to learn, and a qualitative, discussion-based approach with nurses revealed four key themes of repositioning barriers: patient knowledge gaps, contradictory messaging from providers, staffing constraints, and inter-shift tensions.

This project takes a vital first step toward addressing systemic factors that are essential for sustained improvement. Ultimately, nurse confidence and patient education are expected to enhance adherence to repositioning protocols and reduce pressure injury rates, however, future research is needed on appropriate interventions to address these associated barriers first.

Biography

My name is Danielle Tortora. I am about to graduate with my MSN in nursing education at the beginning of May. I am currently a nurse on a thoracic surgery step-down ICU at BWH, and an adjunct clinical instructor and lab faculty at Emmanuel College. I will soon be transitioning to a clinical nurse educator role at Lahey Hospital in Burlington. My goal is to continue to grow as a nurse educator and determine the best ways to support future learners.



Kaitlin Whitecross

Maureen Murphy Wilkins School of Nursing, Emmanuel College, Boston, USA.

Nurse Residency Programs and the Impact of Nursing Management on Attendance

The rate of nurses entering the workforce increased significantly in the last decade (Auerbach et al., 2015), newly qualified nurses (NQNs) are leaving the profession at alarming rates; nearly twenty percent within their first year, according to findings by Kovner et al. (2014)"(Aldosari, et al., 2021, p. 2). Nurses are leaving for a variety of reasons from lack of support, difficult transition from student life to professional life, emotional stress, "reality shock" (Aldosari, et al., 2021), and more. Nurse residency programs began be recommended and endorsed by JCHO starting in 2001(Healy et al., 2022, p. 233). Nurse residency program construction and evidence base research related to these programs proves that a new graduate enrollment and completion of a new graduate residency program supports a smoother transition and retention of the new graduate nurse to the professional practice setting. At Beth Israel Deaconess Medical Center in Boston, MA, the Transition to Nursing Practice Program (TTP), a Vizient© Curriculum, is used as the standardized 12-month nurse residency program. The professional development department noted a trend in absences by new graduate nurses with their attendance to the monthly TTP seminars. The purpose of this study was to identify barriers the new graduate nurse may have with attending their TTP session, how to improve attendance, and implications for nursing management.

Biography

Kaitlin Whitecross, RN, MSN, is a dedicated PACU nurse with a background in Med-Surg, Emergency Medicine and Perioperative Services. She recently earned her Master of Science in Nursing with a focus on nursing education, further deepening her clinical expertise and leadership skills. In addition, Kaitlin is a clinical and lab instructor for Emmanuel College at the Maureen Murphy Wilkins School of Nursing. Kaitlin is passionate about evidenced-based practice, nursing education both professional and undergraduate.



Tyler Carroll

Maureen Murphy Wilkins School of Nursing, Emmanuel College, Boston, USA.

Comparison of Rocuronium to Succinylcholine During Rapid Sequence Intubation

Rapid sequence intubation in the hospital setting is performed by a provider to gain rapid airway control while decreasing the risk of aspiration. The administration of neuromuscular blocking agents (NMBAs) is performed by a nurse during rapid sequence intubation. Following an extensive literature review, the literature suggests when appropriate dosages were used, rocuronium proved to provide similar intubating conditions to Succinylcholine. After reviewing many journals about the practice of RSI there are two main NMBAs used, Rocuronium and Succinylcholine. Understanding the use of different medications and their effects is an important part of the nursing role. The use of different NMBAs can lead to different patient outcomes. By understanding the effects of each medication, the nurse will be able to effectively render care and monitor for potential adverse events. The purpose of researching this topic is to explore the potential for improved patient outcomes when employing different medications during RSI. While succinylcholine remains the predominant choice among many providers due to its rapid onset and short duration of action, it is associated with several side effects, such as hyperkalaemia and malignant hyperthermia. In contrast, rocuronium presents as an alternative because it lacks significant side effects and has an effective reversal agent with Sugammadex. If rocuronium can provide comparable intubation conditions to succinylcholine while offering a safer profile and a reversal agent, it may lead to fewer complications and overall, a higher level of patient safety. The exploration of these medications highlights the role that nurses play in optimizing patient safety and advocating for the best possible outcomes for their patients.

Biography

My Name is Tyler Carroll, I'm from Haverhill, Massachusetts, and I'm a Senior Nursing student at Emmanuel College. I work at Massachusetts General Hospital in the Cardiac ICU and have a passion for learning about critical care nursing and pharmacology. My interest in emergency and critical care medicine was sparked by previous experience in the Emergency Department, where I became particularly interested in Rapid Sequence Intubation (RSI).

Through independent research, I've gained a strong understanding of RSI medications and their implications for nursing practice. This has fuelled my dedication to advancing my clinical expertise. Following graduation, I aim to pursue a nursing career in a critical care setting, where I can continue to grow professionally and contribute meaningfully to patient outcomes through evidence-based practice.



Kaitlin Eisnor

Maureen Murphy Wilkins School of Nursing, Emmanuel College, Boston, USA.

Formula or Breast: What's Best Feeding Strategies in NAS Infants

Neonatal Abstinence Syndrome (NAS) is a withdrawal syndrome appearing in newborns that become exposed to opioids, or other illicit teratogenic substances intrauterine. Infants born suffering from Neonatal Abstinence Syndrome require more medical interventions than an otherwise considered healthy infant. These interventions can include supplemental nutrition (along with feedings), extra comfort care (such as skin-to-skin contact, dimming the lights, and quieting the environment), and even treatment with opioids in some severe cases where the ability to thrive would be severely negatively impacted. Medical professionals have previously sought to discover whether feeding practices (breastfed vs formula-fed) also affect the severity of the infant's withdrawal and overall outcome. When infants with Neonatal Abstinence Syndrome breastfeed with their birth mother, they are still receiving microdoses of the illicit opioid, or other substances they are withdrawing from, through their mother's breastmilk. However, when formula fed, they do not receive these addictive substances, but rather only the necessary nutrition that would be given to an otherwise healthy baby also receiving formula feeding. Medical professionals have since wondered which feeding method has better outcomes for the infant. This literature review of multiple sources in medical and nursing journals evaluated the positive and negative sides of both feeding methods in infants affected by Neonatal Abstinence Syndrome. In infants with Neonatal Abstinence Syndrome, do infants who are fed with breastmilk, compared to infants who are formula fed, have better developmental outcomes and increased ability to thrive?

Biography

My name is Kaitlin Eisnor. I am a senior nursing student at Emmanuel College in Boston, Massachusetts. Throughout my nursing education, I became interested in patient-centered care, particularly in vulnerable populations. I was drawn to the topic of Neonatal Abstinence Syndrome because I wanted to know how nurses can better support infants and families affected by it, especially with something as important as feeding.

Researching this topic has given me a deeper appreciation for the role nurses play in advocating, especially for patient populations who cannot advocate for themselves. I hope to continue exploring this area as I begin my career as a Registered Nurse next year.



Saige Galhardo

Maureen Murphy Wilkins School of Nursing, Emmanuel College, Boston, USA.

Infant Skin to Skin holding versus Swaddle Holding Effects in Mother infant Bonding and Postpartum

In postpartum women, what is the effect of skin-to-skin holding in comparison to swaddle holding on the incidence of mother-infant bonding, postpartum depression, and anxiety? This question was chosen because postpartum depression and anxiety are so prevalent in women and new mothers. The rationale behind this question is to propose guidelines to prevent new mothers from developing postpartum depression, anxiety, and an impaired relationship with their infant through skin-to-skin holding or swaddled care. Patient education on skin-to-skin holding and swaddle holding can also be included in the conversation of how this can overall benefit the mothers' experience post-delivery and maternal bond to the child. Postpartum depression and anxiety affect 1 in 7 mothers within the first year of childbirth, and as a result, 57.1% of women reported impaired mother-infant bonding. Mental health issues impact the mother's well-being and can complicate the mother-infant bonding process, an important component for the infant's emotional and psychological development. A better understanding of how bonding develops and how strong bonding relationships improve the quality of life and the child's care will lead to enhanced maternal education and early identification of potential future complications, such as poor adaptation to parenting. The goal of this study is to discover if nurses and other healthcare providers can help decrease the number of mothers with postpartum depression & anxiety symptoms and impaired maternal-infant bonding through the sampling of skin-to-skin holding in comparison to swaddle holding. By quantitatively looking at these results, the empirical data received could be used to determine which way of holding could potentially lower the risk of postpartum depression & anxiety developing and the risk of impaired mother-infant bonding.

Biography

Hello, my name is Saige Galhardo, and I am a senior at Emmanuel College School of Nursing. I am excited to share my research topic centered around labor and delivery and neonatal care. As I entered nursing school my heart was drawn towards neonatal nursing and labour and delivery, as the thought of caring for newborns seemed incredibly rewarding because who doesn't love babies. Through this program and the support of our amazing faculty, I am more eager to learn and practice in this patient population. I hope to continue this area of nursing and to gain more clinical experience in labor and delivery and postgraduate neonatal nursing.



Sophia Camelio

Maureen Murphy Wilkins School of Nursing, Emmanuel College, Boston, USA.

Cervical Cancer Screening: Pap Smear vs. HPV Testing

Human Papillomavirus (HPV) is the most common Sexually Transmitted Infection (STI) across the world. In the United States, the Center for Disease Control (CDC) recommends girls and boys as young as 9 years of age get the HPV vaccine to prevent contracting this infection later in life. Some strains of HPV have been linked to cervical cancer, which is why vaccination is crucial among adolescents. Pap smear testing is the primary diagnostic test for cervical cancer; however, its reliability is questionable due to the high incidence of benign abnormal results. Abnormal pap smear results may not necessarily indicate HPV or cervical cancer and further blood testing is required to obtain a definitive diagnosis. This led to the research question: In women of childbearing age, is HPV blood testing or a pap smear more accurate in diagnosing cervical cancer?

This research paper explores the efficacy of HPV testing compared to the traditional Pap smear for accurate cervical cancer diagnoses in women of childbearing age. The literature review emphasizes the prevalence of HPV as a leading cause of cervical cancer and discusses the limitations and variables associated with Pap smear testing. It also highlights the potential benefits of HPV testing, including higher sensitivity, cost-effectiveness, and the possibility of self-testing, which could improve screening coverage. Education deficits among women and families about HPV and the cancer screening process, as well as emphasizing the nurse's role in patient education to close these gaps is also highlighted. The review of evidence from various studies supports the research question, stating that while Pap smears have higher specificity for detecting lesions, HPV serum testing offers greater sensitivity and cost-effectiveness. A solution to enhancing the efficacy and reliability of both HPV and cancer screening would be a triage system using HPV testing as the primary screening method, followed by pap testing when necessary.

Biography

My name is Sophia Camelio, originally from Arlington, MA, I'm a rising senior nursing student from Emmanuel College in Boston. I am also a student athlete on the Emmanuel College Dance Team. My research on cervical cancer screening interested me due to family history of cervical cancer and a keen interest in working in women's health post grad.



Lauren Fenton

Maureen Murphy Wilkins School of Nursing, Emmanuel College, Boston, USA.

Supportive vs. Targeted Drug Therapy in Myelodysplastic Syndromes: A Nursing Student Perspective

Myelodysplastic syndrome (MDS) is a collection of rare bone marrow and blood cell cancers that affects 4 in 100,000 people in the US. MDS causes fatigue, shortness of breath, and there's an increased risk of bleeding complications and infection, with a reduction in quality of life. For patients living with MDS, treatment decisions can significantly impact quality of life, symptom management, and long-term outcomes. This presentation focuses on two different drug therapies that can be used in the management of MDS: Luspatercept and Lenalidomide.

Luspatercept is a supportive treatment that stimulates the development of red blood cells. This therapy can reduce the need for frequent blood transfusions and improve common symptoms such as fatigue and weakness. It is not curative but plays a key role in helping patients to feel better and maintain daily activities. In contrast, Lenalidomide is a targeted treatment used in certain subtypes of MDS. It works by directly interfering with cancer cell growth and helping the immune system recognize and attack abnormal cells.

The purpose of this research was to explore whether a supportive, symptom-relieving treatment like Luspatercept or a more aggressive, tumor-targeting treatment like Lenalidomide offers greater benefit to MDS patients. While both medications are effective, the choice often depends on the individual's disease characteristics, goals of care, and tolerance to side effects.

From a nursing perspective, it is important to understand the mechanisms of action, side effect profiles, and implications of each drug. Nurses are responsible for educating patients about their treatment options, monitoring for adverse effects, and supporting patients through both physical and emotional aspects of care. As student nurses, learning about the differences between supportive and targeted therapies helps prepare us to advocate for individualized, evidence-based care.

This abstract highlights the importance of tailored treatment in MDS and the critical role nurses play in helping patients navigate complex therapy decisions. Ongoing research and nursing involvement are essential to improving outcomes for this vulnerable population.

Which medication therapy reduces the likelihood of bone marrow transplants. Bone marrow transplant

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is an option for patients because it can be a potential cure for MDS, however is the last resort because it comes with a lot of complications and can be very expensive. Which therapy was effective, had a better quality of life, and had fewer long-term complications for the MDS patient.

Biography

As a rising senior nursing student at Emmanuel College, I took this opportunity to research Myelodysplastic syndrome because of my grandfather's diagnosis. He was diagnosed with MDS for about a year and during that time he struggled with multiple unsuccessful treatments. It was important for me to know more about it as well as do some of my own research regarding options for therapy.



Ruth Fomo

Maureen Murphy Wilkins School of Nursing, Emmanuel College, Boston, USA.

Caring and Solo

Caring for children with chronic illnesses requires a holistic, family-centered approach, particularly when a single parent is the primary caregiver. Single parents of chronically ill children often face unique and complex challenges that affect their emotional, financial, and psychological well-being. These caregivers take on the full burden of managing complex care needs, which can lead to increased levels of stress, anxiety, and social isolation. Compared to parents of healthy children, they are more vulnerable to feelings of helplessness and emotional exhaustion, with higher risks of depression and anxiety.

In addition to emotional strain, single parents often face significant financial burdens. Medical expenses, transportation costs, and the potential loss of income due to missed work create a precarious financial situation. These ongoing pressures can threaten family stability and negatively impact both parent and child.

While some caregivers demonstrate resilience through access to community resources and social support, others struggle to connect with needed services, further exacerbating their mental health challenges. Research suggests that the cumulative effects of these stressors may contribute to poorer health outcomes for both the caregiver and the child.

This poster explores the impact of chronic illness caregiving on single-parent households, with a focus on the psychological and financial stressors they encounter. It highlights the importance of implementing targeted mental health support, accessible community resources, and policy interventions aimed at alleviating these burdens.

From a nursing perspective, recognizing the specific needs of single-parent families is essential in delivering empathetic, holistic care. Nurses are in a unique position to advocate for these families by promoting mental health resources, facilitating connections to support systems, and ensuring that care plans reflect the family's full context.

By addressing these disparities, we can improve the quality of life for both caregivers and their children, ultimately fostering more resilient, supportive family environments.

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The care of children with cancer, and its impacts on the child and family, has been a long-standing interest of mine. As a child in a single-parent household, I was deeply aware of the impact of childhood illness on the parent, particularly if there was a lack of support. There was a research gap in care of children with cancer in single-parent households. Given the lack of data, my goal is to expand how we can provide proper support to single parents raising their child with chronic illness. I hope to continue this study postgraduate opportunities.

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Abigail J Balonis

Maureen Murphy Wilkins School of Nursing, Emmanuel College, Boston, USA.

Healing Through Sound: The Effect of Music Therapy on Nausea in Pediatric Cancer Treatment

Chemotherapy-induced nausea and vomiting (CINV) is a challenging side effect for pediatric oncology patients, affecting their quality of life and adherence to treatment. It can interfere with the child's nutrition, emotional well-being, and a child's willingness to continue therapy, leading to additional hospitalizations and delays in care. Studies estimate that up to 70–80% of pediatric patients undergoing chemotherapy experience nausea or vomiting, making effective symptom management crucial to their care. Although anti-nausea medications are commonly used, they often do not fully alleviate symptoms, especially early school-age children. In addition, young children may experience increased anxiety around treatment, which can heighten their perception of nausea and reduce the effectiveness of medication. This paper explores music therapy as a complementary treatment for reducing nausea in pediatric oncology patients during chemotherapy. Music therapy, a holistic intervention involving listening to, creating, or engaging with music under the guidance of a certified therapist, aims to reduce stress and improve emotional and physical well-being. Studies show that music therapy can reduce anxiety, lift mood, and distract from physical discomfort, all of which can contribute to decreasing perception of nausea. Research highlights include a pilot study where patients who engaged in music during chemotherapy experienced significantly lower nausea levels than those receiving only standard anti-nausea medications. The findings suggest that integrating music therapy with pharmacological care could provide a more holistic approach to managing chemotherapy-induced nausea in pediatric patients, addressing both their physical and emotional needs. As a non-invasive and cost-effective adjunct, music therapy holds promise for enhancing overall patient experience and treatment outcomes in pediatric oncology settings.

Biography

My name is Abigail Balonis, and I am a senior nursing student at Emmanuel College in Boston, Massachusetts. I am also pursuing minors in healthcare management and global and public health. I have a strong passion for pediatric oncology and am especially interested in how holistic, non-pharmacological interventions, like music therapy, can enhance comfort and reduce symptoms such as chemotherapy-induced nausea. This research has allowed me to explore the intersection of emotional and physical care, reinforcing the importance of individualized and compassionate nursing care. As I prepare to graduate, I'm excited to continue advocating for innovative and holistic care strategies for all patients.

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Mariama Z. Morray, Jaynia A. Harris, Xia A. Isles

Columbia University School of Nursing, USA

In Prenatal Care, Does the Integration of Midwives Into a Collaborative Care Model, Compared to Standard Obstetric Care Without Midwife Involvement, Reduce the Rates of Cesarean Deliveries and Preterm Births

Since the beginning of the United States, midwives have been invaluable to maternal care in their scientific knowledge and holistic care of birthing people. However, midwives are not routinely included in obstetric care across hospitals and clinics, unlike other countries around the world. A collaborative model of care consists of a team of midwives, obstetricians, family medicine physicians, doulas, and other birth workers to provide the most comprehensive care during pregnancy, parturition, and postpartum. Our project aims to explore whether the integration of midwives into a collaborative care model, compared to standard obstetric care without midwife involvement, reduced the rates of C-sections and preterm births. A literature review was conducted in databases such as PubMed and CINAHL. Included articles were published within the past 10 years and studied C-sections or preterm births in their outcomes.

Twelve peer-reviewed studies were reviewed. Across the literature, midwifery-led care was consistently associated with lower rates of preterm delivery, cesarean birth, labor induction, and episiotomy when compared directly to physician-led care (Attanasio & Kozhimannil, 2018; Hamlin et al., 2021; Thiessen et al., 2016). Studies reported that individuals under midwifery-led models experienced fewer interventions and higher maternal satisfaction, while also achieving comparable or better neonatal outcomes, including reduced NICU admissions (Sandall et al., 2016; Thiessen et al., 2016). Hospitals systems with greater midwife involvement showed statistically significant reductions in cesarean births and obstetric procedures even when controlling for clinical and demographic risk factors, suggesting that provider type plays a meaningful role in shaping outcomes (Attanasio & Kozhimannil, 2018; Neal et al., 2019). In contrast, physician-led models were more likely to rely on interventions such as induction and augmentation of labor, contributing to higher cesarean rates, even in low-risk populations (Hamlin et al., 2021; Neal et al., 2019).

Despite strong evidence in favor of midwifery care, especially when contrasted with physician-only models, only a small number of studies examined true collaborative practices between midwives and

obstetricians. Additionally, most available studies were observational and retrospective, limiting the ability to draw causal conclusions. The consistent trend supports expanding access to midwifery-led care as a strategy to improve birth outcomes, reduce unnecessary interventions, and promote equity in U.S. maternity care (Sandall et al., 2016; Attanasio & Kozhimannil, 2018; Neal et al., 2019).

Integrating midwives into collaborative care models has emerged as a transformative strategy in improving maternal and neonatal outcomes across diverse populations and care settings. Evidence consistently demonstrates that midwifery-led or midwifery-integrated care models are associated with significant reductions in cesarean birth rates, preterm deliveries, and medical interventions, particularly among low-risk birthing individuals (Sandall et al., 2016; Carlson et al., 2018; Souter et al., 2019). These models are grounded in a holistic, relationship-centered philosophy that prioritizes the physiological process of childbirth, judicious use of medical technology, and continuity of care, ultimately fostering safer, more satisfying birth experiences (Neal et al., 2019; Thiessen et al., 2016). These findings reinforce the importance of expanding the integration of midwives into hospital systems and community-based care alike. As healthcare systems continue to seek sustainable, equitable, and patient-centered models of maternity care, the expansion of midwifery within collaborative frameworks offers a powerful and evidence-based pathway forward.

Biography

Jaynia, Xia, and Mariama are three student midwives from Columbia University, united by a shared commitment to advancing women's health through evidence-based, holistic care. Rooted in rigorous academic training and a passion for equity, they aim to create transformative change in the birthing space by centering representation and inclusivity. Their work reflects a deep belief that every birthing person deserves compassionate, culturally attuned, and empowering care. As future midwives, they are driven to challenge disparities, uplift marginalized voices, and reimagine maternal health systems that honor the whole person. They are proud to contribute to the dialogue shaping the future of public health midwifery.

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KEYNOTE SESSIONS 02

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Benjamin Njoku

Assistant Director of Nursing, NYC Health + Hospitals/Lincoln, USA

Reimagining Representation: Advancing the Role of Male Nurses Through Global Missions

Despite the increasing demand for skilled nursing professionals worldwide, men continue to make up a disproportionately small percentage of the nursing workforce in most regions. Cultural stereotypes, limited exposure to male nurse role models, and a persistent framing of nursing as a “female” profession contribute to the ongoing gender gap. This session examines how nurse-led medical missions, particularly those involving male nurses in direct care and leadership roles, can challenge these narratives and foster a more inclusive vision of nursing.

Drawing on field experiences from missions across Latin America, Africa, and Southeast Asia, this presentation will examine how the visible participation of male nurses in direct care, mentorship, and health education abroad can influence both local communities and the global nursing profession. These missions create opportunities not only for critical service delivery but also for cultural exchange, role modeling, and shifting public perceptions around who belongs in nursing.

We will also explore the broader implications of gender-diverse nursing teams in addressing health equity, especially in communities where access to male healthcare providers may impact care-seeking behavior, cultural sensitivity, and patient trust. Participants will gain practical strategies to support male nurse recruitment, mentorship, and visibility, both in mission-based work and in their home institutions. Ultimately, this session will inspire attendees to consider how global outreach can serve as a vehicle for transforming not only health systems but also the very image of nursing itself.

Biography

Benjamin Njoku is the Assistant Director of Nursing at NYC Health + Hospitals/Lincoln, where he oversees perioperative services, including the Surgical ICU and Operating Room. His previous roles include Assistant Director of Hospital-Wide Nursing Operations, Nurse Manager of the SICU and PACU, and direct-care nursing in the MICU, CCU, and CSICU. With over a decade of clinical and leadership experience, he has advanced quality, safety, and workforce initiatives, including leading a CAUTI reduction program that achieved a 50% decrease.

Benjamin holds a BSN from Hunter College, an MBA in Healthcare Administration from Baruch College, the CCRN certification in critical care nursing from the American Association of Critical-Care Nurses, and the Fellow in Nursing Economics (FINE) credential from the Commission for Nurse Reimbursement. He is the recipient of multiple honors, including Crain's New York Notable Leaders in Philanthropy (2025), the McKenzie Scott Honor for Community Engagement (2024), and multiple Nursing Excellence Awards.

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Beyond his hospital leadership, Benjamin serves as a Board Member of the American Association for Men in Nursing (AAMN) and Treasurer/Secretary of the Society of Critical Care Medicine (SCCM) Nursing Section. He also serves on the Board of the New York Relief Network (NYRN) and is active in global medical missions, bringing care and workforce development support to underserved communities worldwide.



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ORAL SESSIONS 02

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Tigist Debebe Lemma *, Tesfalem Teshome and Fatimitu Mohammed

Hamlin Fistula Hospital, Ethiopia.

Magnitude of Underweight and Associated Factors Among Women Aged 15 to 49 Years with Obstetric Fistula in Hamlin Fistula Hospital, Addis Ababa, Ethiopia, 2021: A Cross-Sectional Hospital-Based Study

Background: The poor nutritional status of women has been a significant problem in Ethiopia. The reason for a widespread malnutrition and the associated consequences in resource poor-settings are due to diets that are often monotonous.

Objectives: This study aimed to assess the prevalence of underweight and its associated factors among women with obstetric fistula at Addis Ababa Hamlin Fistula Hospital, Ethiopia.

Methods: This study gathered data through a cross-sectional survey involving 143 women aged 15-49 who attended the outpatient department of Addis Ababa Fistula Hospital between January 20 and February 20, 2021. The sample size was determined using a single population proportion formula, and systematic random sampling was applied. Face-to-face interviews, structured questionnaires, chart reviews, and anthropometric measurements were conducted. The data was analysed using SPSS version 26. Descriptive statistics, binary, and multiple logistic regression were done. A significance level of $p<0.05$ was utilized.

Results: The findings revealed that 33.6% (95% CI: 26%-42%) of women with obstetric fistula. Rural residence was associated with a 5.14-fold higher likelihood of being underweight compared to urban areas (ARO=5.14, 95% CI: 1.33, 19.84). Additionally, women from food-insecure househo



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KEYNOTE SESSIONS 01

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TSO Shing Yuk Alice

Founder, Board Chair & CEO, Florence Nightingale Home Health & Nursing Limited, HKSAR, Hong Kong

Navigating the Evolving Landscape of Home Health and Nursing in the Asia-Pacific Region

Introduction: The Asia-Pacific (APAC) region, characterized by its diverse demographics, rapidly aging populations, and varied healthcare infrastructures, presents unique opportunities and significant challenges for the delivery of home health and nursing services. As healthcare systems globally grapple with increasing demand, rising costs, and a growing preference for care outside traditional institutional settings, home health nursing is emerging as a critical component of sustainable and patient-centered care models in this dynamic region.

Purpose: This panel discussion aims to explore the multifaceted landscape of home health and nursing across the Asia-Pacific. We will delve into current trends, examine the unique challenges faced by different countries within the region, and highlight innovative strategies and best practices that are shaping the future of care delivery in the home setting.

Key Themes and Discussion Points: The discussion will center on several pivotal themes:

Demographic Imperatives: Addressing the escalating needs of an aging population and the increasing prevalence of chronic diseases in APAC, and how home health nursing can provide effective long-term care solutions.

Technological Integration and Digital Health: Examining the role of telehealth, remote patient monitoring, AI, and other digital innovations in enhancing access, efficiency, and quality of home nursing care, particularly in diverse geographical and socio-economic contexts.

Workforce Development and Sustainability: Discussing strategies to address the acute shortage of skilled home health nurses, including recruitment, retention, education, and professional development tailored to the unique demands of home-based care.

Policy, Regulation, and Reimbursement Models: Analyzing the evolving policy frameworks, regulatory challenges, and varied reimbursement mechanisms that impact the growth and sustainability of home health services across the region.

Cultural Competence and Patient-Centered Care: Exploring the importance of culturally sensitive care delivery and ensuring patient and family engagement in the home health setting, reflecting the diverse cultural nuances of APAC.

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Inter-professional Collaboration and Integrated Care: Highlighting successful models of collaboration between home health nurses and other healthcare professionals, fostering seamless transitions of care from hospital to home and across different care settings.

Conclusion: Home health and nursing in the Asia-Pacific region is at a pivotal juncture, poised for significant transformation. By fostering innovation, strengthening workforce capabilities, advocating for supportive policies, and leveraging technology, we can collectively advance home-based care to meet the escalating health needs of populations across this vast and vital region. This panel will provide a platform for sharing insights, fostering collaboration, and identifying actionable strategies to optimize home health and nursing for a healthier APAC.

Biography

Dr. Alice TSO has over 55 years of nursing experience, including 25 years in management roles within the Hospital Authority of Hong Kong SAR. In her role as Cluster General Manager (Nursing) at Queen Elizabeth Hospital of Kowloon Central Cluster, she established 14 nurse clinics and piloted a “transitional care” model in collaboration with seven NGOs to provide comprehensive home care services for discharged patients. This initiative, sponsored by the Jockey Club Charity Fund, further solidified her influence in the local nursing profession.

After retirement from the Hospital Authority in 2012, Dr. TSO served as CEO of CHC International Hospital in Cixi, PRC. From 2014, Dr. TSO has remained dedicated to improving home care services in Hong Kong. Recognizing the need for professional home care, she co-founded the Florence Nightingale Foundation (Hong Kong) [FNFHK] in 2009 and Florence Nightingale Home Health & Nursing Ltd. [FNHHN] in 2020. FNHHN, the first nursing-led home nursing social enterprise in Hong Kong, focuses on promoting elderly home care. It has been recognized by the Hong Kong Government as a “Health Care Voucher” provider and invited to join the “Elderly Community Care Service Voucher Scheme.” FNHHN was also a finalist for the “Operator of the Year - Home Care” in the “Asia Pacific Eldercare Innovation Awards” for two consecutive years. Dr. TSO continues her commitment as the Board Chair & CEO of FNHHN.



John R. Balcuk

Northwell Health Huntington Hospital, USA

Healthcare System Sponsored CNA Training Program Creates Opportunity and Increases Workforce

Background: The recent jump in turnover attributed to the pandemic of the majority of positions within hospitals has subsided, with the exception of one vital role, Certified Nursing Assistants (NSI Nursing Solutions Inc., 2024). Certified Nursing Assistants (CNA) was the position with the highest percentage turnover in hospitals at 41.8% an increase from 33.7% in 2023 (NSI Nursing Solutions Inc., 2024).

Problem: Turnover, recruitment, and retention of CNA staff is a problem impacting the care provided by hospitals and long-term care facilities in the U.S. With the turnover rate continuing to grow, healthcare organizations must create innovative programs to recruit and develop new CNA's to grow the workforce to fill these vital vacant positions. In order to do so healthcare organizations must remove all barriers and provide entry to the healthcare field by developing facility-based CNA training programs.

Method: A facility-based New York State Department of Health-approved CNA training program was developed and implemented that provided paid training and guaranteed full-time employment to trainees accepted to the program. This program was then expanded to a long-term care facility within the same healthcare system to provide paid training to develop CNA staff to be employed full-time at the long-term care facility and a second acute care hospital within the healthcare system.

Results: These facility and hospital-based training programs provide entry into the healthcare profession. These programs remove barriers faced by underprivileged individuals who desire to become CNAs. In return for paid training and certification as CNA the trainees are provided with full-time employment in return for a 2-year commitment to healthcare organization. This structure improves recruitment, retention, and turnover of the CNAs within the organization.

Keywords: CNA Training Program, Turnover, Retention, Paid to Train, Nursing Assistant

Biography

Dr. Balcuk was the Director of Nursing Recruitment and Retention at Mather Hospital located on Long Island, New York where he led the development and implementation of a New York State Department of Health approved hospital-based CNA training program. The program used blended learning which led to the change in state guidelines for CNA training. Dr. Balcuk has been a Registered Nurse for 14 years including roles as an Assistant Director of Nursing, ACLS and BLS instructor, Clinical Educator, and has worked clinically in the Emergency Department and Telemetry units as a staff nurse and Assistant Nurse Manager.

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Dr. Balcuk has earned his Doctor of Nursing Practice from Chamberlain University with a focus on healthcare systems leadership. His DNP project focused on the stress management of new graduate nurses during their professional transitional period to improve patient care, job satisfaction, and retention. He presented this work at the National Nurse Educator Summit in April 2024. His work has been published in *Nursing Economic\$*. John has earned a Master of Science in Nursing Education from Long Island University. He is board certified in Nursing Professional development and as a Nurse Executive.



Carolyn Webster Stratton

The Incredible Years, Inc., USA.

Supporting Parents to Build Young Children's Emotional, Social and Academic Development

The Incredible Years (IY) parent programs (Webster-Stratton et al., Webster-Stratton, 2011, 2021) are a set of well-established evidence-based parent-focused interventions designed to promote young children's social/emotional competence and school readiness and to reduce conduct problems. With over four decades of research support, the IY parent programs have been identified as a gold-standard intervention for the prevention of future social and emotional problems in young children and for the treatment of children with Oppositional Defiant Disorder, ADHD, internalizing problems and developmental issues. The IY parent programs focus on increasing the use of positive parenting strategies, decreasing harsh discipline, and improving parent, child, and family well-being. These programs can be delivered by nurses, social workers, psychologists and doctors in health clinics, schools and mental health centers.

In this presentation Dr. Webster-Stratton will provide an overview of the IY parenting programs, including its scientific foundation and theory of change, target populations, and relevant considerations when working with a diverse range of participants from various socioeconomic, racial, cultural, and ethnic backgrounds. Additionally, she will summarize session content and structure, training, and research.

Biography

Carolyn Webster-Stratton, MSN, MPH, Ph.D. is a Licensed Clinical Psychologist and Professor Emeritus at the University of Washington, School of Nursing. She received her Masters as a Pediatric Nurse Practitioner and Masters in Public Health from Yale University and her Ph.D. in Educational Psychology from the University of Washington. She is developer of the evidence-based Incredible Years® Parents, Teacher and Children Series. Dr. Webster-Stratton is a leading expert on training parents and teachers in child behavior management skills as well as training clinicians in curriculum for helping young children develop social and emotional skills, problem solving and school readiness. She has published books for teachers, therapists, parents and children as well as conducted numerous randomized control group studies evaluating the Incredible Years programs. She has over 40 years of clinical and research experience in helping families and teachers who have young children with challenging behaviors such as Conduct Problems, Attention Deficit Disorder and neuro-developmental delays.



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ORAL SESSION 01

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David John Wortley

CEO & Founder of 360in360 Immersive Experiences, United Kingdom.

The Impact of AI and Immersive Technologies on Nursing Futures

The integration of artificial intelligence (AI) and immersive technologies, such as virtual reality (VR) and augmented reality (AR), is poised to significantly transform the future of nursing. These emerging technologies offer numerous opportunities to improve nursing education, enhance patient care, and streamline healthcare operations.

In nursing education, immersive technologies like VR and AR provide students with interactive and realistic simulations of clinical scenarios. This enables hands-on practice in a safe and controlled environment, allowing students to develop critical thinking and decision-making skills without risking patient safety. Additionally, AI-powered adaptive learning platforms can tailor educational content to individual students' needs, optimizing the learning process and fostering the development of competent nursing professionals.

In clinical practice, AI algorithms can assist nurses in diagnosing conditions, predicting patient outcomes, and personalizing treatment plans. These tools enable more precise and efficient care delivery, improving patient outcomes and reducing the risk of errors. AI can also aid in monitoring patients' vital signs and alerting nurses to potential issues in real time, ensuring timely interventions.

Immersive technologies enhance patient engagement and care by allowing nurses to provide remote consultations and follow-ups, as well as interactive patient education. This can lead to improved patient understanding and adherence to treatment plans. Furthermore, VR and AR can offer therapeutic benefits for patients, such as pain management and mental health support.

However, the widespread adoption of AI and immersive technologies in nursing also poses challenges, such as data privacy concerns, ethical considerations, and the need for continuous training to keep pace with technological advancements. Addressing these challenges is essential to ensure that these technologies are leveraged responsibly and effectively in nursing.

Overall, AI and immersive technologies hold great promise for the future of nursing, offering innovative solutions to enhance education, improve patient care, and optimize healthcare operations. As these technologies continue to evolve, it is crucial for the nursing profession to adapt and embrace these advancements to deliver high-quality care in an increasingly digital world.

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Biography

David Wortley is CEO & Founder of 360in360 Immersive Experiences and a VP of the International Society of Digital Medicine (ISDM). He is a Fellow of the Royal Society of Arts and Commerce and a global thought leader and innovator on enabling technologies for health, education and the environment. He is on the editorial board of the Digital Medicine Journal. He is an Associate Member of the Royal Society of Medicine and a Visiting Fellow at the Faculty of Health and Social Sciences at Bournemouth University.



Daniella Rozsa, ^{12*}, RagnarKvie Sande^{1,3}, Stine Bernitz^{4,5}, Ingvild Dalen⁶ Geir Sverre Braut^{6,7} PålØian⁸, TorbjørnMEggebø^{1,9}, RebeckaDalbye^{4,5}

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⁷ Western Norway University of Applied Sciences, Norway.

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⁹ Department of Clinical and Molecular Medicine, Norwegian University of Science and Technology, Trondheim, Norway.

Associations Between Sociodemographic and Obstetric Factors and Childbirth Experience

Introduction

Sociodemographic and obstetric factors have been shown to impact childbirth experience, but results regarding the effect of certain factors have been heterogeneous. It is important to understand how individual risk factors affect childbirth experience to be able to identify women at risk for negative childbirth experience. The aim of this study was to determine individual associations between sociodemographic and obstetric factors and childbirth experience.

Material and Methods

The Labor Progression Study (LaPS-NCT02221427) was a multicenter randomized trial examining clinical consequences of using Zhang's guideline vs the WHO partograph on intrapartum cesarean section rate. Four weeks after delivery, 5810 women received the Childbirth Experience Questionnaire (CEQ) online. The CEQ consists of 19 questions on four subscales (own capacity, professional support, perceived safety, and participation). The total CEQ score is the mean score of each of the subscale scores, ranging from 1 to 4, a higher score indicating a better childbirth experience. Sociodemographic (age, body mass index, education, civil status, and smoking) and obstetric (gestational age, prolonged labor, mode of

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delivery, and obstetric complications) characteristics of the women were recorded, and associations to total and subscale CEQ scores were examined with log-linear regression.

Results

In all, 3604 women answered the questionnaire, a 62.9% response rate. The mean (SD) total CEQ score was of 3.24 (0.43). The subscale score was highest for professional support, mean 3.68 (0.49), and lowest for own capacity, mean 2.61 (0.54). The total CEQ score was not associated with any of the sociodemographic characteristics examined. Smoking in the first trimester was associated with lower scores on the professional support subscale 3.61 (3.55, 3.67) than nonsmokers, 3.69 (3.68, 3.71); $p = 0.001$. Of obstetric factors, only delivering in week 37 was significantly associated with a higher total CEQ score, 3.34 (3.28, 3.40), vs. 3.24 (3.22, 3.26) at 40 weeks, $p = 0.002$. Findings remained significant in adjusted analysis.

Conclusions

In our study, individual sociodemographic factors did not impact overall the childbirth experience. Smoking was associated with a lower score on the professional support subscale. Delivery in week 37 was associated with a better overall childbirth experience. No other obstetric factor influenced the childbirth experience.

Biography

Daniella Rozsa has a Medical Degree from Semmelweis University of Budapest from 2004. She is a consultant in obstetrics and gynecology from 2013, working at the Stavanger University Hospital. She is currently working part time as a clinician, mostly with pelvic floor disorders, and also doing her PhD examining factors affecting childbirth experience



Céline Lemay

Université du Québec à Trois-Rivières, Canada.

Understanding the Place of Practical Wisdom in Healthcare: A Review

EBM generates a proliferation of guidelines and recommendations targeting health practitioners that are expected to “apply” them. There is a valorisation of standardization of care. In their daily practice midwives are facing two different important professional paradoxical injunctions: following guidelines/protocols and also providing a woman centered individualized care. Midwives are in a field of ethical tensions. How to take the most appropriate decision for the patient? How can we demonstrate a good quality of care? In the past years there was a number of publications promoting the importance of more practical wisdom or “phronesis” in health care practices. A review of the literature on the subject was undertaken and 37 papers were selected to answer the main question: how can we understand the meaning of practical wisdom (or phronesis) and its place healthcare practice? Can practical wisdom be learned, taught, developed and cultivated? We will develop the main findings of our review, highlighting the fundamental place of professional judgement in midwifery profession. It is a question of using discernment and deliberation in order to decide the best action for the good of a unique person in a context of care. We will see the importance of a reflexive practice in clinical places as well as using narratives of experiences to learn discussion and reflection during the undergraduate period. In all context of care practical wisdom can help midwives to use the strengths of EBM and also to have a woman centered care. Practical wisdom is also seen as a mean to flourish as professional.

Biography

Céline Lemay was a practicing midwife for more than 35 yrs in Québec (Canada). She was actively engaged for legalization of the profession in the public health system (1999). She has a Master in Anthropology and a PhD in Applied Human Sciences (Université de Montréal). Senior lecturer in Bac en pratique sage-femme at the Université du Québec à Trois-Rivières. Author of some articles, book chapters and two books. She has 3 children and 4 grandchildren.



Andreyanna Ivanchenko ^{12*}, Vladyslava Shvets³, Tetiana Perepeliuk³, Alexander Mytnyk¹

¹Kyiv M. P. Dragomanov National Pedagogical University, Ukraine.

²Kharkiv Institute "Interregional Academy of Personnel Management", Ukraine.

³Uman Pavlo Tychyna State Pedagogical University, Ukraine.

Transgenerational Trauma as a Consequence of the War in Ukraine: The Role of Self-Resilience and the Use of Preventive Techniques

Introduction: Russian terrorism in Ukraine has been going on for 3 years now. Stress has affected all Ukrainians in one way or another, catastrophically worsening their health and quality of life. It is difficult to get completely used to stressful-extreme tests, but it is possible and necessary to fight them. Therefore, the aim of this study was both to study the mental/psychoemotional state of Ukrainians who, from the first war-days, were in the zones of Ukraine where Russia was actively bombing/shelling, and to apply protective-rehabilitating means.

Methods: Four categories of participants were recruited, including family members: civilians, military personnel, persons who were in captivity, persons who were under occupation (n=3916, aged 5-73). All participants gave voluntary consent to participate, their main location was the city of Uman, other regions of Ukraine also. The study period covered the years 2022-2024. Fourteen different diagnostic instruments (clinical interviews, questionnaires, measurement scales) were used, namely, the State-Trait Anxiety Inventory by C. D. Spielberger, A. Beck's Depression Inventory, Test BASIC Ph of M. Lahad, J. Raven's Progressive Matrices Test, etc.

Study procedure: An Art-Center was opened at the Uman City Hospital, a municipal non-profit enterprise, where applications from the population for social-psychological support on issues of war trauma, gender violence, stabilization of family relations, etc. were accepted. The work was conducted in two forms, mainly in a group to cover a larger number of people, but individually also: 1) face-to-face counseling, 2) work of a psychologist on a hotline.

Results: Various stress- or psychotrauma-induced disorders were detected in 2677 of 3916 participants (951 men, 1726 women), mainly in male military personnel and persons after captivity or occupation. Sleep disorder with concomitant eating disorders, negative somatics, anxiety, depression was registered in 284 participants (49 men, 235 women), which provoked physical, emotional and sexual violence between partners and even suicidal tendencies in young people. Neuropsychic developmental

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disturbances were identified in 771 children (309 boys, 462 girls): tics, stuttering, finger sucking (76% of children); masturbation (48%), enuresis (43%), hair pulling (23%), eating disorders (15%). This served as the basis for referring children to specialized doctors: neurologist, psychiatrist, speech therapist, psychologist.

Conclusions: All the symptoms identified are dangerous because they can provoke more serious chronic neurological-somatic disorders. Therefore, a strategy and system for the implementation of art-therapy and rehabilitation techniques were developed. Participants underwent various types of art-therapy, Yoga, Reiki and meditation sessions. This allowed primarily to switch attention, relax, reduce agitation, and form an adequate response to external traumatic effects, due to which stress-resistance increased, and, accordingly, the mechanism of internal self-defense was activated. Our study may contribute to expanding the range of nursing interventions in providing comprehensive care to populations affected by various disasters/conflicts, especially by war-induced psycho-emotional stress.

Keywords: Russian war-aggression in Ukraine, stress, psycho-emotional disorders, art-therapy, rehabilitation techniques

Biography

Andreyanna Ivanchenko is a Full Professor, Professor of the Department of Practical Psychology, M. P. Dragomanov National Pedagogical University, Doctor of Psychological Sciences (2017), PhD in Psychology (1985): Ph.D. in General Psychology was received in 1985; the defense of the second dissertation for receiving the title of Doctor of Sciences in Psychology – in 2017



Shahin Salarvand^{1*}, Farzad Farzanpour², Hasan Ahmadi Gharaei³

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The Effect of Personalized Mobile Health (mHealth) in Cardiac Rehabilitation for Discharged Elderly Patients After Acute Myocardial Infarction on Their Inner Strength and Resilience

Introduction Given the importance of promoting self-care and quality of life for discharged elderly patients after acute Myocardial Infarction (MI), It is necessitated we conduct interventions to promote these items. This study was conducted to determine the effect of mHealth-Cardiac rehabilitation (CR) on the inner Strength and resilience of elderly patients with MI after discharge from the hospital.

Methods The present study was a randomized controlled trial that was conducted on 56 Elderly patients with myocardial infarction were discharged from the heart departments. In the intervention group after the patient's discharge, the patients were contacted twice a week for one month and the necessary training and support were given online. To gather data, the Mini-Mental State Examination (MMSE), the demographic and clinical characteristics questionnaire, the inner strength scale (ISS), and the Connor-Davidson Resilience Scale (CD-RISC) were completed pre- and post-intervention. The data analysis was done by SPSS16.

Results This study showed the mean resilience and inner strength scores before and after the intervention in the control group had no statistically significant difference($P>0.05$). There was a significant increase in the mean resilience and inner strength scores in the intervention group after the intervention ($P \leq 0.001$).

Conclusion: The results of this study showed that mHealth as a kind of telenursing nursing has a significant effect on both variables of inner strength and resilience of post-discharge elderly patients after acute myocardial infarction. This means that using mHealth for these patients could increase the inner strength and resilience of the elderly discharged after myocardial infarction. Therefore, through using this method, elderly patients' self-care ability and quality of life could be increased.

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Biography

Dr. Shahin Salarvand is an academic member and researcher. She studied Nursing at the Isfahan University of Medical Sciences, Iran. She received her Ph.D. degree in 2018 at the same university. She has published many research articles in various academic/scholarly journals. At present, she works as a faculty member and associate professor at Lorestan University of Medical Sciences, Iran. She is interested in cooperating with international researchers as a team.

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KEYNOTE SESSIONS 02

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Graham Betts Symonds

Irish Red Cross & Irish Prison Service, Ireland.

A Health Management Solution to a Community Health Challenge in Prisons: Applying Complex Systems Theory and Peer Education

The author applied innovative Health Care Change Management strategies in Irish Prisons to transform the community health culture from a reactive to preventive culture using the WHO (2007) Whole Prison approach to health.

Following the evaluation of a successful Action Research project in one prison, the model was introduced in all fourteen prisons in the Irish state over four years in which the programme received the best Public Health Award by the WHO in 2011. The success of the programme raised international interest and the project was scaled up and introduced to Australian, Norwegian, French and Colombian Prisons.

In 2022, Ireland became the Global Hub for Community-Based Health in Detention through an MoU between the Irish Red Cross, the Person Service, the International Committee of the Red Cross ICRC and the International Federation of the Red Cross/Red Crescent Societies (IFRC) in Geneva.

This paper describes the harnessing of complex systems theory and its sub-sets of Complex Adaptive Systems and Chaos theory as a basis for practical second-order organisational change to effect preventive Detention health through a WHO (2007) Whole Prison Approach to health. This used peer inmate Red Cross volunteers to assist healthcare in raising community health wellbeing linked to formal health systems.

The project emerged from the author's previous doctoral research into Nursing management learning using chaos theory applied to nursing management and learning, aimed at creating enhanced capacity for innovative change in the health and systems in detention contexts.

The theoretical underpinnings of the Community-Based Health in Detention approach described in this paper, acknowledges that in reality, there are 'only relationships' (Bateson 1985) and that systems are divided into other systems which interact together.

The training and subsequent peer education, linked to prison healthcare systems in all prisons, ensured that proactive preventive healthcare messages were established as the extended 'arm' of nurses into the local prison community.

University-sponsored Evaluations (UWO 2015; IRC 2018; UWO 2023) identified significant impact in health, safety and wellbeing outcomes. Violence reduction in cutting weapon injuries were reduced from 97% of all attacks to 6% over a six month period leading to safer prisons and reduction in hospital transfers.

Inmate peer awareness campaigns and advocacy for mass testing for Hepatitis C led to 80% attendance rate and the diagnosis of 17 new cases of HCV (Crowley et al 2017; 2018). A cost effectiveness study by the University of Bath (UK) showed societal savings of 7 million Euros (Ward et al (2020). Mass voluntary HIV testing in three prisons resulted in attendance rates 40%. 52% and 60% as a result of inmate peer education and advocacy (Bannon et al 2016).

Mental Health wellbeing was identified as the most pressing health problem in Irish Prisons. Projects by peer educators lead by the nurse and psychologist in each prison enabled greater access to local peer messaging and signposting to professional care. A study using the Warwick-Edinburgh Mental Health Wellbeing scale, demonstrated statistically significant) cant improvements in mental health wellbeing amongst Red Cross inmate peer educators engaging in volunteering activity (IPS 2019).

Qualitative studies (IRC 2013; UWO 2015; UWO 2023) showed improvement in personal development, locus of control, confidence and behaviour change. A ten-year longitudinal mixed methods study using psychometric measures at time 1 and 2, along with qualitative interviews, is in progress with University College Cork. (2023-2033).

The pre-existence of inmate volunteer peer educators in all prisons prior to the COVID-19 pandemic were a centrally important healthcare asset in local infection control measures during the pandemic. Their activities contributed significantly to the Irish Prison Service's preparedness and response (UWO 2022), resulting in only one death during the pandemic period UWO 2022); (IPS 2023).

This Project has changed the culture of Community-Based Health in Irish Prisons and in those jurisdictions into which it has been implemented. Its successful replication in other jurisdictions has demonstrated a scalable, innovative public health initiative that has a Global potential for change in Detention Community Health care.

Biography

Dr Graham Betts-Symonds is an experienced nurse with experience in trauma and Orthopaedics, disaster management, public and community health, research, management, and education. He developed the Community-Based Health and First Aid methodology for the IFRC, published in 2009. The program operates in over 120 countries in local communities. In 2009, Graham adapted the program for use in a detention s



Joyce Simard MSW

University of Minnesota, Ithaca College, Founder Namaste Care International, Australia.

Namaste Care: Helps People with Advanced Dementia Live Not Just Exist

Namaste Care is a small group program for residents in a nursing home or assisted living who can no longer participate in traditional activities. Often residents were kept clean, fed, changed and placed in front of a television. Residents were existing not living. The Namaste Care program provides quality of life for residents especially those with advanced dementia.

Namaste care can be offered as a small group program or can be brought to wherever the person is living. Two principles of The room or space where Namaste Care is offered as a small group is as free from distractions as possible. Residents are taken there after breakfast for the morning session. They are greeted individually and assessed for pain. A soft blanket is tucked around them and they are offered a beverage. Morning activities include gentle washing of the face and moisturizing of the face, hands, arms and legs. Their hair may be combed or scalps massaged. All of these activities are offered with a slow loving touch approach with the carer softly talking to them. They leave the room for lunch and return for the afternoon activities that may include bringing seasonal items to them, feet soaking, nail care and fun activities such as blowing bubbles. Beverages are offered on a continuous basis for both the morning and afternoon sessions. Namaste Care can be brought to the persons bedside and offered by trained staff or volunteers. Supplies are not expensive and no additional staff has to be hired.

Biography

Joyce Simard MSW is an Adjunct Associate Professor School of Nursing, University of Western Sydney Australia. She is a private geriatric consultant residing in Florida (USA). She has been involved in long-term care for over 40 years. Professor Simard has written numerous articles and chapters in healthcare books "The Magic Tape Recorder", and "The End-of-Life Namaste Care Program for People with Dementia" now in its third edition. She has been involved with grants studying the outcomes of Namaste Care internationally. with the School of Nursing, University of Western Sydney, Australia, St. Christopher's hospice (UK), the University of Worcester (UK) and Lancaster University (UK). Ms. Simard is a popular speaker for organizations all over the world.



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ORAL SESSION 02

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Diane Ortega, Belinda Smith

Willow Midwife Centers for Birth and Wellness AZ, USA.

Empowering Birth Choices Through the Birth Centre Model

α. Empowering Women Through Choice

Women today seek greater control over their birthing experiences. Birth centers lead this revolution, offering a model that empowers women through personalized, evidence-based care. This presentation explores the birth center approach, which blends medical expertise with natural methods.

Birth centers benefit women, particularly those with low-risk pregnancies, by providing family-centered care in a stress-free environment. Through case studies, we'll address common misconceptions and safety concerns, demonstrating the model's success.

β. Holistic Approach to Maternal Care

Comprehensive services form the cornerstone of birth center care. From prenatal yoga to breastfeeding support, this holistic approach nurtures both mother and child. Certified Nurse-Midwives play a central role, ensuring high-quality, safe birthing experiences.

Empowerment extends beyond the mother to the entire family. Birth centers encourage active participation in the birthing process and equip families with knowledge to make informed decisions. This model enhances individual experiences and holds potential to alleviate pressure on hospital systems while offering cost-effective care options.

γ. The Future of Maternal Care

Despite their benefits, birth centers face challenges in gaining wider acceptance and integration into mainstream healthcare. We'll examine these hurdles and discuss strategies to overcome them.

Looking to the future, we envision birth centers playing a pivotal role in improving maternal health outcomes and satisfaction. This presentation aims to inspire healthcare professionals to embrace the birth center model as a viable, empowering option for women and their families.

By reimagining maternal care through the lens of birth centers, we have the opportunity to

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transform the landscape of childbirth experiences. This approach places women's choices and well-being at the center of care, potentially reshaping how we view and deliver maternity services in the coming years.

Biography

Dr. Diane Ortega, DNP, CNM, FACNM, leads as Administrative Director & Co-Founder of Willow Midwife Centers for Birth and Wellness AZ. A Certified Nurse-Midwife with over 13 years of experience, Diane provides family-centered care to women of all ages. Her journey into midwifery began after her second daughter's birth with a midwife. Diane earned her master's degree from the University of Illinois-Chicago and has delivered more than 1000 babies in Arizona. She aims to empower and educate women and families in healthcare and childbearing experiences. Diane believes healthy pregnancies, powerful birth experiences, and early bonding contribute to strong family ties.

Biography

Dr. Belinda Smith, DNP, CNM, FACNM, serves as Clinical Director and Co-Founder of Willow Midwife Centers for Birth and Wellness AZ. A Certified Nurse-Midwife since 2000, Belinda champions evidence-based, women-centered care. With 34 years as a registered nurse, she has attended over 3,000 births in and out of hospitals. Belinda's diverse background includes 10 years in the British Army's Nursing Corps, earning a Gulf Medal for Desert Storm service. She holds certifications in both the UK and USA. Belinda advocates for personalized, ethical care and believes in empowering women to make informed health decisions. She balances her professional life with a bustling household of boys.



Joanna Jasińska

Warsaw Medical University named Tadeusz Kozluk, Poland.

Job Satisfaction and the Occurrence of Burnout Symptoms in the Professional Group of Nurse

The subject of the research is the analysis of the level of job satisfaction and the occurrence of burnout symptoms among nurses, which qualifies for an interdisciplinary area of knowledge covering occupational psychology, human resources management and health sciences. This approach allows for both theoretical and practical analysis, allowing for the identification of factors that determine the positive and negative aspects of the functioning of this professional group. Understanding these relationships is essential for the development of effective intervention strategies that can contribute to increasing the overall level of employee well-being and, consequently, indirectly improving the quality of medical services provided. Contemporary research indicates that low job satisfaction not only negatively affects professional efficiency, but also increases the risk of health problems, both mental and physical [3]. In the context of nurses, whose work involves direct contact with patients, these effects may have far-reaching consequences for the entire healthcare system. Therefore, taking up the subject is justified not only from a scientific perspective, but also from a practical one – research results may constitute the basis for introducing organizational changes aimed at improving the quality of the work environment.

Biography:

Dr. Joanna Jasińska, dr hab., MBA is a distinguished academic and healthcare leader serving as Vice-Rector for Education and Development at Warsaw Medical University, Poland. In her role, she plays a pivotal part in shaping the institution's academic strategy, fostering innovation in medical education, and ensuring that the university's training programs meet the evolving needs of the healthcare sector.

With a background that bridges both clinical practice and healthcare management, Dr. Jasińska combines scientific expertise with strategic leadership. She has authored and co-authored numerous scholarly works, with research interests spanning patient safety in nursing care, healthcare system effectiveness, and quality management in clinical environments. Her publication *"Patient Safety in Nursing Care"* delves into the crucial intersection of nursing practice and patient outcomes, highlighting strategies to minimize adverse events and improve the standard of care. Another of her notable works, *"Can the Health Care System Be Effective? – The Research Results,"* critically examines systemic factors that influence healthcare performance and patient satisfaction.

Dr. Jasińska's career reflects a deep commitment to advancing both the academic and operational dimensions of healthcare. Her contributions continue to impact not only the students and faculty at Warsaw Medical University but also the broader medical and nursing community in Poland and internationally.



Amel Dawod Kamel Gouda

College of Nursing, King Saud Bin Abdul Aziz University for Health Sciences, KSAU-
Maternity and Newborn Health Nursing, Faculty of Nursing, Cairo University, Giza, Egypt.

Assessment of Prevalence and Risk Factors of Infertility among Saudi Women

Background: Infertility is a global problem affecting women worldwide, and it has different causes and significance based on geographic location and socio-economic conditions. Multiple factors are responsible for predisposing an infertile woman to have subsequent somatic health problems. Identifying factors influencing female infertility can help women get successful pregnancies and prevent secondary infertility.

Aim: To identify types of infertility and assess risk factors for infertility among Saudi women attended IVF Clinic and 101 Clinic (KAMC-MNGHA), Riyadh city, Saudi Arabia

Design: A descriptive cross-sectional study design was used.

Sample: A convenient Sample of 270 Saudi infertile women who were attended the (IVF Clinic and 101 clinic) at King Abdul-Aziz Medical City were the target sample of the Study. **Tools:** The researcher developed a questionnaire sheet containing four parts: demographic data, obstetric and gynecological history, medical history, and family history. The data was collected from the patient's medical records using the hospital's BEST care system

Result: Findings revealed that a mean age of 34.03+ 1.37 years among the participants with about half of the participants were unemployed, Three-quarters had a university education and half of them were classified as overweight based on their BMI. Two-third of the women had secondary infertility, while one third had primary infertility. Implicated causes among subjects include defect in ovulation, tubal adhesion or obstruction and male factors. There was a statistically significant relationship between types of infertility with age and marital duration medical problems, contraceptive methods, duration of contraception used, causes of infertility and types of drugs for induction of ovulation.

Conclusion: the common cause of infertility was found an unexplained cause, but there were some maternal factors as defects in ovulation, tubal adhesion or obstruction, uterine fibroid, pelvic inflammation disease, endometriosis and urinary tract infection were implicated in causing infertility, then male factors. There were critical factors associated with infertility, such as mother age, medical

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problems, and the types of drugs used to induce ovulation. The study recommended that Saudi women should be enlightened about the various adverse outcomes of infertility. Such health education will play a vital role in the prevention, early detection, and management of the disease.

Keywords: infertility, risk factors, Saudi women

Biography:

Dr. Amal Dawod Kamel Gouda, also known as Dr. Amel Gouda, is an accomplished academic and healthcare professional specializing in Maternal and Newborn Health Nursing. She currently holds multiple prominent positions across institutions in both Egypt and Saudi Arabia. Dr. Gouda is an Associate Professor of Maternal and Newborn Health Nursing at the Faculty of Nursing, Cairo University, Egypt. Additionally, she serves as an Assistant Professor of Maternal and Newborn Health Nursing at King Saud Bin Abdulaziz University for Health Sciences (KSAU), Riyadh, Saudi Arabia, where she is also the Master Program Coordinator for the Midwifery Master's program.

Dr. Gouda's contributions extend beyond teaching, as she is actively involved in academic administration and research. She is a member of several important committees, including the University Post Graduate Studies Deanship Council at KSAU and the Quality Unit Committee at the College of Nursing in Riyadh. Her research and leadership roles also include being part of the Nursing Departmental Council, the Research Committee, and the Community Services Committee at KSAU.

Her expertise is recognized internationally, as she serves on the editorial board and reviews articles for various prestigious medical and nursing journals. She is frequently invited as a keynote speaker and serves on the scientific committee of numerous international conferences. Dr. Gouda's academic journey is complemented by her extensive professional qualifications, including her Midwifery license from the Egyptian Ministry of Health, and certificates in Training of Trainers (TOT) and Preparing of Training Packages from Ain Shams University in Egypt.

Throughout her career, Dr. Gouda has been acknowledged for her contributions to the advancement of nursing education and research. She has received several accolades, including awards for excellence and contributions to the international reputation of Cairo University. She was also recognized for her role in the accreditation of the Faculty of Nursing at Cairo University.

Dr. Gouda's dedication to nursing education and healthcare research is further exemplified by her active participation in academic and professional committees and her commitment to improving the quality of nursing practice and education across the Middle East and beyond.



Vijayalakshmi Nair

CK Birla Hospitals, India.

Evaluation and Implementation of Pressure Injury Prevention Strategies in a 440 Bedded Tertiary Care Hospital by Effective Use of the Braden Scale, Introduction of a Skin Protectant Barrier spray, and Integration of the GLIM Framework

Hospital-acquired pressure injuries (HAPI) are a persistent challenge in clinical care environments, particularly in high-dependency settings such as tertiary care hospitals. These injuries contribute significantly to increased morbidity, extended length of hospital stay, and heightened healthcare expenditures. This comprehensive study evaluates a multi-pronged, interdisciplinary approach to pressure injury prevention within a 440-bedded tertiary care hospital, leveraging evidence-based tools and frameworks, including the Braden Scale, the Global Leadership Initiative on Malnutrition (GLIM) framework, and a pharmaceutical-grade skin protectant barrier film.

The study employed a DMAIC (Define, Measure, Analyze, Improve, Control) methodology to audit, revise, and implement preventive measures across ICUs. Interventions included improved patient risk stratification, the development of individualized repositioning schedules, aggressive nutritional screening and intervention, and moisture management protocols. Quantitative data from direct observation, clinical audits, and patient charts were triangulated with qualitative insights from staff interviews and patient feedback. Outcomes were tracked over 6 months. The results demonstrated a marked reduction in pressure injury incidence, enhanced skin integrity, and improved staff compliance.

The findings highlight the critical importance of integrated nursing leadership, medical admin insights, clinical education, and cross-functional collaboration in fostering sustainable improvement. This study aims to serve as a model in our institute for a structured, data-driven approach to pressure injury prevention.

Biography

With a distinguished 30-year career, Ms Vijayalakshmi A Nair, a highly skilled Clinical Nursing Administrator has consistently demonstrated exceptional expertise in clinical nursing practices and standards. With comprehensive knowledge of clinical nursing, she has implemented best practices to elevate patient care quality. A Certified NABH Assessor since June 2018, she possesses a deep understanding of accreditation standards and quality assurance, contributing significantly to healthcare service enhancement. Her proficiency in patient care coordination, combined with extensive clinical process knowledge, fosters seamless care delivery and interdisciplinary collaboration.

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As a certified Lean Six Sigma Green Belt since July 2022, she is talented in strategic planning and adept at aligning organizational goals with patient care excellence. Additionally, she is an internal quality auditor for ISO 9001:2008 and an active life member of the Indian Psychiatric Association, CAHO, ANEi, INFUZE assessor.



Aziza El Baz*, Aboutaieb Rachid

Sexual and reproductive health laboratory, Faculty of Medicine and Pharmacy, Hassan 2 University, Casablanca. Morocco.

The role of the midwife in supporting patients suffering from pudendal neuralgia: towards multidisciplinary management of chronic pelvic pain

Pudendal neuralgia is a chronic pain whose target treatment has not yet been discovered (Andiman et al., 2025). Pelvic pudendal neuralgia is neuropathic pain affecting the pelvic region, often associated with lesions or dysfunctions of the pudendal nerve. This chronic pain is frequently due to a pelviperineal canal syndrome. Labat et al 2010. This disorder, observed mainly in men, is associated with anatomical, physiological and biomechanical factors.

Pudendal neuralgia is a rare but disabling neuropathic condition characterised by chronic pain in the pudendal nerve territory. Although it affects both men and women, it remains under-diagnosed and often poorly managed due to its complex aetiology and lack of awareness among healthcare professionals (Robert et al., 2020). In this context, midwives, as sexual and reproductive health professionals, play a central role in identifying, supporting and referring patients suffering from chronic pelvic pain, including pudendal neuralgia.

In addition, the midwife's approach is characterised by active listening, continuity of the carer-patient relationship and comprehensive management of the patient's bodily, emotional and sexual experiences (Delvaux et al., 2018). Because of their close relationship with women, particularly in perinatal care or sexual health, midwives are often in the front line in detecting signs suggestive of pudendal neuralgia: exacerbated pain in the sitting position, dyspareunia, problems with micturition or defecation (Labat et al., 2017). It can thus contribute to early referral to specialised structures (algology, pelvic physiotherapy, nerve surgery) and take part in the patient's therapeutic education.

In addition, the midwife's educational and supportive role is essential in limiting diagnostic errors, improving quality of life and reducing the psychosocial isolation often associated with chronic pain. Better integration of midwives into networks.

In conclusion, the integration of midwives into dedicated care networks optimises patient pathways. Targeted training in pelvic neuropathic pain, combined with close collaboration with centres of reference, could improve standards of care.

Keywords: Pudendal neuralgia, Midwife, pelvic pain, Pudendal block, Multidisciplinary management.

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Biography:

Dr. Aziza El Baz is a dedicated researcher affiliated with the Sexual and Reproductive Health Laboratory at the Faculty of Medicine and Pharmacy, Hassan II University, in Casablanca, Morocco



Mary Anbarasi Johnson

Professor and Head of the Pediatric Nursing Department, CMC Vellore, India.

Spiritual Healing and Better Coping in Children

Spiritual healing, which encompasses practices aimed at fostering emotional, mental, and spiritual well-being, has shown promise in enhancing children's coping abilities. This abstract explores the connection between spiritual healing and the development of better coping mechanisms in children facing stress, trauma, or emotional challenges. Spiritual practices such as mindfulness, meditation, prayer, and guided imagery provide children with tools for self-regulation, emotional expression, and resilience. By fostering a sense of inner peace, connection to a higher purpose, and increased emotional awareness, children are better equipped to navigate life's challenges. This paper reviews existing literature on spiritual healing interventions in pediatric populations, identifies key practices that support coping mechanisms, and explores the potential benefits of integrating these methods into therapeutic settings. In doing so, it emphasizes the importance of a holistic approach to child development, where spiritual well-being plays a critical role in enhancing emotional intelligence, resilience, and overall mental health.

Biography

I am Mary Anbarasi Johnson, working as a professor and Head in the paediatric nursing department in 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 & friends went out of their way to help me. I also worked as an assistant Director of Nursing in the Saudi Arabia Defence Sector, (Kamis Mushayt Armed Forces Hospitals for the Southern Saudi Arabia Region). I have learnt much about the military from the excellent and amicable team there. CMC gave me the opportunity to be a Master trainer for International Projects like GFATM, IMNCI at national level as well as national projects like ICMR Infection control, Child Sexual Abuse Protection, OSCE by Dr. MGR Medical University as well as Diabetic Educators programme, etc. It also gave me the opportunity to be an examiner or paper setter for various levels of nursing students for 6 universities and an inspector for Dr. MGR Medical University. I am very much interested in reviewing articles. I have published in 70 national, international journals and presented in around 30 national and international conferences. I have also contributed for 5 book chapters and published a book. I have completed "Lean Six Sigma -Academy Europe, green, yellow and black belt. I have served in CMC Vellore as addl. Deputy Nursing Superintendent for staff training and quality assurance, NABH Co-ordination, HICC -coordination etc. I have been 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 SAS society for giving me the eminent membership with them. I am given opportunity 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 "President's Gold Medal for standing first in the university for the BSc (N) programme's research guidance, which has given me the opportunity to be a speaker at many international conferences as well as to be an advisory member, editorial member, executive editor, or reviewer in more than 80 international journals.



Subhasis Bhattacharya*Subhajeet Singh Sardar

Department of Economics, Professor, Sidho-Kanho-Birsha University, Purulia, West Bengal, India.

Care Footfalls and Dirven Benefits of Maternal Health of India: An Introspection from NFHS- 5

Programs like the Reproductive and Child Health (RCH) project and the former National Rural Health Mission (NRHM) were introduced with the goal of improving maternal and child health at the national level. Pregnancy problems and high-risk deliveries are caused by poor prenatal and postpartum care in the majority of impoverished nations. This kind of issue is present in India as well. A vast body of literature illustrating these problems has emerged in the past few decades. Acton's 1975 work is significant in this regard since it examines the potential influence of non-monetary factors, such as travel distance, on the desire for "free" and "non-free" maternal health care systems. Accessing basic health care services throughout pregnancy and delivery is a challenge for many Indian women. Due to a number of factors, such as inadequate and underfunded health systems, a lack of transportation to medical facilities, poorly equipped hospitals, a shortage of qualified healthcare professionals, and a shortage of essential medications and supplies during pregnancy, these basic care services reflect a lack of access to services and poor quality of care in maternal health care services.

The study examines fundamental factors pertaining to maternal health and the disparities in these factors at the national level. In this regard, the study primarily identifies three factors that influence maternal health: conditional cash transfer, prenatal care, and institutional delivery. In addition, the study examines the disparities in wealth quintile distribution among these three. The study's goals are to compare the differences in the factors influencing institutional delivery between various caste groups in the district on a national level, as well as to identify and analyse the factors influencing the use of Antenatal Care (ANC), Janani Suraksha Yojana (JSY), and institutional delivery in India. These studies aim to compare the degree of inequalities in the study district with the national level and discover the socioeconomic and geographic disparities that exist in the use of maternity healthcare in India.

The NFHS-5 (2019–21) data set is used in this study for the national level analysis across three identified factors. By removing influencing observations and residuals, the study cleanses the data set. DeltaX residuals with Hat statistics are the primary instruments for this type of research, and the study use standardised residuals in terms of anticipated probabilities for such removal. 2,32,920 married women aged 15–49 who have given birth at least once in the past five years are interviewed about their

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maternal health status variables from 6,36,699 households in the NFHS-5 (2019–21) data set. Three categorical variables—place of delivery care, pre-delivery care practices, and conditional cash transfer scenario—are the focus of the study. The sample data was hampered by missing information under each category of the particular variables (such as conditional cash transfer, prenatal care, and place of delivery).

Biography

Dr. Bhattacharya, presently working as Professor of Economics in the Sidho-Kanho-Birsha University, Purulia, West Bengal, India. Seven Ph.D. scholars are awarded under his supervision and 10 are working. Dr Bhattacharya published 50 research papers, 26 book chapters and 8 edited books in national & international platforms. He also completed 8 major & minor research projects funded by different reputed agencies like UGC, ICSSR & Govt. of West Bengal. The area of interest of Dr Bhattacharya are health economics, education economics, climate & environmental hazards. The profile of Dr Bhattacharya can be checked from <https://vidwan.inflibnet.ac.in/profile/555914>



Shunxia Sun^{1,2*}, Caiping Song¹

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From Crisis to Growth: A Grounded Theory Study of ICU Family Resilience from the Perspective of Medical Staff

Research question: Development of a Theoretical Framework for Family Resilience Among Critically Ill Patients' Families in Intensive Care Settings.

Background: Families of ICU patients face significant crises during their relatives' critical illness. Family resilience plays a vital role in overcoming these challenges, yet theoretical frameworks for ICU family resilience remain understudied, limiting clinical interventions. Purpose: To explore the development of family resilience in ICU settings from the perspective of ICU medical staff and construct a theoretical framework.

Methodology: A constructivist grounded theory study using Glaser and Strauss's traditional approach. Ten ICUs across nine provinces/municipalities in China, including Beijing, Liaoning, Shandong, Zhejiang, Sichuan, Chongqing, Xizang, Hainan and Guangdong, representing diverse geographical and cultural regions. Twenty-one ICU medical staffs (7 physicians, 14 nurses) with 3–25 years of ICU experience. Data were collected via 8 face-to-face interviews and 13 telephone interviews. Theoretical sampling and constant comparative analysis were employed until saturation.

Results: The core issue, development of ICU family resilience, emerged with 162 conceptual codes, 15 core categories, and 9 substantive concepts. The theoretical model integrates five coding families: conditions (patient illness severity, family characteristics), processes (adaptive behavior, interactive behavior, cultural factors), covariance (disease duration, economic burden), and consequences (adaptation vs. breakdown). Key adaptive behaviors included environmental, psychological, and functional adjustments. Interaction with professionals, patients, and social resources facilitated resilience. Cultural values and regional norms significantly influenced decision-making.

Conclusion: This study constructs a theoretical model of ICU family resilience from the perspective of clinicians, emphasizing the roles of adaptive processes, professional-family interaction, and cultural context. The framework offers global applicability for guiding family-centered interventions in critical care.

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Biography

Shunxia Sun, The Head Nurse of the Department of Orthopedic in Chongqing General Hospital, Chongqing University. Master's Candidate in Nursing, with a research focus on Critical Care Nursing and Orthopedic Nursing. Currently pursuing a Doctorate in Nursing at the Army Medical University in China, with research focus on family resilience among ICU patients.



Ijeoma Miriam Okafor ^{1*}, **Vimala Ramoo**^{1,2}, **Lee Wan Ling**¹, **Mary J. Marret** ²

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³Department of Paediatrics, University Malaya, Kuala Lumpur, Malaysia.

Adaptation and Validation of the Malay Version of the Junior Students' Internet Literacy Scale

Purpose: The rise in internet usage among children, adolescents, and adults highlights the need for a suitable tool to measure internet literacy in Malay-speaking adolescents. This study aimed to adapt and validate the psychometric properties of the Malay version of the Junior Students Internet Literacy Scale (JILS).

Methods: A cross-sectional survey was conducted with 422 secondary school students (54.5% female, 45.5% male; aged 15–17 years, mean = 16, SD = 0.43) between August and September 2023. The psychometric properties of the JILS were assessed using Exploratory Factor Analysis (EFA) with SPSS IBM™ (version 25), Confirmatory Factor Analysis (CFA) with SMARTPLS™ (version 4.0.1.6), and the Content Validity Index (CVI).

Results: I-CVI ranged between 0.83 – 1.00, Kappa coefficient ranged from 0.816 to 1.00, and the S-CVI/AVE was = 0.98, indicating that the Malay version of the JILS demonstrated excellent content validity. EFA with parallel analysis supported a five-factorial structure, with Cronbach's alpha of 0.708 and composite reliability rho_c ranging between 0.667 – 0.753. The five-factor model of the Malay version of the JILS also demonstrated suitable model fit indices.

Conclusion: The Malay version of the JILS demonstrates robust psychometric properties, establishing it as a valuable tool for assessing internet literacy among Malaysian adolescents. Its application can support digital education initiatives and inform strategies to mitigate online risks. Future research should explore its cross-cultural applicability and longitudinal use.

Keywords: Internet Literacy, Digital Literacy, Psychometric Properties, Validity, Reliability, Adolescents

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Biography

Ijeoma Okafor-Emeaga is a registered nurse/midwife with over 12 years of professional practice. She has worked in various specialities of the nursing profession, with multiple licensures to practice nursing both at home and abroad. Ijeoma has a master's degree in nursing and is currently in the 3rd year of her PhD program with research on adolescent health and wellbeing. Her interest in teenage health led her to carry out various outreaches and learning sessions with adolescents with a focus on their wellbeing. Ijeoma is a mum of three and is happily married.



Yufen Wang

Philippine Women's University, Philippines.

Global Trends and Research Hotspots in Hemodialysis Nursing: A Bibliometric and Visualized Analysis from 2002 to 2023

This study presents a comprehensive bibliometric and visualized analysis of global nursing research in haemodialysis (HD) from 2002 to 2023. A total of 1,019 publications were retrieved from the Web of Science Core Collection, including 924 articles and 95 reviews. Cite Space and VOS viewer were utilized to analyse research trends, influential contributors, and thematic evolution in the field. Results showed that the United States, China, and Australia were the top three contributing countries, while the University of São Paulo ranked highest among institutions. The leading journals included Nephrology Nursing Journal and Journal of Renal Care. Major research clusters focused on patient quality of life, self-management, anxiety and depression, vascular access, and caregiver experiences. Emerging frontiers were identified in pain management and validation studies. The study revealed that mental health and self-efficacy in HD patients have become critical issues in nursing research. Findings highlight the necessity for global collaboration and evidence-based interventions tailored to the psychosocial and clinical needs of HD patients. This study offers valuable guidance for future research and clinical practice by identifying research gaps and predicting development trends in Nursing.

Biography

Dr. Yufen Wang received PhD from Philippine Women's University and is currently affiliated with Jinan Third People's Hospital. My research focuses on renal nursing, bibliometrics, and evidence-based practice in chronic disease management. I have authored several publications in internationally peer-reviewed journals.



Mohammad Hossein Delshad

Torbat Heydariyeh University of Medical Sciences, Iran

Predictors of Preventive Behaviours for Gastric Cancer among Women in Northeastern Iran: A Cross-Sectional Study Based on the Health Belief Model

Background: Gastric cancer (GC) is a significant health concern in Iran. This study aimed to identify predictors of preventive behaviors for gastric cancer among women in northeastern Iran using the Health Belief Model (HBM).

Aim: This cross-sectional study aimed to identify the predictors of preventive behaviors for gastric cancer among women in northeastern Iran using the HBM.

Methods and Results: A cross-sectional study was conducted on 270 women in Torbat-e Heydariyeh County from December 26, 2022, to December 22, 2023. Data on sociodemographic characteristics, knowledge, perceptions, and preventive behaviors were collected using a validated questionnaire. Descriptive statistics, correlation analysis were employed for data analysis. The mean age of participants was 36.67 ± 5.18 years. Knowledge, perceived severity, and self-efficacy were significantly associated with preventive behaviors. Self-efficacy emerged as the strongest predictor of preventive behaviors based on Pearson correlation analysis. Sociodemographic factors, including education, marital status, employment, and family history of gastric cancer, influenced participants' knowledge, perceptions, and subsequent preventive actions.

Conclusion: The results of this study suggest that to promote preventive behaviors for gastric cancer (PBGC) among women in the region, efforts should focus on enhancing individuals' self-efficacy. This study can serve as a foundation for designing effective intervention programs.

Keywords: gastric cancer, preventive behaviors, Health Belief Model, women, Iran

Biography

Dr. Mohammad Hossein Delshad is an accomplished faculty member and the Head of the Research and Development Center at Torbat Heydariyeh University of Medical Sciences. With over 19 years of experience, his career spans teaching, health program coordination, and extensive research. He holds multiple advanced degrees, including a Doctorate in Health Education & Health Promotion and a Post-Doctorate in Health Promotion & Musculoskeletal Disorders from Tarbiat Modares University.

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Dr. Delshad has a significant publication record, having authored 200 scientific articles and 12 books, and has been involved in more than 79 research projects. His work has focused on public health, health promotion, social health projects, and strategic university planning, including significant contributions during the COVID-19 pandemic. He is an active member of numerous international scientific associations, such as the American Public Health Association (APHA) and the International Union for Health Promotion and Education (IUHPE), and serves on the editorial boards of several international journals. Dr. Delshad has also been recognized with awards for developing innovative health startup ideas.

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POSTER SESSION

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Maria Alcina Fonseca* Taylor Hart

Gagnon Cardiovascular Institute, Morristown Medical Centre, Morristown, New Jersey, USA.

EarlyExtubation Initiatives: A Multidisciplinary Approach to Meet Performance Measures

Background/Purpose: The Society of Thoracic Surgeons (STS) has stated that postoperative time to extubation (TTE) within six hours of surgery closure for select cardiothoracic surgery (CT) patients is safe. In response, we conducted a retrospective chart review to assess CT surgery extubation times and implemented strategies to ensure we meet the STS guideline.

Methodology: Beginning in 2020, a multidisciplinary team of stakeholders, including nursing leadership, clinical specialists, respiratory therapists, advanced practice providers, intensivists, and surgeons, met weekly to develop an action plan for adherence to the six-hour TTE goal. Changes included modifying anesthesia settings to facilitate quicker weaning from ventilator support, implementing whiteboards and case clocks for real-time monitoring, and incorporating shift summaries detailing anticipated extubation times. Enhanced communication among nursing, respiratory therapists, and clinicians ensured timely interventions as patients approached the six-hour TTE mark.

Results: In 2017, the median TTE was seven hours and 27 minutes. Following implementation efforts, in 2020 the median TTE fell below six hours. In 2024, the median TTE was further reduced to five hours and 11 minutes, reflecting a 72% median time reduction from 2017.

Implications: This TTE reduction highlights the success of multidisciplinary collaboration and targeted practice changes. TTE within six hours post-surgery may contribute to shorter ICU stays, reduced healthcare costs, and improved patient outcomes without increasing morbidity or mortality. Further research is suggested to explore refinements for specific CT patient subgroups to enhance safety and efficiency.

Biography

Alcina has many years of critical care nursing, specifically, cardiac nursing. After being at the bedside, Alcina has assumed leadership roles at the Valley Hospital, Robert Wood Johnson University Hospital, Columbia University Medical Center and currently managers the Cardiac Surgery Units and Cardiac Rehab at Morristown Medical Center. Alcina is also an adjunct professor at Bloomfield College.

Alcina obtained her Diploma from Winifred B. Baldwin School of Nursing, her BSN degree from Kean College University and her MS, MBA, and DNP from Rutgers University. She has published 3 Research papers and a Nurse Safety Alert published in May 2024.

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KEYNOTE SESSION

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Daryle Wane

Nurse Consultant, Retired BSN Program Director/Pasco-Hernando State College, New Port Richey, Florida, USA.

How to Generate Critical Thinking or Clinical Decision Making in the Clinical Environment

Objectives: To build a framework for providing a foundation for clinical judgment in the practice setting.

Method: Utilizing an interactive approach between nursing faculty and students during a clinical rotation with built in evaluation methods.

Result: Use of the interactive approach helps to bridge the gap between expectations and performance leading to improved clinical judgment and both faculty and student taking responsibility and accountability for the learning relationship.

Conclusion: Performance in the clinical setting can be stressful for both nursing faculty and students as they each try to navigate expectations, amass knowledge, and demonstrate application of clinical decision making. By establishing interest in the process and accountability for development of "how one learns best" along with the concept of selfreflection and evaluation of involved parties, improvement is seen in both nursing faculty and student relationships.

The interactive approach begins before the start of the clinical rotation and continues during the rotation with an evaluation discussion at the end of the clinical experience. Nursing faculty and students become actively engaged in their own learning goals taking responsibility and accountability for "how they learn best."

Keywords: Clinical Judgment, Interactive Approach, Evaluation

Biography

Dr. Wane has a PhD in Nursing Science as well as a master's degree from University of South Florida and is a Board-Certified Family Nurse Practitioner. She also has undergraduate degrees in Nutrition and Nursing from Brooklyn College and Downstate Medical Center College of Nursing. Dr. Wane designed and developed the BSN program at Pasco-Hernando State College where she taught in nursing pre-licensure/post-licensure programs for over 32 years. She has published supplements in textbooks as well as journal articles and has been serving as an editorial board member and peer reviewer for several journal publications. She is also a member of Sigma Theta Tau Nursing Honor society. At the present time, Dr. Wane is working as a Nurse Consultant.



Habil. Bernd Blobel

University of Regensburg, Medical Faculty, Regensburg, Germany.

Charles University Prague, First Medical Faculty, Prague, Czech Republic.

University of Genoa, DIBRIS, Genoa, Italy.

Faculty European Campus Rottal-Inn, Deggendorf Institute of Technology, Deggendorf, Germany.

Enabling Knowledge Driven Communication and Cooperation in Transformed, Intelligent and Ethical Health Ecosystems

For meeting the financial, quality and safety challenges as well as expectations of the patients, health and social care systems around the globe currently undergo a transformation towards personalized, preventive, predictive, participative precision medicine (5PM), supported by technology. It considers individual health status, conditions, genetic and genomic dispositions in personal social, occupational, environmental and behavioral context. For enabling the necessary communication and cooperation between all ecosystem actors, we shall understand and formally and consistently represent the multidisciplinary, highly complex and dynamic 5PM ecosystem at the required level of granularity from the perspective of all actors from different domains including the subject of care, using different methodologies, knowledge, language and experiences. Thereby, they have to advance from data to knowledge focus. The solution is a system-theoretical, architecture-centered, ontology-based and policy-driven approach, developed by the author over the last 30 years and meanwhile standardized as ISO 23903 Interoperability and Integration Reference Architecture. The approach has been defined as mandatory for any specification or project at ISO, CEN, IEEE, etc., addressing more than one domain. The Keynote introduces the underlying principles and methodologies including relevant standards for designing and managing intelligent and ethical 5P medicine ecosystems as well as practical examples.

Biography

Dr. Bernd Blobel received a multi-disciplinary education, covering mathematics, physics, systems engineering, electronics, medicine, informatics and medical informatics, including habitations in medicine and informatics. He was Head of the Institute for Biometrics and Medical Informatics at the University of Magdeburg and thereafter Head of the Health Telematics Project Group at the Fraunhofer IIS in Erlangen. Thereafter, he acted until his retirement as Head of the German National eHealth Competence Center at the University of Regensburg. He was leadingly involved in many countries' health digitalization as well as electronic health record strategy. He was and is still engaged in international standardization at ISO, CEN, HL7, OMG, IEEE etc. Furthermore, he still engaged in international higher education. He is Fellow of several international academies.



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ORAL SESSION

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Ameneh Arzeh*, Memnon Seven, Carrie-Ellen Briere

Elaine Marieb College of Nursing (EMCON), University of Massachusetts, USA

A Scoping Review on the Application of Machine Learning in the Analysis of Macro and Micro-Nutrient of Human Milk

The integration of artificial intelligence (AI) in medical research has notably advanced the analysis of complex biological systems, including human milk (HM), which is essential for infant development. Despite significant progress, the detailed nutritional profiling of HM utilizing machine learning (ML) has been limited and remains a promising area of research.

Objective: To systematically explore and synthesize the literature on the application of ML in analysing HM to determine its macro- and micronutrient compositions.

Methods: This scoping review was conducted following the method and protocol outlined by the Joanna Briggs Institute Methods Manual. Four databases—PubMed, CINAHL, SCOPUS, and ACM Digital Library—were searched in March 2024. Screening and data extraction were conducted using predefined inclusion criteria and the PRISMA-Scr framework to ensure methodological rigor.

Results: This review encompassed five articles published between 2021 and 2024, employing cross-sectional ($n=4$) and cohort study designs ($n=1$). Sample sizes varied, ranging from six to over a thousand breast milk samples. Collection methods included pumping, direct expression, and donation from milk banks. ML techniques, such as linear and non-linear ML algorithms, were diversely applied across studies to predict various milk components, including macronutrients, micronutrients, minerals, and hormones. These studies collectively highlight the diverse applications of predictive modeling and innovative methodologies in understanding human milk composition and its implications for infant health and development.

Conclusion: This scoping review underscores the significant potential of machine learning in advancing our understanding of HM composition and its impact on infant health. The findings suggest that ML techniques can effectively assist in data fitting across various analytical methodologies, offering a promising approach for comprehensive analysis. Machine learning shows substantial promise in enhancing both comprehension and predictive accuracy within diverse methodological frameworks. Therefore, ongoing investigation into the application of machine learning in human milk research is essential for thorough analysis and for unravelling the complexities of human milk and its implications for infant health.

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Biography:

I am a midwife currently pursuing a PhD in nursing at UMASS Amherst, Elaine Marieb College of Nursing. My research interests center around human milk, women's health, and pregnancy-related issues. With several years of experience in neonatal ward, labor, and delivery room, and one year as a leader in a maternity ward, I have been profoundly motivated to explore research avenues aimed at enhancing the well-being of mothers and infants. My objective is to merge clinical insights with research endeavors to propel advancements in maternity care and neonatal health. Currently, I am an active contributor to the Briere Human Milk Research Laboratory at UMASS Amherst.



Jennifer Lehto

Peak Wellness Psychiatry, USA

Utilizing Worldwide Data to Provide a Greater Holistic Evidence-Based Approach to Psychiatric Care

Traditional Psychiatric Mental Health Nurse Practitioner (PMHNP) programs offer a high-quality Western education that prepares students to work in a variety of settings once they graduate. PMHNPs are ready to work in chemical dependency programs, in correctional facilities, school-based settings, as well as inpatient and outpatient settings. However, there is a distinct lack of internationalization in our nursing education, much like there is in physicians' medical education, which is preventing us from offering our patients truly holistic care that honors their cultural values. It is a barrier to excellence, and our diverse population of patients deserves better. The topic of this presentation is to explore why providers in the United States appear to focus on local research and how, as a result, this limits their knowledge base and ability to meet their patients' needs. We will also discuss some data from other countries relevant to psychiatric medicine, and how to incorporate this into your practice.

Biography:

Jennifer is a double board-certified Nurse Practitioner who started her journey into the mental health field after obtaining her baccalaureate degree in psychology in 2004. Since then, she first became a Family Nurse Practitioner and provided both primary care and mental health services to all ages. During that time, she realized that the true path to Peak Wellness is through promoting inner peace, building resilience, and finding joy, not just by managing chronic illnesses after they manifest. So, she went back and earned a post-master's certificate as a Psychiatric Mental Health Nurse Practitioner, expanding her expertise as a mental health provider. Currently, she is undergoing a Functional Medicine Fellowship through Psychiatry Redefined. Here she's learning how to discover the root cause of some mental health disorders, and how to utilize more holistic tools, in addition to western medicine to help restore balance in the body.



Mina Karki^{1*}, Gehendra Mahara^{2,3}

¹Mental Hospital, Lagankhel, Lalitpur, Nepal.

²NAMS, Bir Hospital, Kathmandu, Nepal.

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Heart Diseases, Anxiety Disorders, and Negative Thoughts

The intricate connection between the mind and the heart underscores the profound impact of emotional and psychological well-being on cardiovascular health. Negative mental states such as depression, anxiety, loneliness, anger, and chronic stress significantly contribute to the onset and exacerbation of heart disease. For instance, cardiomyopathy can develop as a response to acute emotional stress, such as receiving distressing news, and intense emotions like anger can trigger abnormal heart rhythms. Chronic stress elevates blood pressure and heart rate while promoting the production of harmful levels of cortisol, a stress hormone that alters blood clotting and heightens the risk of heart attacks or strokes. Additionally, persistent negative emotions influence lifestyle behaviors—encouraging excessive alcohol consumption, smoking, overeating, and physical inactivity—further compounding the risk of cardiovascular issues. This presentation explores the multifaceted interplay between mental health and heart health, emphasizing the need for integrated approaches to emotional well-being and cardiovascular care to mitigate the risk of heart disease and improve overall health outcomes.

Biography

Mrs. Mina Kumari Karki is a dedicated and accomplished healthcare professional with over 25 years of extensive experience in nursing, public health, and social care. A Registered Nurse (RN No. 8085), she has worked in various capacities at renowned health institutions in Nepal, showcasing her unwavering commitment to delivering quality patient care and advancing healthcare standards. With a strong academic background, including an M.Sc. in Nursing and an LLB (Law Degree), Mrs. Karki combines her clinical expertise with a profound understanding of public administration and social care.

Beyond her clinical roles, she is a passionate researcher with publications addressing critical health issues, including maternal health, mental health, and community health concerns. Her contributions to nursing education, public health advocacy, and organizational development highlight her leadership and dedication to fostering positive change in healthcare.

An active member of numerous professional organizations, Mrs. Karki is also recognized for her social contributions and talents in music and cultural activities, showcasing her multifaceted personality and commitment to holistic development.



Noureddin Karimi*, Pezhman Masoudi, Iraj Abdollahi, Enayatollah Bakhshi, Saeideh Moravej, Ahmad Aghazadeh

Department of Physiotherapy, School of Rehabilitation Sciences, Neuromusculoskeletal Rehabilitation Research Centre, University of Social Welfare and Rehabilitation Sciences, Iran.

Applicability of using dynamic MRI to evaluate alleged cranial rhythmic impulse (CRI)

Objectives: To evaluate the feasibility of using dynamic MRI to measure the features of cranial rhythmic impulse (CRI).

Design and setting: Fifteen healthy participants (9 females and 6 males, aged 25 to 77) underwent dynamic MRI in a sagittal T2 HASTE view at a rate of 0.60 Hz for 30 s. The MRI videos were analyzed using video tracking software. Three points were marked: the glabella, the midpoint of the sella turcica, and a symmetrical point of the glabella on the occiput. The distances between these points were measured across 46 frames. Amplitudes and rates of asymmetrical CRI waves were calculated using Excel formulas.

Results: The mean wave frequencies were 5.65 Hz for the anteroposterior distance, 6.2 Hz from sella turcica to occiput, and 6.76 Hz from sella turcica to glabella. The mean wave amplitudes were 0.39 mm, 0.6 mm, and 0.49 mm for the respective distances. Both intraclass correlation coefficients (ICC) and reliability coefficient (R) indicated excellent reliability (R, ICC > 0.90). The technical error of measurement (TEM) exceeded 1 mm for the anteroposterior and sella-to-occiput distances, while it was 0.32 mm for the sella-to-glabella distance.

Conclusions: Dynamic MRI demonstrates potential in measuring the features of CRI, particularly in assessing CRI wave rate. While the ICC values indicate high reliability, the TEM values suggest that using MRI to measure CRI wave amplitude may only be dependable for the distance from the sella to the glabella.

Keywords: CRI; MRI; Sella turcica; Sphenoid; Vomer.

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Biography

Dr. Noureddin Karim is a distinguished academic and clinician in physical therapy with over three decades of experience in education, research, and leadership. He earned his Ph.D. in Physical Therapy from TarbiatModares University (2008) and both M.Sc. and B.Sc. degrees from Iran University of Medical Sciences. Since 1993, he has been a dedicated instructor at the University of Social Welfare and Rehabilitation Sciences, mentoring students across B.Sc., M.Sc., Ph.D., and DPT programs.

Dr. Karim has held several influential roles, including Head of the Department of Physical Therapy, Advisor to the University President, and Vice President of the Iran Physical Therapy Association. His leadership extends to organizing and chairing key events, such as the Specific Spinal Physical Therapy (SSPT) seminar series (2000–2025) and the 17th Iran Physiotherapy Congress.

He has also contributed significantly to academic development as a member of the Course Syllabus Designing Committee and an editorial board member of leading journals in the field, including *Journal of Physical Treatments – Specific Physical Therapy*. Dr. Karim's dedication and expertise have solidified his standing as a leader in advancing physical therapy in Iran and beyond.



Tsegaye Alemu*, Tadelech Abebe, Mende Mensa Sorato

School of Public Health, College of Medicine and Health Sciences, Hawassa University, Hawassa, Ethiopia.

Trauma and Surgery Specialized Centre, Sidama Region, Hawassa, Ethiopia: Cohort Study

Introduction: Traumatic brain injuries (TBIs) are a significant public health issue, contributing to high rates of morbidity and mortality among youth in developing countries, including Ethiopia. Despite their impact, there is limited data on head injuries in the study area. This study aimed to determine the incidence and identify risk factors for traumatic head injuries among trauma patients at the Yanet Trauma and Surgery Specialized Centre.

Methods: A five-year institutional-based retrospective cohort study was conducted among 1,029 trauma patients admitted to the Yanet Trauma and Surgical Specialized Centre. Data collection took place from September 1, 2023, to October 15, 2023. Participants were selected using simple random sampling via computer-generated random numbers. Data were collected using a checklist designed on the Kobo Toolbox and analyzed using SPSS version 27. Descriptive statistics were used to calculate means, standard deviations, and medians. Bivariable and multivariable logistic regression analyses were performed to identify associations between head injuries and independent variables.

Results: A total of 1,029 injured patients were followed for 2,302 person-days. The overall incidence density rate of head injury was 14.03 per 100 person-days (323 cases, 31.4%; 95% CI: 29.5–34%). The third year of follow-up had the highest incidence. The most common types of head injuries were brain contusion (38.1%), followed by epidural hematoma (33.1%), skull fracture (15.8%), and intracerebral hematoma (13.0%). Multivariable analysis identified rural residence (AOR = 1.6; 95% CI: 1.18–2.16), road traffic accidents (AOR = 5.5; 95% CI: 2.27–13.34), assault (AOR = 3.4; 95% CI: 1.35–8.37), and chronic disease comorbidity (AOR = 2.2; 95% CI: 1.13–4.18) were a significant risk factors for head injury.

Discussion: The findings of this study highlight the significant burden of traumatic head injuries among trauma patients in the study area, with an incidence density rate of 14.03 per 100 person-days. The following policy and programmatic actions are recommended to address this public health issue: Strengthening Road Safety Measures, Improving Emergency and Trauma Care Services, Targeted Interventions for Rural Communities, Addressing Violence and Assault, Integrated Chronic Disease Management, Public Awareness and Education Campaigns, Multi-Sectoral Collaboration.

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Keywords: Head injury, incidence, risk factors, trauma, Ethiopia

Biography

Dr. Tsegaye Alemu holds a PhD in Public Health and is currently working as a researcher and assistant professor of epidemiology. With a strong background in public health research, he has published 25 articles in peer-reviewed journals, contributing valuable insights to the field. In addition to his research, Dr. Alemu is actively involved in mentoring and supervising 12 master's students, guiding them in their academic and professional growth. His dedication to teaching, research, and knowledge dissemination plays a crucial role in shaping future public health professionals and advancing epidemiological studies.



Mahboobeh Namnabati*, Fatemeh Joonbakhsh, Fatemeh Izadi, Fariba Izadi

Department of Paediatric and Neonates Nursing and Midwifery Care Research Centre, Isfahan University of Medical Sciences, Isfahan, Iran

The Effect of Combined Program on the Pain Intensity of venipuncture in Hospitalized Young Children

Background: Venipuncture is a common invasive procedure performed in pediatric wards, often causing significant pain in hospitalized children.

Aim: The aim of this research was to investigate the impact of a combined program on the severity of venipuncture pain in hospitalized children.

Methods: This study was a semi-experimental design. The study assessed pain intensity during venipuncture procedures in a sample of 90 children aged 3 to 6 years. The participants were selected through a census sampling method from a children hospital affiliated with Isfahan University of Medical Sciences in Iran.

Results: The study included 180 venipuncture procedures performed on two groups. The mean pain intensity scores for venipuncture in the control and intervention groups before and after the intervention were 8.60 and 3.11 out of 10, respectively. The analysis of covariance (ANCOVA) test revealed a significant difference in the mean pain intensity scores of venipuncture before and after the intervention between the two groups ($P<0.05$).

Conclusion: The findings of this study indicated that the pain management program effectively reduced the intensity of venipuncture-related pain in hospitalized children. Therefore, it is recommended to implement the combined program mentioned above to enhance pain management practices among healthcare professionals, particularly nurses, when treating children.

Keywords: Pain management, children, venipuncture

Biography:

Mahboobeh Namnabati has completed his PhD in nursing from Isfahan University of Medical Sciences. She is a full professor in the nursing and Midwifery faculty. She has published more than 60 papers about pain management, home care, infants, and paediatrics. She published two books about "Home care", "Pain in children", and "Breathing Care in the neonatal" ... which are teaching students in universities and are usable for researchers.



Yanling Li

Nursing Department, Affiliated Hospital of Hebei University, China

The Relationship between Social Isolation and Psychological Well-being among Older Adults in Community: The Chain Mediating Role of Physical Activity and Psychological Resilience.

Background: In the ageing society, social isolation older adults in community plays a potentially important role in their psychological well-being which are critical for healthy ageing. Researchers have documented that physical activity and psychological resilience are related to this relationship.

Purpose: To explore the relationship between social isolation and psychological well-being among older adults in the community, and to analyze the chain mediating role of physical activity and psychological resilience.

Methods: For this cross-sectional study, from June to September From November 2023 to March 2024, 265 older adults from six communities in XX City were selected using convenience sampling. The study employed a General Information Questionnaire, the Chinese version of the Elderly Social Isolation Scale, the Elderly Physical Activity Scale, the 10-item Brief Resilience Scale, and the Psychological Well-being Questionnaire from the Comprehensive Happiness Scale to assess social isolation, physical activity, psychological resilience, and psychological well-being among elderly individuals in the community. Path analysis using the structural equation model was performed.

Results: The psychological well-being score for older adults is 4.82 ± 0.84 , social isolation score is 14.15 ± 3.73 , physical activity score is 130.32 ± 65.24 , and psychological resilience score is 26.62 ± 7.17 . Pearson correlation analysis indicated significant relationships between psychological well-being and scores for social isolation ($r=-0.397$), psychological resilience ($r=0.668$), and physical activity ($r=0.208$), all with $P<0.001$. Mediation analysis results showed that social isolation directly affects psychological well-being of elderly individuals [effect=0.054; 95%CI= (0.034~0.077)], and it also influences psychological well-being through three mediation chains: physical activity [effect=0.015; 95% CI=(0.008~0.023)], psychological resilience [effect=0.033; 95%CI=(0.016~0.051)], and the chain mediation effect of physical activity and psychological resilience [effect=0.007; 95%CI=(0.002~0.013)]; total mediation effect accounted for 60% of the total effect.

Conclusion: These findings offer promising directions for developing interventions to enhance older

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adults' psychological well-being through modifying their social isolation. These interventions should integrate components that target improving the physical activity and psychological resilience of older adults.

Keywords: older adults; social isolation; psychological well-being; physical activity; psychological resilience

Biography

Li Yanling, born in 1978, worked at Hebei University Affiliated Hospital in 1995. has a doctoral degree in medicine, and the title is chief nurse, as well as a master's tutor. I have published over 30 core journal articles as the first or corresponding author, and 3 SCI indexed papers. Edited two books and participated in the compilation of multiple books. I have led 8 provincial-level and bureau level scientific research projects with a funding of 100000 yuan; I have been invited multiple times to give speeches at nursing professional academic conferences both domestically and internationally.



Soo Hyeon Cho

College of Nursing, Yonsei University, Republic of Korea

A Study on Estimation and Prediction of HIV incidence in South Korea through Spatiotemporal Modelling: Uncertainty in Illness Theory Applied

Nurses have a professional obligation to contribute to policy development through research on vulnerable populations, not only providing specialized nursing care at the bedside. HIV, which stands for Human Immunodeficiency Virus, is the infectious agent responsible for causing acquired immunodeficiency syndrome. Understanding the scale of HIV infection is crucial not only for establishing and evaluating national policy goals but also for implementing policies, securing budgets, and allocating resources. Nevertheless, a significant number of individuals who are HIV positive remain unaware of their infection status due to shared signs and symptoms with various other diseases. Indeed, there have been no studies conducted in South Korea using spatiotemporal modelling to estimate and predict the population of HIV infections thus far.

The theoretical framework guiding this modelling study is based on the measurement of uncertainty in evidence theory and Mishel's theory of uncertainty in illness. In this study, adaptation refers to estimating and predicting the scale of HIV infection using proper measurement tools, which can be utilized in evaluating national policies. The measurement tools should be credible, reliable, clear, and based on the theoretical foundation, aligning with the concept of coping strategies in Mishel's theory.

This study reflects on the social phenomenon itself related to nursing and the problems of policies related to nursing care, based on the integration of traditional sociological theories and nursing theories. The ultimate goal of this study is not only the concept of adaptation within the agreed scope of patient health promotion but also to derive a wide range of outcomes such as cost savings, political paradigms, equality, and social consensus. However, this study differs from general nursing theory application papers as it deals with population health issues in a broader sense rather than individual clinical nursing problems. Nevertheless, it contributes to the broad development and growth of nursing by applying sociological theory and utilizing structural mathematical modelling in the natural science field.

Biography

Soo Hyeon Cho is a dedicated public health professional with a master's degree in public health and a licensed nurse, currently pursuing a PhD. She completed a dual major in nursing and military science, graduating from the Armed Forces Nursing Academy. Following her graduation, she joined the Korea Disease Control and Prevention Agency (KCDA) as an

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Epidemiological Investigation Officer (EIO).

Ms. Cho is actively involved in research and has contributed as the first author and co-author to several publications in international SCIE-level journals and other academic outlets. Her commitment to advancing nursing and public health through research and policy development positions her as a valuable asset in her field.



Gislaine de Fátima Ribeiro

Dermo Saúde, Brazil

The Benefits of Orthomolecular Therapy in Aging Aesthetics

Orthomolecular therapy is a scientific approach that uses essential nutrients to restore and maintain the body's biochemical balance, promoting health and sustainable aesthetic results. This method combats free radicals, reduces chronic inflammation, and eliminates toxins—the main accelerators of aging—while enhancing the vitality of skin, hair, and nails.

This research explores the origins and advancements of orthomolecular therapy, grounded in scientific evidence and clinical practice. It highlights the importance of supplements such as vitamins D, K, Mk-7, C, E, the B complex, coenzyme Q10, and minerals (magnesium and zinc) in combating accelerated aging. It also emphasizes the combination of internal supplementation with topical products rich in trace elements, which neutralize oxidative damage and promote cellular regeneration.

Orthomolecular aesthetics transcends traditional treatments by merging science and prevention, emphasizing that beauty is a reflection of internal balance. Through integrated and personalized strategies, it is possible to promote not only aesthetic results but also quality of life and longevity.

Biography

A nurse specialized in Dermatology and Advanced Aesthetics, with postgraduate studies in Orthomolecular Therapy from IDEPS and Trichology from the Brazilian Academy of Trichology. A pioneer in orthomolecular therapy in Ponta Grossa, owner of the Dermo Saúde clinic, and a mentor in the aesthetics field. With over 10 years of experience, she is dedicated to practices that integrate science, health, and self-esteem, inspiring professionals to adopt preventive and evidence-based approaches. Additionally, she was featured in the magazine "Saúdeem Foco" with an article on Bio-Orthomolecular Therapy.



Yacob Mathai Kunnathazhath

Marma Health Centre, India.

Current Fever Testing and Treatment is Best for Hyperthermia, not Fever, why?

Hyperthermia is an increase in body temperature above 100.40 F (38 °C) due to external causes such as exposure to sunlight or burns. It should always be checked for increased temperature and require antipyretic treatment.

What does it take to make a fever?

Antipyretic substances alone are sufficient to induce fever. Any substance that is cooling or reducing temperature (antipyretic) is a fever stimulant because it increases inflammation and reduces blood flow. Antipyretics are the only substances needed to induce fever in any organism. By using antipyretics in anyone, anyone can reduce the body's heat energy and cause inflammation and fever within a few hours.

Consuming large amounts of sterile cold water or ice cream can cause fever. This is the cause of fever if we stay wet for a long time. A virus or bacteria is not needed to cause a fever. These are what cause the disease, not the fever. It is not necessary to cure the disease to cure the fever. Cancer patients rarely have a fever.

What is needed to diagnose and treat fever?

To check for a fever, check what happens if you only have a fever. Is the body swollen? Is blood flow reduced? Is the immune system producing warm substances? Does the immune system take various measures to prevent heat loss from the body? etc. should be checked. There is currently no test method that tests only fever-related material.

When we have a fever we always need a treatment that increases blood flow and reduces inflammation to help our immune system.

Current fever treatment reduces heat energy and destroys immunity.

There are no treatments available today that help your immune system when you have a fever. The essence of today's fever treatment is fever can be cured by using fever-creating substances.

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As for fever, when blood flow is reduced due to inflammation, reducing heat is against any existing science in the world, because reducing heat can cause more inflammation, decreased blood flow, increased disease, and death.

During this time, immunity does not stop producing fever.

Modern science does not know what the purpose of fever is, what fever is, what to do to get a fever, how to diagnose it, and how to treat it because of a lack of precise definition. Therefore, the diagnosis and treatment of hyperthermia, which is the opposite of fever, is done for fever.

Hyperthermia cannot be induced by fever-inducing substances. Similarly, hyperthermic substances cannot be used to induce fever. The symptoms and actions of both are mutually exclusive. In hyperthermia, the immune system takes all steps to reduce body temperature, while in fever, the immune system takes all steps to increase body temperature. According to any scientific law in the world today, two contradictory things cannot have the same test and treatment. Therefore, diagnosis and treatment of hyperthermia should not be done for fever. This is an immutable scientific fact.

Keywords: Hyperthermia, Fever, Antipyretics, immune system, inflammation, blood flow

Biography

A practicing physician in the field of healthcare in the state of Kerala in India for the last 36 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain. I am a writer. I already printed and published Ten books on these subjects. I wrote hundreds of articles in various magazines. I have published 11 articles on fever in various journals.

After scientific studies, we have developed 8000 affirmative cross checking questions. It can explain all queries related to fever.



Nowsheen Sharmin Purabi

Consultant, Obstetrics and Gynecology, Praava Health and Founder, Dr. Purabi's Help Desk Dhaka, Bangladesh.

The Impact of Government Policy Changes and Activism on Menstrual Hygiene Management in Bangladesh

Menstrual Hygiene Management (MHM) is a critical public health issue that profoundly impacts women's reproductive health, educational attainment, and labor participation, with far-reaching implications for gender equality and women's empowerment in Bangladesh. Poor MHM practices, such as the use of unhygienic materials like old cloth, are associated with increased risks of reproductive tract infections (RTIs) and urinary tract infections (UTIs), which disproportionately affect vulnerable populations, particularly women and girls in rural and peri-urban areas. While existing academic studies have primarily focused on adolescent girls in school settings, middle-aged women in these regions remain an underserved group, facing unique challenges due to poverty, lack of awareness, and infrastructural constraints. Previous studies, including a 2014 school-based intervention, have highlighted the pervasive cultural taboos, lack of awareness, and use of unhygienic materials like old cloth among adolescent girls, leading to increased school absenteeism and health complications such as urinary and reproductive tract infections. In 2017, a comprehensive survey was conducted across six districts in Bangladesh (Rangpur, Shatkhira, Feni, Khulna, Gazipur, and Tangail) to assess MHM practices among 300 women and adolescents aged 12–50 years. The findings revealed that 56% of respondents used sanitary pads, while 41% relied on cloth and 3% used cotton, indicating that 44% were not practicing proper MHM. Key barriers to sanitary pad usage included high cost (51%), lack of accessibility (19%), and a preference for traditional methods (30%). Additionally, the survey explored the frequency of changing sanitary pads, finding that 22% changed pads once a day, 48% changed twice a day, and 29% changed three or more times a day—practices that fall short of hygiene guidelines recommending changes every 2–6 hours. These findings challenged the results of the 2014 National Hygiene Survey, which reported 86% cloth usage and only 10% sanitary pad usage. A follow-up survey in 2018 corroborated the 2017 results, showing 55% cloth usage, 43% sanitary pad usage, and 1.6% cotton usage, further validating the need for targeted interventions. To address these barriers, a multi-faceted approach was implemented, combining mass media campaigns, ICT-based interventions, and grassroots health worker training to dismantle cultural taboos and improve awareness about MHM. Simultaneously, advocacy efforts were directed at reducing the high cost of sanitary napkins, which ranged from 10–18 BDT per piece due to exorbitant customs duties—127.48% on finished products and 70% on imported raw materials. After 1.5 years of sustained activism, the government responded by reducing customs duties on raw materials and finished products to 25% on June 30, 2019. Additionally,

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sanitary napkins were made freely available to adolescent girls through government health centers, and training programs were initiated for grassroots

health care providers to promote MHM. Five years after these policy changes, a follow-up survey was conducted to assess the impact of these initiatives. The results demonstrated significant improvements in MHM practices, reflecting the success of combined government and private sector efforts. This study underscores the transformative power of policy advocacy and grassroots activism in addressing MHM challenges in Bangladesh. It also highlights the importance of sustained, multi-level interventions to achieve gender equity and women's empowerment. The findings of this study not only validate the effectiveness of the policy changes but also provide a model for other low- and middle-income countries grappling with similar issues. Through these efforts, significant change has been achieved, paving the way for a future where menstrual hygiene is no longer a barrier to health, education, and economic participation for women and girls in Bangladesh.

Biography

Dr. Nowsheen Purabi has 20 years' experience as medical practitioner, teacher and 16 years' experience as health right activist, media personality. She has completed her MBBS in 2003 from Bangladesh Medical College, MCPS from Bangladesh College of Physicians and Surgeons. Then she worked in Z. H. Sikder Women's Medical College and Anwer Khan Modern Medical College. She is dedicated to empower women through comprehensive health education and support. After completing her US Department of States sponsored fellowship on Human Rights in Child Birth she is now the leading practitioner who is working to establish respectful maternity care and stop unnecessary C-section in Bangladesh. She is working with UNFPA, WHO, DGNM, DGFP to train health workforce on maternal health care.

Her free lecture on reproductive and maternal health in YouTube is widely accepted in home and abroad. She has been recognized as 'Top 10 health awareness activist' by LinkedIn 2016, Brand Ambassador of Microsoft. Different Government organizations of Bangladesh are the principal buyer of her published book 'Life Stories: Observation of a Physician', 'Menstrupedia' which they are using as advocacy material.

She is working with DGFP as master trainer on adolescent friendly health services [menstrual hygiene management], MR, MRM, Post abortion care, long acting reversible contraceptive.

She had run a campaign, advocacy, lobbying on reduction of tax from sanitary napkin to support the reproductive health wellness of women. After 1.5 years of uninterrupted activism Bangladesh Government reduced the tax from raw materials of sanitary napkin and made it freely available for all adolescent girls in health center.

She is working with BTEB and NSDA to uplift the skill of health workers, care givers. She is the ART[Academic, Trainer Researcher constituency member of PMNCH, WHO]. To know more, visit: www.drpurabi.net



Beyene Sisay Damtew^{1*}, Alemu Merga Hailu², Bezawit Melak Fente³, Tadesuwondu workneh³, Hinsermu Bayu Abdi¹

¹Arsi University, College of Health science, Department of midwifery, Asella, Ethiopia

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³University of Gondar, College of Medicine and Health Science, Department of General Midwifery, Gondar, Ethiopia

Determinant of Adverse Early Neonatal Outcomes Following Emergency Cesarean Section in Northwest, Ethiopia. Institutional-based case-control study

Background: The World Health Organization recommends a cesarean delivery rate of 5–15%, which is thought to be within the range that can reduce infant morbidity and mortality. Various investigations have shown that those poor newborn outcomes are influenced by a variety of maternal and fetal factors and are more prevalent in emergencies than planned cesarean deliveries. Ethiopia is one of the five nations that account for 50% of all neonatal fatalities worldwide. Sub-Saharan African countries account for 38% of all infant deaths worldwide.

Aim: To know the determinants of adverse early neonatal outcomes after emergency cesarean delivery.

Method and material: A multicenter case-control study design would be carried out between November 2022 and January 2023. Using the consecutive method, a sample of 318 mother-newborn pairs was studied. Direct observation and face-to-face interviews were undertaken to gather the data using a semi-structured questionnaire. For both data input and analysis, Epi Data version 4.6 and Stata version 14 software were used. Both the crude and adjusted odds ratios were computed. The measure of significance was based on the adjusted odds ratio with a 95% confidence interval and a p-value of less than 0.05.

Results: Maternal age over 35, the presence of danger signs during pregnancy, and non-reassuring fetal heart rate were significantly associated with increased risk of adverse fetal outcomes following emergency cesarean section. Women aged over 35 were 3.6 times more likely to experience adverse fetal outcomes compared to younger women (AOR: 3.6, 95% CI: 1.1, 9.7). Women with danger signs during pregnancy were 3.5 times more likely to have adverse fetal outcomes compared to those without (AOR = 3.5, 95% CI: 2.4, 36). Similarly, cases with non-reassuring fetal heart rate were associated with a 5.2 times higher risk of adverse newborn outcomes (AOR = 5.2, 95% CI: 1.1, 26).

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Conclusion: This study identified advanced maternal age (over 35 years old), pregnancy complications, and non-reassuring fetal heart rate as significant risk factors for adverse neonatal outcomes following emergency cesarean section.

Keywords: Cesarean delivery, Neonatal outcome, adverse outcome, Ethiopia

Biography:

Beyene Sisay Damtew is a Lecturer specializing in Clinical Midwifery at the College of Health Sciences, Arsi University, in Asella, Ethiopia. She is an active researcher with a particular focus on neonatal outcomes. Her recent work includes a case-control study examining the determinants of adverse early neonatal outcomes following emergency cesarean sections in Northwest Ethiopia. She also contributed to a multicenter observational study on the impact of decision-to-delivery time of emergency cesarean sections on newborn outcomes at East Gojam Zone hospitals



Mojisola Alere Toyin Saraki*, Adebukola Shittu-Muideen, Williams Awotunde, Eunice Akhigbe

The Wellbeing Foundation Africa, Nigeria.

Bridging the Gap: A Hybrid Model of Midwifery Care through the MamaCare360 Digital and Physical Education Programme in Nigeria

Introduction

The MamaCare360 Programme is the Wellbeing Foundation Africa's flagship maternal care initiative, designed to improve maternal and child health outcomes through comprehensive antenatal and postnatal education. Delivered both in-person and digitally by trained midwives, the programme equips pregnant women and nursing mothers with essential health information to support informed decision-making, promote safe pregnancy and childbirth, and encourage proper newborn care.

To extend its reach beyond physical sessions, the **MamaCare360 Digital Midwifery Service** was launched in 2017. This digital extension leverages platforms like WhatsApp to provide mothers with round-the-clock, culturally responsive health education and counselling. By combining weekly in-person classes with 24/7 digital engagement, the MamaCare360 model fosters health literacy, strengthens positive health-seeking behaviours, and helps to reduce preventable maternal and child mortality—particularly in underserved and low-resource settings.

Discussion:

Using WhatsApp, a widely accessible messaging platform in Nigeria, WBFA delivers continuous health education, counseling, and peer support to new and expectant mothers. The Digital Midwifery program addresses key barriers such as limited access to healthcare professionals, geographic constraints, and knowledge gaps. Beyond information delivery, the groups foster peer interaction and community-based learning, which boosts maternal confidence and decision-making capacity.

Evidence:

By 2024, the initiative had expanded to 29 WhatsApp groups with 3,223 new mothers, bringing the total number of participants to 12,329. A case in point is Grace, a nursing mother in Lagos, who overcame breastfeeding difficulties after receiving real-time guidance from trained midwives and peer mothers in the group. Her confidence improved, and she now supports other mothers, demonstrating the platform's potential for sustainability and peer-led reinforcement.

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Key Message:

The Mamacare360 Digital Midwifery Service illustrates how digital platforms can be leveraged to provide inclusive, scalable, and impactful maternal health education. By bridging service delivery gaps, this model offers a practical solution for improving maternal and newborn health outcomes, especially in low-resource settings.

Biography

Mojisola Alere is a Public Health Professional with expertise in Maternal and Child Health, Sexual and Reproductive Health. She holds a first degree in Biochemistry, a master's degree in public health, and is currently pursuing a PhD program at the Department of Community Medicine, University of Ibadan. She has over ten years of experience in program implementation and research by multilateral-funded projects by USAID, Global Fund, TJ Matter, and the Gates Foundation. Mojisola works with the Wellbeing Foundation Africa (WBFA) as Director, Program Policy, Research and Development, driving progress in maternal, newborn, and child health.



Dion van de Schoot

Emergency Department, Te Whatu Ora Waikato, co-founder and COO of Surfing Medicine International, New Zealand

Presentation Title: Drowning Resuscitation – from a Surfing Medicine Perspective

Background:

Drowning remains a major global health burden, claiming over 236,000 lives annually, with significantly more affected by non-fatal drowning outcomes. The frequency and intensity of flooding disasters due to climate change have exacerbated this burden, particularly in vulnerable coastal and low-resource settings.

Objectives:

This presentation aims to provide a comprehensive overview of the global epidemiology of drowning, clarify core definitions, highlight the critical role of bystander rescuers such as surfers and beachgoers, and explore innovations in drowning resuscitation and prevention through the lens of Surfing Medicine.

Content:

We begin by addressing the epidemiology of drowning, presenting key data and trends, and examining disparities across regions and demographics. Drowning is conceptualized as a disease of cerebral hypoxia following submersion or immersion, and we address common misconceptions and outdated terminology such as "near-drowning" and "secondary drowning." Standardized terminology is essential for accurate data collection, policy development, and prevention strategies.

The discussion then shifts to risk exposure in dynamic water environments and the importance of individual capacity and risk assessment. We emphasize the often-overlooked role of bystander rescuers—particularly surfers—who are frequently first responders in coastal drownings. These individuals, equipped with local knowledge and physical capacity, play a pivotal role in early rescue and resuscitation.

Advanced drowning resuscitation strategies are also presented, from in-water interventions to advanced life support and extracorporeal life support (ECMO), highlighting the evolving scope of critical care in aquatic emergencies.

Finally, we introduce the work of *Surfing Medicine International*, a global network that unites surfers, medical professionals, and ocean enthusiasts to promote water safety education, develop context-

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specific training, and empower healthcare workers—especially nurses—as ambassadors of drowning prevention.

Conclusion:

Drowning is a preventable, underrecognized public health challenge. Through better epidemiological understanding, clear definitions, community engagement, and cross-disciplinary collaboration—including surfing communities and emergency medicine—progress can be made toward reducing its burden. Surfing Medicine provides a unique, passion-driven platform to bridge science, education, and local action.

Biography:

Dion van de Schoot works as an Emergency Physician, FACEM, in Te Whatu Ora Waikato, Hamilton, New Zealand. He is the co-founder and COO of Surfing Medicine International, a global non-profit organization dedicated to advancing ocean-based health, safety, and performance through education, research, and community engagement. It unites medical professionals, surfers, lifeguards, and scientists to develop evidence-based training, including the Surf Life Support curriculum, and advocates for drowning prevention and sustainable surf environments worldwide.

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Nafiza Martini^{*a,b,c}; Imad-Addin Almasri^{c,d}, Sedra Al Kadaman^{b,c}; Ensaf Abdullah Maasarani^{c,e}; Munir Abas^{f,g,h}

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Gendered Perceptions of Workplace Sexual Harassment: Implications for Public Health and Women's Well-Being

Background:

Sexual harassment in the workplace is a critical but underreported public health issue with profound implications for physical, psychological, and reproductive health. In conservative societies such as Syria, where cultural taboos hinder open discussion, the health burden of harassment remains largely hidden, yet its effects on women's well-being, safety, and occupational participation are severe.

Objective:

This study examined gender-based differences in sensitivity, perception, and responses toward workplace sexual harassment in the Syrian workforce, with a particular focus on its public health consequences and implications for women's empowerment.

Methods:

A cross-sectional survey was conducted among 344 individuals (73.5% women) from various sectors in Syria using a 30-item validated questionnaire. Participants were presented with common workplace scenarios and asked to classify behaviors as harassment, identify determinants, and report personal coping strategies. Data were analyzed using Chi-square tests with a significance level of $p < 0.05$.

Results:

Findings revealed significant gender differences in defining and reacting to harassment. Women were more likely than men to classify behaviors such as physical touch, inappropriate content, and coercive suggestions as harassment ($p < 0.05$). Coping strategies also differed: 69.6% of women reported

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confronting the harasser compared to 54.9% of men, while 33% of men chose to remain silent. Alarmingly, 57.6% of workplaces lacked any code of conduct or reporting mechanism, leaving victims vulnerable. Nearly half of respondents reported experiencing harassment, highlighting its prevalence.

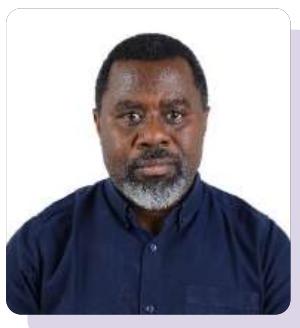
Conclusion:

Workplace sexual harassment in Syria is both a gender equity issue and a pressing public health concern. Its consequences—ranging from post-traumatic stress to reduced occupational engagement—threaten women's safety, mental health, and participation in the workforce. Culturally sensitive interventions are urgently needed, including awareness campaigns, protective legislation, and workplace policies that safeguard women's rights. Addressing this issue is not only essential for individual well-being but also for advancing maternal health, gender equity, and societal development.

Keywords: Sexual harassment, Public health, Gender differences, Women's well-being, Workplace safety, Syria

Biography:

Dr. Nafiza Martini is a physician and medical researcher with over four years of experience and more than 50 publications across oncology, gastroenterology, pediatrics, and internal medicine. She is a Research Scholar at the University of Illinois Chicago, focusing on the molecular biology of colon cancer, and the Founder and CEO of Stemosis for Scientific Research, a non-profit that mentors young scientists. Dr. Martini serves as a peer reviewer for over 30 international journals, is an active member of Sigma Xi, and was nominated for the USERN Prize 2024 in recognition of her scientific contributions.



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Maternal Mortality Indicator Dashboard for Targeted, Equitable Action

Background: Maternal mortality in the United States remains unacceptably high and unevenly distributed across race/ethnicity and geography (CDC, 2024; Tikkannen et al., 2023). Obstetric care teams and public health leaders need clear, comparable indicators to identify priority communities, align resources, and evaluate whether action is working.

Proposed Approach: This proposal presents a versioned framework and public-facing dashboard that generates race/ethnicity-stratified Maternal Mortality Ratio (MMR) views and practical prioritization signals to guide clinical and program decisions. The approach harmonizes definitions, produces consistent state and local indicators, surfaces contextual “driver triads” (co-occurring factors associated with elevated risk), and offers early-warning prioritization flags to support timely outreach and coordination. The emphasis is on interpretability, reproducibility, and annual refresh so that insights remain current and actionable.

Expected Outcomes: Planned dashboard outputs by version are: **Version 1.0**—state and multi-county maps, race/ethnicity rank lists, and jurisdiction profiles to orient decision-makers; **Version 2.0**—expanded local profiles and trend views to track changes and distinguish persistent hotspots; **Version 3.0**—an early-warning panel with flags and a guided “what-if” tool.

Discussion:

We seek feedback from multi-disciplinary health experts on optimizing this tool for real-world impact.

References

Centers for Disease Control and Prevention. (2024, March). Maternal mortality rates in the United States, 2023. National Center for Health Statistics.

Tikkannen, R., Zephyrin, L., & Baumgartner, J. (2023). Maternal mortality and maternity care in the United States compared to 10 other developed countries. Commonwealth Fund.

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Biography:

AdegbeOhiemi Emmanuel (PhD) is a public health specialist and evaluation expert with over 17 years of experience spanning government, NGOs, and international donor-funded programs. His work focuses on health systems strengthening, portfolio evaluation, and data-driven decision-making. He has led multi-country and multi-sector evaluations for USAID, FCDO, Gates Foundation, and others, with a strong emphasis on evidence use, equity, and accountability. His current interest lies in applying innovative tools, such as dashboards and real-time data systems, to advance maternal health outcomes and reduce mortality through targeted and equitable action.



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POSTER SESSION

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Peter Averkiou

Florida Atlantic University, USA

Engaging Medical Students with the Community Through Service-Learning Programs.

INTRODUCTION: Service-learning (SL) programs in medical schools illustrate one of the number of adult learning principles and practices now used in today's accredited curriculum that better prepares medical students for working with a variety of patients. **AIM:** The research aim was to assess medical students' learning experiences while participating with nonprofit organizations during an SL curricula-designed program. **METHOD:** Analysis of 60 reflective essays over a three-year period from 192 medical students placed in teams of 2-4. A case study research design was employed. This iterative approach allowed the identification of themes and interpret meaning. **RESULTS:** Four major themes and one overarching theme emerged that illuminated adult learning theories including: (1) transferring learning of one's skills and knowledge to community and practice; (2) articulating a variety of ways to communicate with multiple, diverse community audiences; (3) employing creative process for quality improvement strategies; (4) creating positive, trusting, and rewarding relationships; and an overarching theme: collaboration emerging almost without forethought. Medical educators may find that replicating this SL program into the curriculum infrastructure provides agency and student buy-in. A multi-prong process bringing reward to students and to the community. Reflection provides for meaningfulness from SL programs and helps student identify how experiential learning affects their professional development. **CONCLUSION:** Implementing an SL program into any medical school curriculum strengthens the adult learning theoretical delivery approach. Disseminating projects and lessons learned to and from the community also showcases experiential learning opportunities for medical students and other professionals. Many aspects of awareness from the medical students during the SL program emerged. They learned about specific aspects of community engagement. They found it a privilege to give and take many lessons from the experiences and opportunities.

BIOGRAPHY:

Dr. Peter Averkiou is a pediatrician and an Associate Professor of Pediatrics at the Charles E. Schmidt College of Medicine at Florida Atlantic University. He is the Co-Director of the four Foundations of Medicine Courses, the Director of the Service Learning Projects, the Director of the Newborn Nursery Clinical Rotation, and the Director of the Synthesis and Transition Course at the medical school.

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