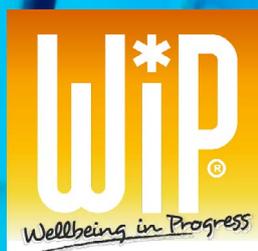


EXHIBITORS

16-18
OCT, 2023

BOSTON
MASSACHUSETTS, USA



IN-PERSON
Hilton Boston/Woburn 2 Forbes Road,
Woburn, Massachusetts, 01801, USA

VIRTUAL
Eastern Time
(US & Canada)

7th Edition of

NURSING WORLD CONFERENCE

Venue:

Hilton Boston/Woburn 2 Forbes Road,
Woburn, Massachusetts, 01801, USA

16-18^{OCT}

BOOK OF
ABSTRACTS



7TH EDITION OF
**NURSING WORLD
CONFERENCE**

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*Thank You
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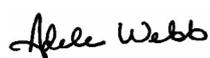
*Thank You
All...*

Welcome Message

On behalf of the Scientific Committee, I take great pleasure in welcoming you to the 7th Edition of the Nursing World Conference here in the historic city of Boston. This year the conference theme is NURSE: Newest and Unique Research Strategies Enhancing nursing. This three-day celebration of the nursing profession is a testament to its diversity and dedication, uniting health care professionals from across the globe to discuss the latest trends, techniques, and technologies in the field. We welcome your participation and are glad you chose to participate. While you are here, I sincerely hope that you take the opportunity to network, learn, share, and collaborate with international experts. All of us on the Scientific Committee would take great pleasure in meeting you in person and learning more about your amazing work.

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

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



Adele Webb

Capella University, United States



Welcome Message

On behalf of the Scientific Committee, I take immense pleasure in welcoming you to the 7th Edition of Nursing World Conference in Boston, Massachusetts. The theme of this year's conference will emphasize the theme NURSE: Newest and Unique Research Strategies Enhancing nursing. I trust and hope that you can connect with your colleagues during this multi-dimensional conference, with both virtual and/or face- to-face interactions.

All of us on the Scientific Committee would take immense pleasure in meeting you in and developing collaborative partnerships. I wish you an enjoyable and productive conference. We are enthusiastic about your attendance and participation. Enjoy the conference!



Daryle Wane

Pasco-Hernando State College, United States



Welcome Message

Welcome to the 7th edition of Nursing World Conference (NWC 2023)! On behalf of the Scientific Committee, and the Magnus Group, we extend a warm welcome and are excited to share and learn with you for this hybrid event. Attendees will join us in Boston, Massachusetts and virtually from across the world, to network, collaborate and strengthen the nursing profession in scholarship and practice innovation.

Our theme “NURSE: Newest and Unique Research Strategies Enhancing nursing” highlights the importance of evidence-based approach to care utilizing research innovation, as we continue to lead in caring through global challenges and changes across the care continuum.

New England area is one of my favorite travel destinations. I hope you enjoy the many activities, food experiences, and environmental sights that Boston has to offer. Please mingle and introduce yourselves, as we learn about your scholarly strengths, healthcare innovations, and best practices. I look forward to meeting you.

Enjoy the conference!



Robin Adams Geiger

Ingenovis Health, United States



ABOUT MAGNUS GROUP

Magnus Group (MG) was established with a fundamental mission to meet the needs and shared aspirations of the scientific community, with a distinct focus on Healthcare, Sciences, Engineering, and Technology. Our core mission is to facilitate the exchange of ideas and knowledge, fostering collaborations among scientists, academics, and researchers within their respective fields or even across interdisciplinary research domains. We take immense pride in our proficiency in organizing conferences, meetings, seminars, and workshops, featuring esteemed and exceptional speakers from across the globe. These gatherings serve as expansive platforms for networking, enabling the global expansion of research efforts while establishing unique identities.

With participation from 90 different countries and 1090 diverse universities, our conferences have consistently achieved resounding success. Our inaugural International Conference on Oncology and Radiology (ICOR) was held in Dubai, UAE, setting the standard for excellence in international scientific gatherings. Typically spanning 2-3 days, our conferences encompass keynote presentations, engaging oral sessions, interactive workshops, and vibrant poster presentations, ensuring comprehensive coverage of a myriad of topics.

At Magnus Group, we operate with unwavering efficiency and dedication, seamlessly managing conferences on a global scale without compromising on the delivery of exceptional service and top-notch quality. Our team of proficient and dedicated professionals ensures the flawless execution of each event, thereby contributing significantly to the overall success and satisfaction of our esteemed participants.

ABOUT NWC 2023

The Nursing World Conference, organized by Magnus Group, has been the leading platform for Nursing and Healthcare Professionals over the past six years. We take great pride in extending our invitation to global delegates to come together once more for the "7th edition of Nursing World Conference" (NWC 2023). This conference will revolve around the theme "**NURSE: Newest and Unique Research Strategies Enhancing nursing**".

In recent times, innovative ideas and intelligence have driven all industries to pioneer modern technical systems and software in the healthcare sector. NWC 2023 has been designed with a multifaceted approach. While knowledge sharing is at the core of our mission, we also aim to foster a sense of community, providing a platform for committed professionals, professors, scientists, and young scholars who share common interests to come together. We strive to make the exchange of knowledge seamless and enjoyable, with every minute filled with inspiration and joy.

NWC 2023 serves as a nexus for experts in the fields of nursing and healthcare from around the world, facilitating the sharing of unique research and translational studies across various domains. The conference opens doors for researchers in academia, clinicians, and industry representatives working in these exciting fields. It aims to bring together seasoned scientists and emerging researchers from diverse disciplines, fostering interdisciplinary collaboration to address humanity's most critical health and well-being challenges. With a strong focus on innovation, the conference offers scientists, nurses, and physicians in different healthcare areas the opportunity to discover new ideas that can advance their research and establish new professional relationships and collaborations. Our esteemed honorary speakers will provide you with the most up-to-date clinical information, leaving you better educated and more inspired.

EXHIBITOR

The logo for Wieland Healthcare is centered within a white rounded rectangle with a thin blue border. The word "WIELAND" is written in a large, bold, black, sans-serif font. Below it, the word "healthcare" is written in a smaller, lowercase, black, sans-serif font with wide letter spacing. The entire logo is enclosed in a thick black rectangular frame.

WIELAND
healthcare

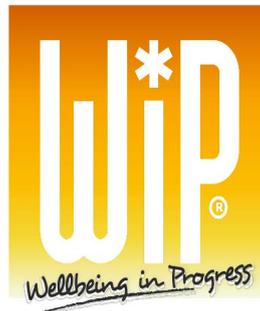
Wieland Healthcare: Elevating Acute Healthcare Environments

Wieland stands out as an industry leader in supplying top-tier furniture to the acute healthcare market. With a consistent ranking among the top 10 manufacturers, Wieland is dedicated to meet the unique furniture needs of healthcare facilities in patient rooms, waiting areas, lobbies, lounges, and dining spaces. Their commitment to excellence is evident in:

- **Functionality and Durability:** Wieland's furniture is designed to withstand the demands of healthcare settings, providing reliable and long-lasting solutions.
- **Aesthetic Appeal:** Wieland's furniture not only serves a functional purpose but also enhances the visual appeal of healthcare spaces, creating inviting and comforting environments.
- **Well-Respected Brand:** Wieland has earned a reputation for quality and reliability, making them a trusted partner for healthcare facilities nationwide.
- **Comprehensive Offering:** Explore Wieland's extensive range of furniture options, ensuring that healthcare facilities find the perfect fit for every area within their premises.

Visit their website at wielandhealthcare.com to learn more about how Wieland Healthcare can transform healthcare environments with their functional, durable, aesthetically pleasing, and well-respected furniture solutions. Join us to explore the future of healthcare design and innovation with Wieland.

EXHIBITOR



Wellbeing in Progress [WiP]

Our delicious hybrid protein drink is made with a complete blend of pea and sustainable whey, containing all 9 amino acids, Omega-3 DHA, Fiber and 7 Vitamins & Minerals. The whey is produced through fermentation of tiny organisms called microflora- without using a single cow! WiP contains Perfect Day® whey protein production process generates 90% less greenhouse gas emissions than animal whey protein using precision fermentation.

Why WiP?

“This creamy caramel flavored drink contains 11 grams of protein, only 110 calories per bottle, is Gluten Free and Lactose Free.”

Why Nurses?

“Nurses have strong opinions we value. WiP is convenient and ready to drink during long shifts. This drink can be brought to work for a quick and easy protein drink option”

Where can I find WiP?

Follow the Link to Sign Up and Claim your WiP Sample- Now! Delivery available for Boston Metro Area Nurses and In-Person Exclusive Samplings in Boston the week of 10/16/2023. Be certain to add [Hello@choosewip.com](mailto>Hello@choosewip.com) to your address book to receive Sampling Event Announcements, offers and discounts from our Partners.

16-18^{OCT}

DAY 01

KEYNOTE FORUM



7TH EDITION OF

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CONFERENCE**

Multigenerational workforce teams

Healthcare currently consists of five generations of providers. Each generation brings a different set of skills as well as a different set of experiences to the table. In order to appreciate the differences, as well as the similarities, providers must embrace each generation and the variety of skills brought to the table. This presentation will discuss the generations, their history, their experiences, their strengths and their opportunities. Strategies for embracing providers across generations will be provided.

Audience Take Away Notes

- Describe the number and types of generations in the nursing workforce today
- Discuss differences by generation in characteristics, values, work ethic and healthy work environments
- Understand recommendations for working effectively across multigenerational teams



**Dr. Adele Webb, PhD, RN,
FNAP, FAAN**

Capella University, Minneapolis,
Minnesota, United States of
America

Biography

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

Transforming nursing through digital innovation

Recent digital transformations—from automation to telehealth to informatics—allow nurses to provide evidence-based care that improves population outcomes. Though the media often portrays nursing as a high-touch, relationship-based occupation, data indicates that nurses spend half their time performing administrative tasks such as updating patient database information. Automation of data entry tasks helps nurses complete administrative components of their role and allows them to spend more time in patient-facing activities, which can help the industry withstand the nursing shortage. Automation also allows data to be utilized in informing the next step for patients to ensure continuity of care. Health care data has become critically important to all care providers, allowing nurses to work with other medical professionals to treat their patients' holistic health needs.

Through data analytics programs, such as CVS Health's Next Best Actions, health care companies support a continuum of prevention by predicting illness, personalizing care and preventing negative health outcomes or progression. The program translates data into insights through analytics and AI to predict consumers' needs and personalize triggers and nudges in their preferred method of outreach so individuals can get the care they need, thereby informing and expanding the care that nurses provide.

In 2021, Aetna directed over 300 NBAs to more than 10 million members. Predictive data-based capabilities also allow health care companies to conduct outreach to members during pending natural disasters, ensuring that patients have adequate medications on hand and can continue their care plans despite potential environmental disruptions. Other digital transformations, such as telehealth, are making care from nurses and other clinicians accessible from a multitude of geographic locations. Telehealth has been incorporated into Aetna's care management team, allowing them to reach members more conveniently and consistently and removing transportation and time concerns that often accompany in-person visits. Aetna's 24-hour nurse line enables members to receive insight from a registered nurse whenever and wherever is most convenient for the patient. This increased connectivity can help patients manage their own health even when not under the direct care of a nurse. In addition, AI allows health care companies to work with providers to improve the prior authorization experience to ensure appropriate and effective care for those under clinician supervision. Overall, digital transformations have brought forth a priority for providing data-informed care and have allowed patients to receive care even outside their face-to-face interactions with nurses.



Julia Bietsch

Chief Nursing Officer of CVS Health, Senior Vice President of Aetna Clinical Services
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United States of America

Biography

Julia Bietsch serves as the CVS Health Chief Nursing Officer, representing more than 13,000 nurses, and the Senior Vice President of Aetna Clinical Services, where she is responsible for delivering clinical and quality assurance strategy for all Aetna government programs. As a registered nurse, Bietsch spent over 40 years building and managing innovative population health models across Aetna, Anthem, United Health Care, Evolent Health and more. She has experience in Utilization Management, Case/Disease Management, Quality Assurance and patient advocacy. She received her bachelor's in nursing from Webster University and graduated from Johns Hopkins with a master's in population health management.

Audience Take Away Notes

- The audience will leave the presentation with a better understanding of what data analytics and AI capabilities health care companies have already implemented to predict patients' health needs and help nurses provide evidence-based care, and how these digital tools are transforming the industry by improving health outcomes and creating increased connectivity between patient and provider
- The presentation will also provide a framework for which the audience can understand how these new tools are being utilized: the 3 Ps of Predict, Personalize, and Promote Health. This will allow the audience to understand these new digital transformations both conceptually and pragmatically
- Showcasing the data-based solutions that CVS Health and Aetna have implemented can inform how other organizations implement or design evidence-based care programs
- An overview of these digital tools and capabilities allows nurses to understand how nurses fit into a transdisciplinary team of clinicians and data scientists working to provide the most effective care and communication for patients
- The presentation will also allow researchers to better understand how health care data is shifting the industry, giving them key insight into the future of the profession regarding these digital transformations

Building resilience: Leading through trauma in nursing

Nurses work through frequent, and often unrecognized, mental and physical challenges as part of their dedication to the profession. This level of dedication can often create patients out of nurses, and unmet expectations from our initial view of what it means to be a nurse. It's vital to remind nurses, and teach students, that self-care is equally important; it's essential (and ok) to ask for help when needed. Healthcare leaders must be proactive vs. reactive when providing support for frontline clinicians as part of their strategic plan and quality review process. Covid allowed open vulnerabilities and more visualization into an already fragile system of expecting super skills and dedication from nurses without full support of their needs. What is your role as a leader in strengthening the nursing workforce?

In this session, we will begin to discuss building resilience in nursing teams, and why it's important. Has your leadership type changed in the last few years during the pandemic? You will be challenged to recognize your current preparedness to lead nursing staff through internal and external stressors, challenges, and potential cumulative trauma. There will be situational case presentations of unexpected and often unrecognized sources of stressors, in hopes of acknowledging and diminishing future trauma and building a resilient nursing team.

By the end of the session, you will be more familiar with your current leadership type, and how to recognize the varied sources of stress, contributing lived experience/trauma that may affect your ability to lead, and how to create support systems to build resilience in nursing teams.



Dr. Robin Adams Geiger

Ingenovis Health (Trustaff, Fastaff, U.S. Nursing Corporation, CardioSolution, HealthCare Support, VISTA, and Springboard), United States of America

Biography

Dr. Geiger is the Senior Vice President, Clinician Advocacy at Ingenovis Health. She is board-certified as a Nurse Executive and Nurse Practitioner. She maintains clinical privileges as a Family Nurse Practitioner (FNP) co-founder and co-owner of a concierge-based health clinic for the uninsured. She 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 has published and presented on multiple healthcare topics. She is passionate about clinician advocacy, health equity, and mentorship. She resides in Florida with her family.

16-18^{OCT}

DAY 01

SPEAKERS



7TH EDITION OF
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Prevalence of pressure injuries over twenty years in a Western Australian hospital and evaluation of an intervention to reduce pressure injury prevalence

Background: Pressure Injuries (PIs) impinge on patients' emotional, mental, social and physical wellbeing and financially burden the Australian healthcare system. National and international evidence suggests that prevalence of Hospital-Acquired PIs (HAPIs) has decreased over time, but few studies provide a long-term (>20 years) picture.

Methods: Between 1997 and 2018, patients at a major Western Australian tertiary hospital completed a validated risk assessment tool to determine their risk of developing PIs. Patients' demographic and treatment data were also collected, including age, sex, length of stay at time of audit, risk assessment score, mattress type and the site of their PI. Twenty years of data were combined to form a larger patient sample. Multivariate logistic regression analyses were undertaken to investigate the association between PIs and patients' demographic and treatment data, and model change in prevalence over time.

An intervention to reduce the prevalence of PIs and Hospital-Acquired PIs (HAPIs) was designed and implemented. This involved updating the hospital's existing PI prevention management plan and educating ward-based nursing personnel in its use over a 5-week period. Prevalence of PIs served as a baseline measure prior to the implementation of the intervention. PI prevalence was measured for a random sample of 392 consenting patients, over two eight-week periods post-intervention. Statistical Process Control (SPC) charts plotting PI prevalence over time were constructed to assess the short-term effectiveness of the intervention.

Results: Over the 21-year period, data from a total of 6,837 patients was analyzed. Results indicated that 921 (13.5%) patients had at least one Stage 1 or above pressure injury, of which, 685 (10.0%) were hospital-acquired. There were 460 (6.7%) patients with at least one Stage 2 or above pressure injury of which, 315 (4.6%) were hospital-acquired. Factors that were positively associate with a Hospital-Acquired Pressure Injury (HAPI) included older age, a lower Braden score, mattress type, and increased length of hospital stay at the time of audit. Relative to the start of data collection in 1997, pressure injury prevalence fell significantly over time (19.3% to 12.1%). However, following the initial significant decline observed towards the start of the millennium, no further significant reduction in pressure injury prevalence has been achieved.

Mean PI and HAPI prevalence over the historical 20-year period was 13.5% and 10.0% respectively. Mean PI and HAPI prevalence post-intervention was 8.4% and 2.0% respectively.

Conclusion: Pressure injury prevalence rates have plateaued over the past 21 years. A hospital-based intervention was implemented to reduce the burden of PIs. Short-term results suggest the intervention is tracking to significantly reduce the prevalence of PIs in this hospital setting, with prevalence of HAPIs already significantly lower than historical measures.

Audience Take Away Notes

- Pressure injury prevalence rates over a 20-year period at a single institution
- Identify factors associated with pressure injury prevalence
- An intervention to reduce the burden of pressure injury will be outlined
- Recommendations for future research will be outlined

Biography

Linda is a Vice Chancellor Senior Research Fellow at Edith Cowan University in Perth Western Australia. Linda's research focus is on improving patient outcomes in acute care settings and areas of interest include vascular access, pressure injury, falls, indwelling urinary catheterisation and handover. Linda was awarded a National Health Medical Research Council (NHMRC) Post Graduate Scholarship to complete her PhD (conferred in 2016). Linda has a Scopus h-index is 9, with 25 peer reviewed articles. Linda has been successful in 23 grant applications, attracted \$2,248,366 in research funding. Of which \$117,585 is from NHMRC; \$1,527,664 is from three funded internationally advertised post-doctoral positions; \$414,819 has been externally funded; and \$188,298 has been internally university funded.



Sara Bastin*, M.Ed, BCBA, LABA, **Jacqueline McKendry***, MS, BCBA, LABA

The Autism Program, Developmental and Behavioral Pediatrics, Boston Medical Center, Boston, MA, United States of America



Using behavior analysis to create an autism friendly environment in a healthcare setting

Hospital visits can be challenging for autistic patients due to unmet communication, sensory, and behavioral needs. Additionally, empiric research indicates that many medical practitioners, including nurses, demonstrate a limited understanding of Autism Spectrum Disorder (ASD) and may not feel confident in their ability to support their autistic patients. Trainings and continuing education opportunities for medical practitioners can leave out crucial information and concrete strategies that promote understanding of and positive interactions with their neurodivergent patients. To support both our patients and their medical practitioners, the Autism Program at Boston Medical Center has launched a behavioral support service, utilizing the principles of behavior analysis—the science of behavior—for our autistic patients during medical encounters to promote positive patient and practitioner interactions. These behavior analytic principles are applied to evaluate the efficacy of evidence-based behavioral interventions to decrease challenging behaviors, increase compliance during medical appointments, and increase practitioner confidence. We are currently conducting single subject research across participants using a multiple baseline design to evaluate the efficacy of such evidence-based behavioral interventions during medical appointments. We believe research findings will inform the barriers and facilitators to implementation of behavior analytic interventions in an applied medical setting. We hope to provide practitioners involved in direct patient care with a basic understanding of ASD, behavior, and tools that can be utilized in any medical setting to ultimately improve medical care of autistic patients.

Audience Take Away Notes

- Practitioners will learn to identify the variables autistic patients may face within a healthcare setting including sensory, communication, and behavioral needs
- Practitioners will learn to identify behavioral strategies and accommodations that may be used to increase tolerance and compliance with medically necessary procedures and ultimately increase patient and practitioner satisfaction with care
- Practitioners will learn to identify ways in which they may collaborate with other medical providers to decrease barriers in accessing care and increase the quality of care for patients through behavior analysis

Biography

Sara Bastin studied Autism Studies and Behavior Analysis at Endicott College, Beverly, MA and graduated with her M.Ed in 2016. She has worked in a variety of settings with both adults and children with autism and a variety of other abilities. She joined the Autism Program at Boston Medical Center in 2021 as the Transition Specialist, helping patients and families to navigate the transition to adult services. Sara is also a Hospital Wide Autism Resource Specialist and works directly with patients throughout BMC to have successful medical appointments.

Jacqueline McKendry studied Behavior Analysis at Simmons University, Boston, MA, and graduated with her M.S. in 2016. She is a PhD Student studying Behavior Analysis at Simmons University where she is also an adjunct faculty member. Jacqueline has experience providing and supervising ABA therapy for children and adults in schools, homes, and communities. Jacqueline works as a Behavior Specialist at the Autism Program at Boston Medical Center where she provides behavioral support, resources, and behavioral consultation to families both within the Developmental and Behavioral Pediatric department and throughout the entire hospital.



Rosemary O'Dell^{3*}, RN, Susan Howell^{1,2}, MS, CGC, MBA, Nicole Tartaglia^{1,2}, MD, Shanlee Davis^{2,3}, MD, PhD, Karen Regan^{1,2*}, RN

¹Developmental Pediatrics, Children's Hospital Colorado, Aurora, Colorado

²University of Colorado School of Medicine, Department of Pediatrics, Aurora, Colorado

³Endocrinology, Children's Hospital Colorado, Aurora, Colorado



The important role of nursing in a turner syndrome multidisciplinary clinic

The care of patients and families affected by Turner syndrome extends beyond basic medical care. Consideration of multiple medical needs include, but are not limited to: addressing medical, behavioral and developmental concerns; recommendations for corresponding therapies and medical interventions; ongoing medication management; education and genetic counseling about TS and co-morbid disorders; support and recommendations for educational intervention; and advocacy for community disability resources and supports.

The Multidisciplinary Clinic (MDC) at Children's Hospital Colorado was developed by providers in May 2015. The aim was to allow families access to various members of the healthcare team in one coordinated visit, to build trust with families, and to facilitate discussion of resources and research available. An MDC model helps eliminate the need for multiple appointments with individual providers, thus allowing better access to care and ability to meet TS clinical care guidelines. At initiation, the TSMDC saw 25 patients in 2015. The clinic initially funded one RN, but an additional RN position was added in January 2018. Since 2018, 508 clinic visits have been conducted. Having an additional RN allows for better triage, better response to patient needs, and better coordination of care between the specialists.

A patient satisfaction survey (n=21) compared a multidisciplinary clinic model versus individual discipline appointments. The data demonstrated that families find the MDC model much more convenient (90%), more efficient (85%), more comprehensive (81%), more personalized (85%). Only 9.5% of respondents expressed an MDC model as much more overwhelming compared to individual discipline appointments.

Audience Take Away Notes

- How to implement an MDC model that includes nursing for any clinic/discipline
- How to maximize the nursing role and encourage providers to utilize these services
- Barriers to an MDC model

Biography

Rosemary O'Dell: Rosemary O'Dell, MSN, RN, CPN has been a pediatric nurse for 36 years. Rosemary received her Bachelor of Science degree in Nursing at the University of Texas and a Master of Science degree in Pediatric Nursing from the University of Texas Health Science Center in San Antonio. Rosemary began her career as a pediatric nurse at the Children's Hospital of Austin (CHOA) caring for children and adolescents with cancer and blood disorders in 1987. She managed the first outpatient clinic at CHOA administering treatments, providing patient and family education, coordinating care and managing research/treatment protocols. Rosemary and her family moved to Colorado in 1998 where she continued her nursing practice at Children's Hospital Colorado (CHCO). Rosemary has specialized in endocrinology for the last 19 years working with children and adolescents with various conditions and disorders including but not limited to thyroid, adrenal, growth and puberty, bone metabolism, PCOS, Type 2 Diabetes and genetic syndromes such as Turner and Klinefelter. Rosemary is co-coordinator for the Turner Syndrome Multidisciplinary Clinic and has helped establish the nursing role in the management and coordination of this clinic.

Karen Regan: Karen Regan has been a nurse for 23 years. The majority of her career has been spent helping pediatric patients with mental health and developmental disabilities. She has been involved in research for the past 5 years with an emphasis on various genetic conditions.



Susan Ferguson, DNP, MBA, RN, CPHQ, NEA-BC

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Finding wellness through self-care

Life in the pandemic and all the craziness in the world is exhausting and has disrupted our lives, routines, and habits. There is a huge need to focus on our physical health and mental wellness as everyone may be struggling in some way to restore our bodies and regain our peace of mind. Research shows nurses give the best care to patients when they are operating at peak wellness. However, an American Nurses Association health risk appraisal found nearly 70% of nurses put the health, safety, and wellness of patients before their own. Adding to the professional demands are personal life challenges, which can lead to stress overload and job burnout, that are becoming increasingly common among nurses. Self-healing and restoration start with learning how to take care of ourselves. As the most trusted profession, nurses can be role models of health to the population. But we need to get it right ourselves.

Learn from Nurse Sue as she shares her personal story of work addiction and burnout to leading a balanced, more satisfying lifestyle through self-care. She describes Six Essentials of Health and how to incorporate them into your life to promote good health, vibrant energy, and clear thinking. Learn the why and how to find wellness through self-care, recognize your own unhealthy habits and see how you can replace them with evidence-based best practices. You'll also learn about bio-individuality and self-care that support your well-being and you'll leave with a commitment to do one little thing to take better care of yourself.

Biography

Susan Ferguson is an accomplished registered nurse, healthcare leader, and certified health coach with over three decades of healthcare experience. Her passion is to help individuals take ownership of their life and guide them to improve their health. The American Nurses Association highlighted Susan in the Healthy Nurse Healthy Nation wellness program as the healthy nurse of the nation in July 2021. This recognition validates her commitment to practicing healthy habits and living a healthy lifestyle. She gives hope and encouragement to others to live their healthiest and happiest life.



Toby Noel Carver^{1*}, MSN, RN, Ramona Whichello², DNP, RN, NEA-BC, Amy Putnam², DNP, RN, CNE

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Strategies to prevent nurse burnout: An integrated literature review

Aim: To highlight the need to integrate self-care as a strategy that may reduce nursing burnout, foster a positive work culture, and build resilience.

Background: Nursing burnout is a national health crisis recognized by the World Health Organization, Centers for Disease Control, Joint Commission, and the International Classification of Diseases (ICD-11) revision. An estimated 35% - 54% of U.S. nurses and physicians have substantial symptoms of burnout. Approximately 15% of nurses are unengaged in their careers; 41% of these unengaged nurses experience burnout. The demand for engaged nurses will continue to grow as healthcare becomes more complex. Healthcare workers need to feel supported and appreciated by organizations and leaders.

Methodology: A literature article search was conducted in multiple relevant electronic databases including CINAHL, MEDLINE, ERIC, PsycINFO, SocINDEX, Academic Search, and more. The search began using the phrases: “nurse burnout,” “self-care for nurses,” and “nursing resilience.” These phrases were combined with additional keywords: strategies, self-care, mindfulness, professional stress, perception, skills to cope, patient outcomes, quality, and safety. In these early searches, relevant articles were identified and marked for later consideration. Terms and headings present in these relevant articles were used in the construction of the following Boolean search phrase (Nurse OR nurses OR “nursing staff” OR “nursing personnel”) AND (“self-care” OR “self-care”) AND (burnout OR “compassion fatigue” OR “burn* out” OR “professional exhaustion” OR “emotional exhaustion” OR “occupational stress”).

This final search generated 1754 results. After applying publication date limits for 2017 to 2022, limiting results to only those from peer-reviewed journals and published in the English language, the search yielded 663 results. Automatic deduplication of results then yielded a final 403 articles. These results were then reviewed at the title level. Abstracts were reviewed for articles where the content was difficult to determine based solely on the title. From these articles, 30 were selected for full-text review and inclusion in the analysis.

Findings: Burnout is detrimental to healthcare organizations, patients, and staff. Implementation of coping strategies that cultivate a positive work culture, foster professionalism and teamwork, and increase healthcare quality is imperative. Healthcare professionals and leaders must understand burnout and identify opportunities to assist the team. Self-care strategies are needed to sustain the nurse profession and provide safe care for patients and working conditions for our staff.

Recommendations: It is recommended that the implementation of self-care strategies is needed to help protect nurses from the undesirable effects of workplace stress and burnout. Resilience-building techniques such as self-care, mindfulness, self-awareness, a positive work culture, and leadership support.

Audience Take Away Notes

- Understand the definition of nursing burnout and be able to identify self-care strategies that decrease burnout and increase nurse resilience

- The incorporation of self-care strategies will increase awareness of nurses and leaders about coping mechanisms to promote self-care knowledge, ways to decrease burnout, and strategies to alleviate stress in the workplace
- Burnout is detrimental to healthcare organizations, patients, and staff. Implementation of coping strategies that cultivate a positive work culture, foster professionalism and teamwork, and increase healthcare quality is imperative. Resilience-building techniques such as self-care, mindfulness, self-awareness, a positive work culture, and leadership support help protect nurses from the undesirable effects of workplace stress and burnout

Biography

Ms. Carver studied Nursing Leadership at Western Carolina University in Cullowhee, NC, and will graduate with an MSN in December 2022. She currently has a position as Assistant Nurse Manager on a Surgical Floor for The Department of Veteran Affairs in Asheville, NC. Ms. Carver has been in the healthcare profession for over 20 years and has served in multiple capacities. Ms. Carver mentors her team to promote professional development, engagement, peer recognition, that promotes a positive work culture eager to provide the highest quality of care that supports a resilient health workforce.



Chelsea Jones¹, PhD, Michelle Vincent¹, PhD, Elly O'Greysik^{1,2*}, BScN, Brenda Juby¹, MN, Shaylee Spencer¹, MSW, Katherine Bright^{1,3}, PhD, Suzette Bremault-Phillips^{1,4}, PhD

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Workplace reintegration of nurses affected by operational stress injuries: A scoping literature review

Nurses regularly engage in unpredictable environments in which they are exposed to potentially psychologically traumatic events of which may include moral and ethical dilemmas. As a result of COVID-19, more nurses have been affected by traumatic and morally injurious events than ever before leading to increased rates of Operational Stress Injury (OSI) which can result in staff taking leave from work, which then requires a successful return-to-work process. An unsuccessful workplace reintegration can be career ending for nurses and may affect the individual, their family, and wider community while contributing to the nursing shortages and an exodus of human capital within healthcare systems. Despite this, little attention has been provided to the return-to-work of nurses in the scientific literature. The sparse research regarding nurses with OSI have largely focused on clinical interventions and treatments, but neglect to address the important step after clinical interventions when workers are redeployed and expected to perform their occupational duties as before in an adverse environment. To address this, novel evidence-based approaches are needed; however, the lack of research specific to workplace reintegration poses a challenge to the development and implementation of such initiatives. The purpose of this scoping review is to explore the existing global literature regarding return to work and workplace reintegration initiatives for nurses after an operational stress injury. This scoping review followed the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) reporting guidelines (PRISMA-ScR). Seven databases were searched with three concepts: (1) workplace reintegration, (2) nurses, and (3) operational stress injury. Eight studies were included in the final review. Included studies were both peer-reviewed and gray literature. Studies were largely from the privatized healthcare system in the United States or focused on American military nurses. The body of literature involving civilian nurses largely involved nurses experiencing substance abuse and had little mention of trauma or OSI. To develop and implement policies, procedures, and programs for return-to-work and workplace reintegration, it is imperative that OSI and exposure to traumatic experiences is recognized and acknowledged in nurses. Further research is needed regarding workplace reintegration for nurses and healthcare professionals.

Audience Take Away Notes

- Identify that nurses experience trauma and OSIs which could lead to time off work or exiting the profession
- Identify the existing literature on workplace reintegration for nurses with OSI
- Explain the importance of evidence-based workplace reintegration practices for nurses with mental health challenges
- Outline recommendations for future research and practice needs or for nurses and other civilian populations returning to work after experiencing an OSI
- Recognize the dire need for further research and attention to the workplace reintegration of nurses after experiencing OSI

- This presentation may assist those in the nursing profession by acknowledging the presence of OSI and bringing attention to the lack of knowledge, research, and attention to workplace reintegration for this population. Knowledge translation of issues surrounding OSI and workplace reintegration amongst the nursing profession may help academic and healthcare organizations by leading to increased research efforts, improved education for entry level nurses, and awareness of mental health and workplace reintegration challenges in healthcare settings
- Attention to workplace reintegration as a component of workplace health and wellness strategies could assist organizations with retaining skilled staff. Additional research will provide a guide for policy, procedures and programs addressing workplace reintegration for nurses

Biography

Elly O'Greysik is a registered nurse with clinical experience in critical care, labor and delivery and postsecondary nursing education. Introduced to the Edmonton Police Service Reintegration Program in 2019, Elly saw such extraordinary potential in the program that she has been exploring the ability to adapt it to nursing since then. Elly is a research assistant with Heroes in Mind Advocacy and Research Consortium (HiMARC) at the University of Alberta. Her research interests include operational stress injury in nurses as well as other public safety personnel. Additionally, she is an advocate to bring presumptive legislation for PTSD to nurses.



Diane Vines^{1*}, RN, PhD, Sarah Harrington¹, SN, Geoffrey Cui²

¹California State University San Bernardino, Palm Desert, CA, United States of America

²Graduate Student, California State University San Bernardino, Palm Desert, CA, United States of America



Teaching empathy to nursing students through a foot soak program for homeless people

Homeless people experience stigmatization, shaming, and uncompassionate care, which destroys their trust in the healthcare system and dignity. The ultimate outcome of our project is to see future nurses change and improve the interactions between homeless people and healthcare staff and ultimately improve homeless people's access to health services such as primary and preventive care. This change will lead to care that is delivered with compassion and integrity.

Audience Take Away Notes

- Learn how to implement a foot soak program
- Understand the need to empathize with homeless people
- Identify the need for foot care for homeless people
- Service-learning activities like the Foot Soak Program (FSP) for undergraduate nursing students can be an instrument of change by promoting empathy development before these students join the nursing profession
- The CSUSB Nursing Street Medicine Program (NSMP) brings care packages and healthcare services to the unsheltered homeless population. With the addition of the FSP, the NSMP offers access to foot care and much-needed empathetic conversation. Faculty coaches the students on empathetic conversation, the introduction of non-medical and neutral topics, and active listening. Guests sit higher than the students to promote empowerment, are given choices in the products used, are called by their name throughout the conversation, and eye contact is maintained
- Students take a survey of attitudes toward homelessness and homeless people before and after the foot soaks experience, Positive attitude change is validated by the survey results
- The FSP helps prevent the further marginalization of homeless unhoused people and teaches therapeutic communication
- The Foot Soak Program is the first of its kind in California and one of the few in America. We hope to replicate the program around the country

Biography

Dr. Diane Vines is an adjunct professor at California State University San Bernardino (CSUSB) and director of the CSUSB Nursing Street Medicine Program. She is a SMART Recovery facilitator, consultant to Eisenhower Health and the Coachella Valley Association of Governments, a therapist in private practice, and Chair of the City of Palm Desert Homelessness Task Force. Previously she has been a Vice Chancellor, Vice President, Dean, and Director in healthcare and higher education. She was a White House Fellow and founded the National Adult Literacy Initiative with Second Lady Barbara Bush.

Sarah Harrington is a senior nursing student at California State University San Bernardino and the nursing student assistant for the CSUSB Nursing Street Medicine Program. She has been nominated for the CSUSB Most Outstanding Student Employee.

Geoffrey Cui is a psychology graduate student at California State University San Bernardino and the research associate for the CSUSB Nursing Street Medicine Program.



Sonia Valdez, DNP, RN, ACNP, GANP, PHN, CVRN-BC, FAAN

National Healthcare and Housing Advisors (NHHA), Chief Nursing Officer,
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Empowering & retaining nurses by strengthening the world's health workforce

As the population grows and shifts, a diverse nursing workforce will be critical to patient-centered, culturally competent care. When nurses share similarities with their patients, whether through language, religion, gender or countless other characteristics, patients' unique needs are more readily and fully addressed, and outcomes improve. One of the most important things prospective nurses need to know about is health disparities and inequalities in nursing. The healthcare industry is currently going through a seismic shift in an effort to address health equity issues, creating a more level playing field for patients in need of care no matter their socioeconomic or racial background. Nurses are at the forefront of this change.

Cultural competence in nursing encompasses a nurse's capability to engage with patients who come from a wide range of cultural backgrounds where healthcare may be a challenge due to economic disparity, religious background, societal complications, and other potential barriers to care. This also means working with patients of different sexualities or genders.

Culturally diverse nursing workforce and the ability to provide quality, culturally competent patient care is imperative in order mirror the patient population, and communities we serve. More must be done before adequate representation becomes a reality.

Equality and diversity are terms that are used frequently in nursing, healthcare, and workplace settings. Nurses' professional standards of practice and behavior are underpinned by values of equality and diversity. This means that nurses must treat people as individuals, avoid making assumptions about them, recognize diversity and individual choice, and respect and uphold their dignity and human rights.

Nursing retention and turnover impacts health care on many facets; pressures are increasing to provide quality care in a cost-effective manner to a satisfied patient with an engaged staff as defined by the Quadruple Aim. Retention of experienced staff nurses is paramount as the nursing profession enters another shortage era, which leads to impact on patient safety and quality of care.

Communication is critical in the nurse-patient relationship, and miscommunications have the potential to result in catastrophic delays in timely and appropriate care. Nurses who share experiences with patients are more adept at assessing their unique concerns while providing culturally competent care.

The nation's 4.3 million registered nurses work in every aspect of health care and are crucial in delivering care, evolving health care systems locally and nationally, closing health disparities, and improving the nation's health. Addressing the complex issues.

Building an adequate supply of nurses; all levels of the pillar (community healthcare worker, can, ma, lvn, RN, APRN)

Creating Safe, empowering, and healthy work environments; creating a workforce health and well-being a part of the fabric.

Increase work flexibility: scheduling and staffing approaches to create flexibility in workforce deployment.

Reimagine delivery models: leverage digital tools and adapt care models based on patient and employee preferences. Strengthen talent pipeline and build skills for the future. Public policy that supports quality health care; Laws and regulations that enable nurses to practice at the full extent of their education and licensure.

Strategies to support diversity in nursing:

- Promote the profession. Encourage nursing as a viable career path for anyone with an interest, beginning from a young age, regardless of gender or ethnicity. Share the possibilities of online nursing degree programs that remove limited access and geographic barriers many potential students may have experienced.
- Make a personal commitment to lifelong learning. For example, learn a second language to help bridge communication barriers. While Spanish-speaking nurses are in high demand, there is a need for nurses fluent every language from French and Tagalog to Hindi and American Sign Language.
- Broaden your influence. Become involved in community outreach programs, which often target underserved minorities, and urge other nurses to join you. Participating strengthens your awareness of community members' circumstances.

How Does a Diverse Nursing Staff Influence Outcomes?

- Stronger communication. Communication is critical in the nurse-patient relationship, and miscommunications have the potential to result in catastrophic delays in timely and appropriate care. While nonverbal cues are often supportive, most health-related communication is verbal. Nurses who are fluent in a patient's language can connect more directly, without the need for an interpreter who may unintentionally alter the message.
- Shared perspective. Well-prepared and compassionate nurses can empathize with virtually any patient. They may be limited in their ability to fully understand a patient's culture or background, however, unless they have similar backgrounds. Nurses who share experiences with patients are more adept at assessing their unique concerns while providing culturally competent care.
- Improved policies and research. Nurse leaders can be instrumental in crafting effective industry policies and research initiatives. When those nurses represent the needs of a diverse population – perhaps because they personally identify with their patients – culturally sensitive policies and research addressing health disparities among minorities are more likely to follow.

Learning Objectives:

- To recognize and learn the meaning of terminology relevant to diversity and social justice work in healthcare.
- Promoting and coordinating cultural awareness measures to encourage other medical professionals to provide exceptional care to all patients.
- To increase awareness of the intersecting issues that impact multiple understandings and approaches to diversity, equity and inclusion in healthcare.

Different ways for nurses to display cultural competence, including:

- Using language and terms patients understand, creating a deeper connection with patients and helping them understand their care.
- Respecting patients' cultural or religious values or beliefs, empowering them to feel in charge of their care protocols while honoring their backgrounds.
- Recruiting healthcare professionals from underrepresented communities so patients can choose to work with nurses or other medical professionals who better reflect their experiences.

- Identifying patients in underserved populations and communities in order to address gaps in care and ensure patients are getting the health and wellness support they need to thrive.
- Define 2 strategies to support diversity in nursing: Promote the profession, Broaden your influence, make a personal commitment to lifelong learning.
- Provide 2 examples that include diversity: Diversity includes variations in religion, ethnicity, personality traits, sexual orientation, gender identity, generational differences, socioeconomic status, and disability status.

Let's create our SMART Goals to Support Diversity and Inclusion

Specific: The goal you set needs to be precise, explicit, and unambiguous. This is also true of how you plan to achieve that goal: example would be recognizing religious holidays-the goal is specific-to allow all major religious holidays to be observed by those who celebrate them.

Second example: Hold Regular Sensitivity Trainings

"My goal is to hold 30-minute cultural and religious sensitivity sessions in my place of business which all employees must attend. The overall goal is to reduce insensitive comments made based on culture, ethnicity, religion, or sex as much as possible, with the end goal of eliminating all such insensitive comments within 1 month of starting this process." This goal is specific—to have sensitivity training to reduce all instances of insensitivity in the workplace.

Third example: Increase Employee Diversity

"I will increase ethnic, sexual, and cultural diversity in my place of business to support diversity and inclusion in my workplace. Currently, I have 10 white men that comprise 90% of my workforce. Within the next six months, the goal is to have these white men account for only 30% of my workforce, with the rest consisting of women and men and women of various ethnic and cultural backgrounds."

S: This goal is specific—to increase the number of women and people of color in the workforce by X amount within the given time.

Measurable: The goal must be measurable according to quantitative analysis. You need a way to track your progress toward the goal: This goal is measurable by determining the major religious holidays and allowing employees to take that time off.

M: This goal is measurable by tracking the number of such incidents in the workplace.

Attainable: The goal should be realistic and achievable. If it's not realistic, there is no point in setting it in the first place: This goal is attainable by implementing the policy in your workplace.

M: This goal is measurable by tracking the number of such incidents in the workplace.

Relevant: Your goals need to be relevant to the situation and work toward supporting diversity and Inclusion: this goal is related to creating an inclusive and diverse workplace.

R: This goal relates directly to creating an inclusive workplace.

Timebound: The goals must be timebound or adhere to a deadline. If you don't have deadlines, you may not be motivated to achieve the goal quickly. A deadline is also a great way to keep track of progress on a linear scale: this goal is timebound, as it is to be achieved within 6 months.

T: This goal is timebound—to end all such instances within one month of the first sensitivity training session.

Biography

Dr. Sonia Valdez is the Chief Nursing Officer for National Healthcare and Housing Advisors (NHHA). Before beginning her work with NHHA, Dr. Valdez was the Manager for Memorial Care Medical, where she oversaw all aspects of the Clinical Services areas. In her role as Manager of Memorial Care Medical, Clinical Services, she was able to apply the principles of geriatric medicine to improve the care coordination of uninsured patients with multiple chronic illnesses. Dr. Valdez has held many leadership positions within the Nursing field. She is a professor with the Faculty of Santa Ana College School of Nursing, adjunct faculty with Concordia University School of Nursing, a Grant Reviewer for HRSA and an Expert Witness with the Board of Registered Nurses. Dr. Valdez is also deeply rooted in community causes and issues that improve the quality of care for vulnerable populations including veterans, individuals experiencing homelessness and seniors. She serves as President for the National Association of Hispanic Nurses, Los Angeles Chapter. She is an innovator who developed grant-funded projects to produce and disseminate cutting edge information on a variety of topics, including Infection Prevention for Quality of Life, on Nursing Care of Older Adults (funded by Centers for Medicare and Medicaid Services (CMS), & Center for Health Care Quality), and a Safe and Effective Transitions of Care for Veterans & Homeless Patients (funded by Robert Wood Johnson Foundation).

Dr. Valdez is a graduate of Cal State Dominguez Hills School of Nursing (BSN, 2007), Walden University School of Nursing (MSN, 2010), and Western University of Health Sciences (DNP, 2018).



James Montegricono*, PhD, RN, CMSRN, Job Chen, PhD

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Factors influencing National Council Licensure Examination – Registered Nurses (NCLEX-RN) outcomes of internationally educated nurses

Background: The United States' (U.S) nursing shortage attracted Internationally Educated Nurses (IENs) from 187 countries and territories to migrate to the U.S. The National Council Licensure Examination–Registered Nurses (NCLEX-RN) is required to practice nursing in the U.S. From 2002 to 2021, a total of 285,094 IENs took the NCLEX-RN but more than half failed on first attempt (52.7%, n=150,244). Philippine Educated Nurses (PEN) comprised more than half of IENs in the U.S. nursing workforce. Only 45.8% of 177,730 NCLEX-RN applicants from the Philippines from 2002 to 2021 passed the exam on first attempt. Published studies investigating IEN NCLEX-RN performance are very limited. English language proficiency, support system, previous health care employment, familiarity with the NCLEX-RN, and differences in nursing education and practice were known to influence IENs' NCLEX-RN outcomes. However, other relevant factors were not investigated. This study addressed this gap in the literature.

Aim: This study determined the association between academic, initial nursing licensure and employment factors on PEN NCLEX-RN passing on first attempt. It compared the characteristics of PEN who passed and failed the NCLEX-RN on first attempt to understand factors associated with successful NCLEX-RN outcomes.

Methods: A retrospective correlation research design was used to determine the association between the research variables. A literature-based survey-questionnaire was developed for data collection. Two PhD-prepared nurses who are familiar with U.S. and Philippine nursing education performed content validity of the instrument. Participants were recruited through online nursing groups. The web-based survey was administered through Qualtrics. G*power analysis required 128 participants to produce an effect size of 0.30, power of 0.80, and 0.05 statistical significance. A total of 328 participants started the survey but only 140 completed (42.7% completion rate). Data analysis was done on R4.2. Descriptive statistics compared the characteristics of PEN who passed and failed the NCLEX-RN on first attempt. Chi square and Fisher's exact test were used to determine the association between academic, licensure, and employment factors on PEN NCLEX-RN passing at first attempt. The Institutional Review Board of the University of North Carolina at Charlotte approved the study.

Results: Majority of the participants passed NCLEX-RN at first attempt (79.5%). Those who passed the NCLEX-RN at first attempt were mostly males (86%), single (83.1%), younger (mean age=27.9 years), graduated from public schools (89.5%), has graduate nursing degree (95.2%), and nursing was their first career choice (80.7%) compared to those who did not pass the NCLEX-RN at first attempt. Further, majority of those who passed the NCLEX-RN at first attempt passed their national nurse licensure examination at first attempt (82.8%), enrolled in a review center (83.3%), reviewed for four to six months (87.2%), were not employed while preparing for the NCLEX-RN (84.4%). For those who were employed, majority were employed full-time (80%), worked in a nursing job (83.5%), and employed in a non-hospital based setting (93.8%). However, only initial nursing licensure [Fisher's p=.001] and nursing workplace [Fisher's p=.026] were significantly associated with PEN NCLEX-RN passing on first attempt.

Conclusion: PEN has unique contextual academic and employment factors that are significantly associated with IEN NCLEX-RN outcomes. Passing the national nursing licensure examination at first attempt and selecting an appropriate nursing workplace may increase IEN chances of passing the NCLEX-RN. Identifying these factors are crucial in designing context-specific interventions, and to a broader scale, educational and regulatory policies to help IEN improve individual NCLEX-RN passing and country NCLEX-RN first-time pass rates.

Audience Take Away Notes

- Research on Internationally Educated Nurses (IENs) in general, and in particular their NCLEX-RN experiences and performance, is very limited. This presentation presents the magnitude of the problem (i.e., high failure rate) about IEN NCLEX-RN performance
- Exploring an understudied but relevant area in international nursing education and workforce is essential in developing strategies to increase internationally educated nurses' chances of passing the NCLEX-RN and improve country NCLEX-RN first-time pass rates
- Results of this study may help international nurse educators identify factors influencing NCLEX-RN outcomes that are relevant to their country's educational and practice settings. Contextual-specific interventions can be designed based on these identified factors
- The understudied area of international nursing education and workforce calls for potential research collaboration among international nurse education researchers

Biography

Dr. James Montegrigo is an Assistant Professor and the Academic Success Coordinator at the University of North Carolina at Charlotte–School of Nursing. He earned his PhD from the University of North Carolina at Greensboro (USA), Master of Science in Nursing from Saint Paul University Philippines, and Bachelor Science of Nursing from the University of Santo Tomas (Philippines). He has a 30-year experience as a nurse, including 25 years as an educator in the associate, bachelor, masters, and doctoral levels of nursing education. His research interests include nursing education and nursing workforce, with special focus on internationally educated nurses and measurement of educational outcomes. Dr. Montegrigo has several publications on his area of research and has presented his research at various local, regional, national, and international conferences. He is also an HIV/AIDS researcher, with research focus on improving HIV/AIDS knowledge, attitudes, and behaviors in adolescence and young adults and reducing stigma and discrimination among people living with HIV (PLHIV).

**Jaime Van Allen, DNP, NPD-BC, NEA-BC, CV-BC**

Nursing Practice, University of Maryland Baltimore Washington Medication Center, Glen Burnie, MD, United States of America

Implementation of LPNs into the acute care setting

The recent COVID-19 pandemic left hospitals nationwide with a deficit in their workforce, due to staff burnout, retirement, and an uptick in the travel nurse industry. UMBWMC was no exception. As staff worked short-handed, they expressed feeling overwhelmed, making it difficult to adequately perform daily duties. The timeframe of the pandemic also showed an increase in patient acuity and Hospital Acquired Pressure Injuries (HAPIs). Acute Care units within UMBWMC operated at a 20-30% RN vacancy rate with recruitment at a minimum as the organization continued to fight monetary incentives offered by travel agencies that simply could not be matched.

The integration of Licensed Practical Nurses (LPNs) into the acute care setting was generated from the idea of adding trained, licensed individuals at the bedside. Goals identified at the start of the program were to optimize the care provided to the patient as well as increase staff satisfaction among RNs as they were allotted the time and resources to practice to the highest extent of their license.

In September 2021, the Intermediate Care Unit (IMC) of UMBWMC was selected as the pilot inpatient unit for the integration of Licensed Practical Nurses (LPNs) into the acute care setting of the University of Maryland Medical System (UMMS). Training for the LPN staff included general nursing skills, dysrhythmia, medication and assessment days, regulatory requirements at the state and national levels, Advanced Cardiac Life Support (ACLS) with an LPN focus, shadow training days with physical and occupational therapy, NDNQI Skin Training, and Skin Round attendance once weekly. Clinical orientation time ranged from six to eight weeks depending on the LPNs skill set at the time of hire. Clinical development was supported with biweekly meetings between the LPN orientee, preceptor, professional development coordinator, and the nurse manager.

The fiscal year 2021 saw a HAPI occurrence of 10 cases, with all being reportable. Fiscal year 2022 had 17 HAPIs with 12 being reportable and thus far fiscal year 2023 has seen 10 HAPIs of which 3 have been reportable. In addition to the decrease in reportable HAPIs, the acute care units have reported an average RN vacancy rate of 14% as of April 2023.

Over the past three years, the healthcare environment has seen a dramatic decrease in nursing professionals as the COVID-19 pandemic has accelerated retirements, burnout, and travel agencies provide monetary incentives. The LPN pilot implementation at UMBWMC was interpreted at the University of Maryland Medical System-wide level as a viable solution to the staffing crisis and within three months of the pilot start date, LPN positions were being created for each hospital within the 13-Hospital system. If done successfully, it is anticipated that the system will see an increase in collaboration within the nursing practice, increased RN satisfaction, and increased patient satisfaction. The long-term prediction shows hope for a positive impact on future LPN and RN graduate recruitment as existing unlicensed staff return to school to become LPNs and LPNs continue in their professional development to become RNs.

Audience Take Away Notes

- Learners will understand the importance of thinking outside of the box when it comes to incorporating different levels of licensed practitioners at the bedside
- Learners will identify the successes and opportunities of implementing LPNs at the bedside
- Learners will be able to discuss ways to expand upon the reintegration of LPNs into an acute care setting
- Learners will be able to take the lessons learned from the presenting organization and apply it to theirs with the hope that they will also be able to support better patient outcomes and improve nursing retention
- Learners will also understand the importance of supporting the professional development of LPNs with the hope that they will continue in their education to become RNs, NPs or other obtain other higher level degrees

Biography

Dr. Jaime Van Allen graduated from the Community College of Baltimore County with an ADN in 2012. She continued her education at University of Maryland Baltimore where she earned her BSN (2015), MSN (2017) and DNP (2022). She joined University of Maryland Baltimore Washington Medication Center in 2017 as a Clinical Practice Development Coordinator. She currently is the Director of Nursing Practice & Outcomes where she partners with the entire organization to ensure safe, effective and evidenced-based patient care throughout the nursing division.



J. Michael O'Bryan, MD, MHA, ACMA

Medical Affairs Officer, Greiner Bio-One, North America, Charlotte, NC,
United States of America

Business as usual: Will ending the public health emergency lower medical errors?

The COVID-19 pandemic resulted in a surge in demand for health care, leading to widespread shortages of medical equipment, staffing, hospital beds, and more. During this time, the government institutions issued a report raising concerns about the alarming conditions, which was increasing the risk for errors. While many of these errors became more frequent as the pandemic progressed, some of these are all too common in a non-pandemic setting as well. The lessons learned over the last three years can result in the development of best practices that become standard at hospitals nationwide. The COVID-19 Public Health Emergency ended in May. This has brought about more uncertainty over the last several months. Learn what the end of the PHE meant for hospitals, as well as nurses, and what to expect in the future as we move past the pandemic.

Audience Take Away Notes

- Reimbursement Changes
- Regulatory & Legal Changes
- Convenience & Equity
- Delayed & Deferred Care
- Supply Shortages
- Misdiagnosis
- Impact on Human Factors
- Practical Impact on Nurses & Healthcare Staffs
- The Need for a National Diagnostics Action Plan
- Workflow Redesign

Biography

Dr. Michael O' Bryan is a board-certified medical affairs specialist and has been in healthcare for seventeen years. His career includes teaching, medical practice, and various roles in the IVD Industry that include his current position as Medical Affairs Officer for Greiner Bio-One. He is passionate about patient-centered healthcare, focusing on education and wellness. Originally from Kentucky, he received a Bachelor of Science degree in Biology from the University of Kentucky and a medical degree from SABA University School of Medicine, specializing in Obstetrics and Gynecology. He enjoys research and development, which has facilitated his success in the medical device industry.



Kate H. Knight^{1*}, Vicky Ridgway², Viki Whaley¹, Bex Bailey-McHale¹, Jonathan Hay³

¹Department of Practice Learning, University of Chester, Chester, Cheshire, United Kingdom

²Associate Dean Education and Student Engagement, University of Chester, Chester, Cheshire, United Kingdom

³Department of Computer Sciences, University of Chester, Chester, Cheshire, United Kingdom

Rebalancing health and social care experience in the pre-registration nursing curriculum

Practice placements are essential to all pre-registration Nurses, Midwives and Allied Health Professionals, providing the theoretical underpinning and developing the learner's professional identity (Knight et al., 2023). Since changes to supervision and proficiencies by the Nursing Midwifery Council in 2018, student nurse placements can often focus on healthcare settings rather than social care experiences. It is vital that Higher Education Institutes ensure students gain this wide valuable experience and additionally support the workforce pipeline into social care. Within UK HEIs, pre-registration nursing education placement providers require health and/or social care registrants to supervise and assess students on practice placements (Nursing and Midwifery Council (NMC), 2018). Private, Independent and Voluntary Organisations (PIVOs) are a valuable source of these types of practice placements, but many had formerly lain dormant because they otherwise struggle to meet regulatory requirements for student practice assessment.

In response, the University of Chester has developed an innovative indirect practice supervision/assessment model, which supports the development of these types of practice placements and is delivered via self-sustaining funding, ensuring optimum support for students and the practice area. Our model allows full coverage of PIVOs without the recruitment of additional academics. This unique focus leads the way as a novel research strategy by implementing a financially and morally sustainable model of supervision/assessment.

Implementation has re-established students' opportunities to undertake innovative placements extending beyond the NHS, which promote vital alternative skillsets across diverse cultural and situational backgrounds. Across the UK, it is recognised that this model represents an innovative method of widening student experience, expanding placement circuits and supporting future workforce pipelines whilst being an effective outreach method for recruiting highly motivated academic health and social care staff, which grows a sustainable academic nursing workforce (BJN, 2022).

Audience Take Away Notes

- The paper will provide delegates with a workable and transferrable roadmap for implementing sustainable and cutting-edge methods of student placement provision in Nursing education
- The paper gives an example of best practice and success which helps facilitate both student retention and recruitment
- Those present will be able to use this knowledge to expand and productively update the teaching practices in place at their institutions

Biography

Dr. Kate H Knight is an Associate Professor and Head of Practice learning for the Faculty of Health, Medicine and Society and has the academic leadership for health and social care practice and governance and management of practice

learning in her portfolio. This includes placement quality whilst developing the faculty practice learning provision. Kate leads the Practice Learning Team including Lecturers in Practice Learning and project teams expanding capacity and improving quality of placements. Kate is a registered children's nurse and a Senior Fellow of the Higher Education Academy.



Claire Noonan*, Louise Kelly, Josephine Soh

Age related Healthcare, Tallaght University Hospital Dublin, Ireland

Nursing home residents direct review in emergency depart - A registered advanced nurse practitioner supported approach

Introduction: Nursing Home Residents (NHR) are among the most vulnerable members of our community, with complex care needs and increased frailty. Often the Emergency Department (ED) is the first point of care for NHR during acute illness. The Nursing home liaison service combined with age related assessment unit provide mainstream gerontological attuned approach to care for this increasingly vulnerable cohort of patients on the acute floor.

Methods: A case study presented below identifies the referral pathway and treatment of a NHR following a pre-alert from nursing home gp/senior nursing staff regarding transfer to acute care.

Results: An 96 year old gentleman was transferred to ED with deranged Urea And Electrolytes (U&E). The had a history of BPH and rec Long term Urinary catheter and stage 5 CKD. Gp had been treating for urinary tract infection for 2 weeks and following urine sensitivity recently switch to appropriate oral antibiotics. Pre alert enables the facilitation of review directly on transfer t emergency department. NHR had full physical assessment and out ruled underlying causes for changes to U&Es. Catheter was flushed and bloods taken. The NHR was given a bolus 500mls Nacl solution intravenous and discharged back to nursing home. Bloods had improved and it was advised that NH administer Subcutaneous fluids overnight. The NHR was booked into the AMAU clinic two days later and long term catheter was changed and bloods were repeated, which had improved nursing home were advised to monitor for signs of dehydration and treat with subcutaneous fluids as required.

In contrast to similar presentation 2021, 66 year old gentleman with deranged U&E's history of Traumatic brain injury, MCI and CKD reviewed in emergency room and 11 hours spent in ED and discharged back to nursing home.

Discussion: This service aims to main stream acute care delivered to NHR on the acute floor, putting the NHR at the centre of their care and ensuring advanced care directives can be followed as expressed by the resident.

Audience Take Away Notes

- How to develop a nurse led pathway that expedite care for older people living in residential long term facilities (nursing home) through the acute services
- This pathway is specific to nursing home residents care to enhance their journey through the acute services in order to avoid delayed patient experience times in emergency departments therefore reduce the adverse effects of prolonged periods waiting to be seen
- The importance of having specific pathways for older people in an ageing population

Biography

Claire training in general nursing in Tallaght University Hospital (TUH) and Trinity College Dublin (TCD). Claire has completed a Post Grad diploma in Gerontological Nursing (2016) TCD and Masters in Advanced Practice (2010) in Trinity College Dublin. Currently Registered Advanced Nurse Practitioner in gerontology based in acute services. As part of her role as RANP she development the first nursing home liaison services within Tallaght University Hospital, to provide mainstream medical and emergency care to all nursing home residents admitted to acute services. She has presented at the Irish Gerontology Society and the All Ireland Integrated Care conferences and is currently sitting on multiple national working groups aimed at improving healthcare for older people in Ireland. She is committed to continued professional development and improving the healthcare experience for older people by providing evidence based best practice and continuity of care. She have been involved in various research projects and publications.

**Sharonda M. Brown, RN, BSN, CLNC**

Ex Consultants LLC, Executive Nurse Leader, Marietta, GA,
United States of America

The culture renovation project

This presentation will delve into the Culture Renovation Project, a transformative initiative aimed at establishing a culture of safety and operational excellence within healthcare organizations. By aligning and designing processes that prioritize the pivotal aspects of people, processes, paperwork, patient care and profits, this project revolutionizes team dynamics in the emergency room. The ER Factor, which emphasizes recognizing emergencies, responding rapidly, reinforcing communication, roles, and responsibilities and reviewing and rehearsing failures and successes, forms the core strategy. Attendees will gain insights into the key principles and practical implementation strategies of the Culture Renovation Project, enabling them to create an environment of safety and efficiency within their own organizations.

Audience Take Away Notes

- Foster a culture of safety within their healthcare organizations
- Streamline processes and prioritize crucial aspects for efficient operations
- Enhance emergency response and communication protocols
- Improve patient care outcomes and financial performance

Biography

Sharonda M. Brown, RN, BSN, CLNC is a dynamic speaker in Emergency Department Management and Operations. Her passion for establishing a culture of safety through aligning and designing processes has captivated audiences nationwide. Sharonda's expertise has earned her recognition from HCP Live and MD Magazine, where she was featured in a three-part interview on improving processes, stressing communication, and reducing wait times. With numerous awards in service excellence and nursing director service, Sharonda is a respected member of her community and a powerhouse speaker who will inspire and motivate your audience.



Nayomi Walton, PhD, RN

University of Hartford, Assistant Professor, West Hartford, CT,
United States of America

Presentation improving transitions of care for persons with dementia from the hospital to the long-term care setting: A mixed methods study

The transition of care for Persons with Dementia (PWD) from the hospital to long-term care facility is associated with significant stress, lack of communication, and adverse events. Efforts to improve the transition process have mainly assessed only healthcare professional perspectives. An original study using a mixed methods design was conducted to produce knowledge on priority aspects of care to facilitate the initial transition from hospital to the long-term care setting for persons with dementia. The mixed-methods study consisted of using focus groups composed of persons with dementia and family caregivers followed by a Delphi method survey with healthcare professionals to elicit the priority aspects of the transition of care from hospital to long-term care facility for persons with dementia. The findings provide evidence that a majority of the priority aspects from the perspective of PWD, family caregivers and healthcare professionals are similar. One priority aspect focuses on developing a routine for PWD. PWD agreed they should always be included while healthcare professionals agreed that this should be based on the PWD's cognitive ability. Another priority involved providing family with effective support, education and resources. Professional staff considerations consisted of education for healthcare staff. Medication management considerations included no delays in medication administration and proper review of medications. Assisting families with the care planning process, such as financial planning, legal aspects, and paperwork were seen as a priority. Improving communication with advances in technology and having family responsibilities properly communicated was agreed upon. Priority aspects of the initial transition from hospital to long-term care facility for PWD can inform clinical practice guidelines and assist healthcare providers with working toward improvements in transitions of care.

Audience Take Away Notes

- The findings from the research are particularly relevant for improving safety and quality of transitions in care and can inform the future development of interventions targeting patients and families
- The priority aspects of care concerning the transition from the hospital to the long-term care setting for the first time may be especially informative to healthcare professionals who coordinate the transition
- An important next step will be to implement these findings into practice to examine the influence on safety and quality of transitions in care for persons with dementia and their family members

Biography

Dr. Walton is currently an Assistant Professor at the University of Hartford. She was awarded the Jonas Nurse Scholar Program Scholarship. She holds a PhD in nursing, a master's degree in nursing, and a bachelor of science in nursing from the University of Connecticut. Dr. Walton's research interests include improving quality of life for people with dementia, improving care for people with psychiatric needs, and research related to enhancing the scholarship of teaching in the nursing profession.



**Kristen Erekson, BSN, RN, MSN, FNP-C,
Sarah Spendlove Caswell BSN, RN, MSN,
AGACNP-BC**

College of Nursing, Brigham Young University, Provo,
UT, United States of America



Expanding the world: Public & global health experiences for undergraduate nursing students

Nurse educators have the challenge of training future nurses that will provide compassionate care to an increasingly diverse population of patients in a culturally sensitive way. It is in the interest of educators, current nurses, healthcare team members, and patients to find innovative ways to cultivate cultural awareness in these future nurses. One approach to this challenge is an immersive public and global health experience as part of the nursing program curriculum. Undergraduate nursing students at our institution are required to participate in a Public and Global Health course. They participate in a didactic preparatory course followed by a 3-to-4-week program in one the following locations: The Czech Republic, Ecuador, Finland/Poland, Ghana, India, Spain, Taiwan, Tonga, an Honor Flight to Washington D.C. with Veterans, or in local (Utah) communities working with marginalized populations (including incarcerated individuals, refugees, etc). The students are required to complete 84 clinical hours and 84 culture hours (which involve exposure to local history, art, architecture, customs, etc). As Faculty, we feel strongly that these public and global health experiences help cultivate cultural awareness in our students and prepare nurses who are better prepared to serve a diverse population of patients throughout their careers. This presentation will highlight our experiences and provide ideas for other nurse educators who have an interest in developing similar programs in their schools but do not know where to start. Suggestions about how to start building relationships that can lead to these opportunities along with logistics for continuing the programs will be highlighted. In alignment with the goals of the conference, insights about healthcare delivery systems in global health and current trends in nursing practice around the world will also be shared.

Audience Take Away Notes

- Nursing educators will receive a perspective regarding the value of a public and global health immersive experience
- Nursing educators will be given practical ideas on how to organize public and global health experiences for students
- Current nurses will learn more about healthcare delivery systems in areas around the world and current trends in nursing practice that may provide insight into their own practice and healthcare system
- This presentation will prompt dialogue among current nurses about innovative ways to prepare future nurses to care for increasingly diverse population of patients in a culturally sensitive way

Biography

Kristen Erekson earned a BSN (2008) and MSN (2011) from Johns Hopkins University. She practiced as a Nurse Practitioner in Pediatric Primary Care for 11 years. She currently works as an Assistant Teaching Professor in the College of Nursing at Brigham Young University. She volunteered as an RN on the USNS Mercy hospital ship in Timor Leste in 2010. She has worked as a volunteer for over five years at the Volunteer Care Clinic, a free community clinic in Utah. She teaches a Public and Global Health course and leads students on their international study abroad experiences, primarily to Spain.

Sarah Spendlove Caswell earned a BSN (2001) from Brigham Young University and an MSN (2015) from University of California at Los Angeles. She has worked in various adult ICUs in Washington D.C. and Los Angeles, CA as an RN and has practiced in Neurocritical Care as an Acute Care Nurse Practitioner starting in 2008. She currently works as an Assistant Teaching Professor at Brigham Young University. She teaches ICU nursing, supervises ICU clinical rotations, and teaches Public and Global Health Nursing. As part of Public and Global Health Nursing, she leads students on international study abroad trips, primarily to Ecuador.



**Mrs. Anandhi Deva Amirtharaj^{1*}, Mrs. Shreedevi Balachandran¹,
Dr. Arunoday Gujjar²**

¹Department of Adult Health and Critical Care, Sultan Qaboos University, Muscat, Sultanate of Oman

²Department of Medicine (Neurology), Sultan Qaboos University, Muscat, Sultanate of Oman

Can full outline of unresponsiveness tool supersede GCS? Are we ready for the change?

Accurate assessment and monitoring of level of consciousness is fundamental for prompt management and recognizing warning signs of deterioration. The aim of study was to compare the Glasgow Coma Scale (GCS) and full outline of unresponsiveness - FOUR Score (FS) tool for neurological assessment and predicting functional outcome. 131 patients selected from two major teaching hospitals at Middle Eastern countries. Patients were assessed on admission, day 2 & 4 and evaluated using the Glasgow outcome tool on discharge.

Results: Using the Glasgow outcome score in predicting outcome, the Area Under the Curve (AUC) was 92% (CI- 95%, 0.870-0.975) for FS and 74.73 % (CI-95%, 0.825-0.951) for GCS.

Conclusions: The FS tool is precise in predicting mortality than GCS.

Implications on Nursing: The nursing education and practice must be constructed on evidence reflected from nursing research. GCS has a been long standing tool used for neurological assessment which fails to recognize brain stem reflexes, evaluation of irregular breathing and localization of deficits in coma. FOUR score accurately identifies the above deficits which assist the nurses in early identification of deteriorating consciousness, recognize initial warning signs and provocatively intervene to prevent complications like hypoxic brain damages. The essential domains of nursing care involve assessment and identifying initial warning signs that enables the nurse to modify the care accordingly to prevent complications. Hence, our nursing education must integrate updated tools that will facilitate and empower the students to use advanced assessment strategies, management guidelines and protocols in practice for rendering holistic care. And with introduction of new concepts based on nursing research will advance nursing education to distinguished nursing practice. In addition, such new concepts will benefit nurse educators to build its own unique knowledge in nursing.

Audience Take Away Notes

- To introduce the concept of FOUR score and identify the advantages over the GCS tool
- To enable the audience in the application of FOUR score tool among patients with varied level of consciousness and different types of coma
- To assess the inter- rater reliability and accuracy in scoring among the audience with the use of FOUR score

Biography

Mrs. Anandhi Amirtharaj is dedicated and a passionate Nursing teacher with 25 years of experience in clinical, nursing education. Resourceful to develop and review curriculum that prepares students on global bench marking. Integrating EBP in teaching and clinical practice to produce globally competent students.

Teaching

- Clinical Teaching and Supervision of Undergraduate practicum experiences Acute Care setting- ICU, EMD in Critical Care Nursing, Adult Health I and II of minimum 18 hours/ week
- Didactic Teaching- Level 2 and 3 courses- Communication Group Dynamics, Critical Thinking
- Served as a resource person for faculty development activities like Advising Workshop, Simulation, EBP
- Participated in curriculum revision and preparation of course outline, course coding, scheduling
- Developed course materials, including lectures, assignments, exams and PowerPoint presentations
- Served as faculty member in accreditation process- ACN Baccalaureate Nursing Program
- Developed innovative teaching strategies using Games in MOODLE, OSCE, Case Scenarios, Immediate feedback assessment technique using Scratch Off Sheet
- Committed with continuing education activities to update to the professional requirement and practice.

Research

- Conducted research on clinical practice topics- GCS Vs FOUR Score, Education- Studying preference- Hard copy text book Vs Soft copy
- Competent in authoring research proposal, compiling reports and
- Published in Scopus indexed, peer reviewed journals
- Efficient use of Database in identifying and retrieving EBP articles and applying in clinical teaching
- Knowledgeable in use of SPSS, ENDNOTE
- Participated in community activity based on needs assessment.

Research

- Comparison of FOUR Score against GCS in the prediction of functional outcome among patients with neurological insult (Internal Grant; 2019-2020, 905 OMR)
- The choice of reading tools, Hardcopy versus E- books and readiness in acceptance of E- books among students at sultan Qaboos university (Dean's Fund ; 2022, 150 OMR)
- Impact of cardiopulmonary resuscitation duration on functional outcome among Out of Hospital Cardiac Arrest (OHCA) patients: A retrospective chart review (Research Project for 2023, Processing for Postgraduate deanship funding).



Hawazen Albalawi

Nursing Affairs, King Faisal Specialist Hospital and Research Centre, Madinah, Saudi Arabia

Developing and implementing an innovative virtual nursing care model to improve patient outcomes

The COVID-19 pandemic has highlighted the need for healthcare providers to develop innovative ways to deliver care remotely. The goal of this project is to develop and implement a virtual nursing care model aimed at improving patient outcomes and increasing access to care.

The project began with a thorough review of the literature on virtual nursing care models, including best practices and potential barriers to implementation. This review informed the development of a virtual nursing care model tailored to the needs of our patient population. The model is developed to cover multiple aspect of the virtual health care provided by nurses including Virtual nurse-led clinics, continues virtual nursing care and virtual triage.

After developing the model, a pilot study was conducted to test the feasibility and effectiveness of the virtual nursing care model. The pilot study involved a small group of oncology patients who will receive virtual nursing care over a period of time. The outcomes of interest included healthcare utilization, patient satisfaction, and clinical outcomes. The pilot testing is still on going.

In conclusion, this project aims to develop and implement a virtual nursing care model that has the potential to transform healthcare delivery by improving patient outcomes and increasing access to care. The project will contribute to the growing body of research on virtual nursing care models and provide valuable insights into best practices for implementation.

Audience Take Away Notes

The audience for this project includes healthcare providers, nurses, researchers, and policymakers who are interested in improving patient outcomes and increasing access to care through the use of virtual nursing care models.

- Healthcare providers and nurses can use the virtual nursing care model developed in this project to improve the quality of care they provide to their patients, particularly those who have limited access to in-person care. They can also use the findings of the pilot study to inform their decision-making when implementing virtual nursing care models in their own practice.
- Researchers can use the findings of the pilot study to expand their research on virtual nursing care models, to develop more effective models in the future, and to explore the potential of virtual nursing care for other patient populations.
- Policymakers can use the results of this study to inform policies related to virtual nursing care, such as reimbursement policies for virtual care services, and to promote the adoption of virtual care models in healthcare systems.
- Designers of virtual care platforms and tools can use the insights gained from this research to design and develop more effective and user-friendly virtual care solutions that meet the specific needs of healthcare providers and their patients.

- Healthcare educators can use the results of this study to teach their students about virtual nursing care models and their potential benefits, and to prepare them for the changing landscape of healthcare delivery.

Biography

Hawazen Albalawi is a Program Director of Nursing at KFSH&RC. Her career highlights include clinical, educational, and leadership functions as a Staff Nurse, an Education Liaison Nurse and a Nurse Manager. Hawazen holds a Master of Advanced Nursing in nursing leadership and management from Monash University-Australia (2018). She is currently pursuing an EMBA at Prince Mohammed bin Salman College. Hawazen's research interests include healthcare quality, nursing care delivery models, and innovation in healthcare. She is committed to advancing the nursing profession through research and education and is a member of several professional organizations, including Psi-Zeta At Large, chapter of Sigma Global Nursing Excellence and Saudi Nurses Association.

16-18^{OCT}

DAY 02

KEYNOTE FORUM



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Nurse resilience and keeping nurses at the bedside

This literature review will look at the factors influencing staff nurse turnover and identify strategies that enhance nurse resilience to keep professional nurses at the bedside. The information review can assist nurses to prepare for the demands of bedside nursing and provide supportive tools to prevent burnout and build resilience for satisfaction in bedside nursing. Comprehensive strategies need identified to recruit and retain professional nurses within an organization (Efendi, Kurniati, Bushy, Gunawan, 2019). The goal is how to foster resilience for nurses to stay at the bedside to provide holistic care.

Identification of problematic issues that lead to nurses quitting a job is multifactorial and includes issues such as unit culture, team dynamics, leadership style of the manager and short staffing. Clearly a professional nurse will face adversity, it is the method of recovery that is the issue. The literature clearly identifies a myriad of issues, yet many studies fail in methodologies to encourage nurses to stay at the bedside for greater nurse self-satisfaction. It is noted that 35-60% of nurses leave their first place of employment within one year of hire (VanCamp, Chappy 2017). The reason behind the exodus and workplace adversity is frustration with administration support, high patient-nurse staffing ratios, lack of team support and last the inability to feel confident in nursing care delivery (Jackson, Firtko & Edenborough 2007).

In 2005, The American Association of Critical-Care Nurses published 6 criteria that are necessary for a healthy work environment: communication, leadership, appropriate staffing, decision making, recognition and collaboration (Erenstein, McCaffrey 2007). Factors that influence the work environment are directly associated with greater nurse satisfaction and retention in the present nursing position. Ultimately, organizations need to foster a climate of mutual trust and recognition that will in turn foster staff nurse satisfaction and build resilience and staying power.

Audience Take Away Notes

- Discuss common themes of nurse turnover and correction methods
- Strategies to build nurse resilience
- How to foster nurse flexible wellbeing and hardiness



**Lisa Foertsch, DNP,
MSN, RN**

University of Pittsburgh School
of Nursing, Acute and Tertiary
Care Department, Pittsburgh, PA
United States of America

Biography

Dr. Lisa Foertsch is an assistant professor at the University of Pittsburgh School of Nursing. She has over 30 years of teaching nursing experience in both clinical and didactic instruction. She received a diploma in nursing first, then completed her Bachelor of Science in Nursing from LaRoche College, and a Master of Science in Nursing from Indiana University, PA. The Doctor of Nursing Practice was completed in 2013 with a Clinical Nurse Specialist focus. Her capstone project focused on surgical site infection surveillance and patient teaching with a published article in the Clinical Nurse Specialist Journal. She has taught in diploma, associate degree, and a bachelor's degree program, where she is currently employed for the last 15 years.

Beautifully broken: Using peer support as emotional first aid for healthcare providers

As health care becomes more complex and patient acuity increases, unforeseen and adverse outcomes become more frequent, placing a tremendous burden on Healthcare Providers (HCPs). They are at the forefront of experiencing the detrimental effects of adverse patient outcomes, and the COVID pandemic has only served to both highlight and significantly increase those negative effects such as burnout, anxiety, compassion fatigue and PTSD. In 2016, Johns Hopkins declared that medical errors were the third leading cause of death in the US. If each medical error involves one or more HCPs, almost half of clinicians could be negatively impacted by an Adverse Event (AE) in their career. Dr. Albert Wu coined the term “second victim” to describe the trauma experienced by HCPs when an unanticipated event occurs, which can result in psychological and physical distress.

The definition soon expanded to include those involved in medical errors and other unanticipated events involving patient injury leading to psychological trauma, feelings of personal responsibility, or questioning of their clinical abilities. The extent of trauma depends on the degree of patient harm, type of event, age of the patient, and investigative process. Although each HCP may experience an unanticipated event, the people involved in or witnessing adverse events can experience disruption in their professional and personal lives. This suffering can affect their quality of life, work performance, and how they provide care to other patients, placing subsequent patients at risk for increased medical errors as HCPs become less confident in their ability to provide care.

There are few people HCPs can turn to for emotional or spiritual support after an adverse patient event. Reasons include patient privacy concerns, the stigma of weakness associated with seeking help, and many laypeople do not understand the experience. When coping with a traumatic AE, most instinctively turn to their peers who genuinely understand. This confidante could be a nurse or other HCP they know and trust. This sharing of events with their peers allows healing to begin. To this end, receiving just-in-time support from a peer knowledgeable regarding the second victim phenomenon and emotional support would be beneficial.

After two decades of experiencing adverse patient events and attempting to cope with the detrimental effects caused to HCPs, it became a mission and passion to help clinicians thrive instead of just survive. The intent is to help clinicians overcome adverse events, become resilient, and flourish in their professions.

Providing real-time emotional support following an adverse event has been associated with enhanced emotional wellbeing and recovery of second victims. Unfortunately, other than employee assistance programs



**Elaine Patricia Webb, MSN,
RNC-OB**

Women's Services, Houston
Methodist Willowbrook Hospital,
Houston, Texas, United States of
America

Biography

Elaine Webb, MSN, RNC-OB practices nursing at Houston Methodist Willowbrook Hospital in Texas, a Magnet/Level III Maternal Designation facility where she has worked for the last 18 years. She has been a nurse for over 29 years, the last 23 specializing in high risk Labor and Delivery, Antepartum, and Maternal/Newborn care. She is an adjunct clinical instructor for the Louise Herrington School of Nursing Baylor University, Texas A&M School of Nursing, and Lone Star College System. She presented about Peer Support in 4 venues in 2022. She was published in the Journal of Nursing Education and Practice in March 2023.

and chaplain referrals, many HCPs do not have access to real-time emotional support after an unanticipated event. This evidence-based project aimed to determine if a peer support program would enhance the nurses' perceived emotional support following unexpected adverse events. Based on the for YOU Program designed by Sue Scott at the University of Missouri Health Care System (MUHC), this program trained peers to offer real-time care and support to other clinicians coping with such events.

Audience Take Away Notes

- Understand the Second Victim phenomenon and the detrimental effects of adverse patient events for HCPs
- Review statistic/data regarding detrimental effects of AE on HCPs
- Describe stages of recovery/trajectory of Second Victims
- Evaluate the positive impact of peer support on HCPs health and well-being
- Describe process of implanting Peer Support Program in a Hospital System

Exploring AI in the classroom to foster critical thinking

The recent advancement of Artificial Intelligence (AI) offers new possibilities for enhancing clinical judgment skills in nursing education. This presentation will discuss innovative assignments and approaches that integrates AI, specifically ChatGPT, into nursing curricula to foster critical thinking abilities among nursing students. The focus is on utilizing AI/ChatGPT as a tool for exploring complex case studies, promoting analysis of diverse perspectives, and facilitating informed decision-making.

This presentation will highlight the benefits of utilizing AI-assisted clinical decision-making in nursing education. The presentation will review the outcomes of in-class activities used during the 2023 academic year. Students were asked to engage in thought-provoking conversations with an AI interface regarding complex case studies, enabling them to develop critical thinking skills within the context of nursing practice.

It explores the role of AI in gaining access to vast amounts of healthcare information, while emphasizing the importance of human expertise in the interpretation and application of AI-generated responses.

The presentation also examines the impact of AI on students' critical thinking abilities, emphasizing the development of skills such as problem-solving, evaluation of evidence, and collaborative decision-making. Students will learn about enhanced clinical reasoning, improved analytical skills, and increased confidence in making evidence-based decisions.

In summary, this presentation advocates for the integration of AI-assisted clinical decision-making as a means to enhance critical thinking in nursing education. By embracing this innovative approach, nursing educators can prepare the next generation of nurses to excel in complex healthcare environments.

Audience Take Away Notes

- Strategies to implement activities to build critical thinking through the use of AI
- Recognize the importance of human expertise in the interpretation and application of AI-generated responses
- Analyze the impact of AI on students' critical thinking skills in nursing education



Jennifer Ferguson*,

Amanda Addis

School of Nursing, MidAmerica Nazarene University, Olathe, Kansas, United States of America

Biography

Jennifer Ferguson currently serves as an Associate Professor of Nursing at MidAmerica Nazarene University. She has over 20 years of clinical practice experience with 15 years in nursing education. Her areas of expertise include medical/surgical, education, critical care, leadership nursing, and medical simulation. She completed her DNP with a specialization in leadership.

16-18^{OCT}

DAY 02

SPEAKERS



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Elizabeth Itote^{1*}, PhD, RN, CNM, Susanne Fehr²

¹Labor and Delivery Department, Inova Fairfax Medical Campus, Falls Church, VA, United States of America

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A labor of love: Increasing nursing specialty certification and BSN or higher prepared nurses on a labor and delivery department

The purpose of this project was to increase speciality certification and BSN or higher prepared nurses in the Labor and Delivery (L&D) Department. The L&D Department has 145 nurses and more than 9,000 deliveries a year. Research shows that adequate staffing and BSN prepared nurses are associated with lower mortality and fewer adverse events in acute care hospitals (Boyle, 2017).

L&D employs two unique nursing roles-Clinical Mentor and Clinical Educator. A Clinical Mentor is a BSN prepared nurse who facilitates successful nursing orientation of all new nurses hired and supports their preceptors. The Clinical Mentor rounds on the orientee-preceptor dyads on the unit and meets with them formally every two weeks throughout the clinical orientation. The Clinical Mentor informs department nurse leaders of progress and opportunities. The Clinical Mentor also supports new graduate nurses in the yearlong Nurse Residency Program. The Nurse Residency Program discusses professional development opportunities such as climbing the clinical ladder, furthering education and become certified once eligible. A Clinical Educator is a certified Master's prepared nurse who supports the ongoing growth and development of nurses through continuing education assessing-planning-implementing-and evaluating learning needs. The Clinical Educator also assures competency, performs bedside teaching rounds with new graduate nurses, and reviews the status of the education plans at monthly Unit Based Council meetings.

The Unit Based Council have members that attend the larger organization-level Nursing Shared Governance meetings and have bidirectional communication to the Professional Development Council. The Professional Development Council shares data on each department's BSN or higher percentage as well as percent of nurses with professional board certification which allows the Unit Based Council to set annual targets for both education and certification. To further support departments to achieve their target goals, the Professional Development Council developed brochures with the process of how to submit for tuition reimbursement and apply for the 2% bonus once certification has been achieved. The Clinical Mentor and Clinical Educator assist with finding certification review courses, organizing study groups and encouraging all nurses to get certified and/or advance their formal nursing education.

The L&D Department had a 2% increase in BSN or higher in nursing and was in the 90th percentile of the national benchmark. Furthermore, they had a 6% increase in specialty certification being in the 75th percentile of the national benchmark for greater than 500 bed hospitals.

Audience Take Away Notes

- The audience will be able to identify key factors for increasing specialty certification and education level of bedside nurses
- It will helpful for the audience in their job
- This research that other faculty could use to expand their research or teaching
- This this provide a practical solution to a problem that could simplify or make a designer's job more efficient

- It, it improve the accuracy of a design, or provide new information to assist in a design problem
- This presentation will help the audience learn about incentives for professional development such as shared governance, clinical ladder, certification, and formal education

Biography

Dr. Elizabeth Itote, PhD, RN, CNM is an accomplished and highly experienced Certified Nurse Midwife with a strong dedication to education and patient care. She holds a PhD from George Mason University in Virginia, an MSN in Midwifery from Wichita State University in Kansas, and a Certificate in Nurse Midwifery from the University of Kansas. With her additional Certificate in Nursing Education from George Mason University, Dr. Itote has a comprehensive knowledge base in education bedside nurses. She has conducted influential research in Kenya, focusing on enhancing maternal and child health outcomes.



Dr. Stacey M. Frawley, EdD, ANP-BC, APHN-BC, RN

Stony Brook School of Nursing, Stony Brook, NY, United States of America

Unveiling nature's blueprint for preventing, diagnosing and reversing type 2 diabetes

Not thought of enough as a North American epidemic, let alone a worldwide phenomenon, diabetes is attacking younger and younger people and without discrimination. Pediatric clinics, once nearly the sole domain of type 1 diabetes, are now overrun with obese adolescents with type 2 (diabetes). In the US over 52% of adults are sick enough to be classified as either diabetic or prediabetic; in Japan, 80% of all new cases are type 2 with a prevalence rate of well over 13% and in China the rate increased from 1% to nearly 12% over the past three decades. The problem is not trivial.

The International Diabetes Federation estimates by the year 2045, the worldwide rate of diabetes will reach 1 in every 8 adults! They recognize that it is one of the fastest growing health emergencies of the 21st Century. The World Health Organization (WHO), in April 2021, launched their Global Diabetes Compact, a global initiative aiming for sustained improvements in the prevention and care of diabetes with a specific focus on supporting low- and middle- income countries where rates of diabetes are rising fastest in the world.

Despite these catastrophic statistics, recognitions, and WHO initiative, as a world, we continue to miss the mark. We NEED a paradigm shift! An approach that considers the most appropriate lab markers and recognizes the importance of using a different lens for the prevention of diabetes and prediabetes. While a fasting blood glucose and cortisol level are optimal markers, Gamma-Glutamyl Transferase (GGT) is THE single most quantitative factor that is most highly associated with the development of type 2 diabetes. Not obesity, not blood sugar, and not insulin levels. When we consider the liver as the master orchestrator of metabolic function, this makes sense. Yet, this is not common practice. Nor is it mainstream to consider factors contributing to impairment of cell membrane which affect the uptake of insulin into cells. Factors such as insufficiency of Omega-3 fats and/or CoQ-10 are begging for our attention. Redox imbalance MUST be considered. Oxidative stress from increased cortisol, suboptimal RBC magnesium, and use of statins and steroids as contributing factors are by and large, not considered. We consistently miss the mark on prevention and early diagnosis.

The detrimental effects are expansive. Oxidative load fuels inflammation, wreaking havoc throughout the systemic body –this has debilitating downstream effects and becomes a vicious cycle. If the lens is changed of how we view type 2 diabetes, we recognize it is preventable and reversible.

It is clear in the research that this is not purely a genetic disease or part of the normal aging process. Epigenetics is the gateway to gene expression and plays a vital role in the prevention, diagnosis, and reversal of this fatal disease. As a nation, we need to develop a keen intelligence and consider lifestyle, nutrition, and supplementation of key (co)-enzymes, nutrients, and vitamins. Then, we will once and for all put an end to this worldwide epidemic.

Audience Take Away Notes

- This presentation provides practical solutions to a worldwide phenomenon which is setting record highs and projected to keep rising. Not only will it appeal to clinical providers but to academicians, nurses, researchers, and all healthcare professionals. The content can be used to expand research and teaching and provides details with specific takeaways that can be put into practice immediately
- Discuss the significance and detrimental impact of type 2 diabetes on communities around the world
- Distinguish between current practices for the prevention and diagnosis of type 2 diabetes and best evidence- based practices
- Construct a new paradigm taking into consideration factors leading to insulin resistance and the development of metabolic syndrome
- Formulate strategic pursuits to advance the reversal of type 2 diabetes

Biography

Dr. Stacey Frawley studied Human Development and Educational Psychology at Hofstra University, USA and graduated with an EdD in 2016. Preceding, she earned a Master of Science in 2011 and joined the esteemed faculty at her alma mater, The State University of New York at Stony Brook where she currently serves as a Clinical Assistant Professor. She has published in the areas of communication, cultural diversity, and simulation and presented at local, state, and national levels. With a strong focus on prevention and reversal of chronic disease, she is the founder/provider at a successful functional medicine practice in New York.



Tamika Rhodes*, DNP, MSN, APRN-CNS, ACCNS-N, **Katy Fisher-Cunningham***, PhD, RN, CNE, **Trista Anderson**

Fran and Earl Ziegler College of Nursing, The University of Oklahoma, Oklahoma City, OK, United States of America



Investigating NICU nurses' perceptions and understanding of social determinants of health: A pilot study

This pilot study is currently in progress. Healthy People 2030 offers definitions of Social Determinants of Health (SDoH). Currently, SDoH are not addressed consistently across nursing curricula, meaning nurses may have varying understanding of SDoH. Some evidence suggests SDoH have a significant impact on patient healthcare engagement and outcomes (Rochin et al., 2021; Weber & Harrison, 2019). The March of Dimes 2022 Report card revealed that the number of preterm births increased by 4%, bringing the rate to the highest percentage for birthing individuals of all races since 2007. In the United States, being a child of a racial or ethnic minority and having parents with limited education significantly increases the child's risk of experiencing adverse childhood events that leads to poor health outcomes (Slopen et al., 2016). Birthing individuals with exposure to Adverse Childhood Events (ACEs) and low socioeconomic status are at higher risk for preterm births (Christiaens et al., 2015). Babies born preterm and medically fragile infants are often cared for in the Neonatal Intensive Care Unit (NICU). As such, it is important that a baseline of NICU nurses' understanding of SDoH is established while accounting for the factors that contribute to variability such as nurses' work experience, age, gender, race, and ethnicity. The need for this proposed study is justified because a review of literature revealed a paucity of evidence outlining nursing perceptions of the influence of SDoH on their screenings/assessments and education. The authors developed an original tool based on the Healthy People 2030 domains of SDoH to determine NICU nurses understanding of SDoH and the barriers to screening clients for these factors. The tool is being pilot tested in March of 2023. The data gleaned from the tools will be both qualitative and quantitative. After data analysis establishes a baseline of knowledge regarding SDoH, education programs can be created to bridge gaps, clarify misunderstanding, and provide insight into holistic care. Providing education tailored to the needs of the clientele within the NICU specialty area has the potential to increase nurse satisfaction and improve patient outcomes.

Audience Take Away Notes

- Define the domains of Social Determinants of Health (SDoH) according to Healthy People 2030
- Identify SDoH specific to various client (patient) populations
- Describe barriers for nurses in assessing SDoH with clients (patients)
- Nurses can use established definitions of SDoH to develop population-specific screening tools
- The target audience for this presentation is nurses in multiple roles. Nurses will administer the screening tool to clients. The processes and protocols will be built into electronic medical records. By having a standardized process for data collection, nurse managers will be able to track data related to the appropriateness of patient-centered nursing interventions, referrals, and outcomes

Biography

Dr. Tamika J. Rhodes received her Doctor of Nursing Practice-Neonatal Clinical Nurse Specialist (DNP-CNS) at Rush University and Master of Science in Nursing (MSN) from The University of Texas at Austin. Her research interests include care of very low birth weight and extremely low birth weight infants. Dr. Rhodes nursing career has focused primarily on neonatal intensive care nursing (NICU). She currently practices full-time as a CNS in the NICU at Oklahoma Children's Hospital and Clinical Assistant Professor at University of Oklahoma Health Science Center's Fran and Earl Ziegler College of Nursing.

Dr. Katy Fisher-Cunningham earned her associate degree in nursing from Murray State College. Dr. Fisher-Cunningham completed her BSN through the Degree Completion (RN to BSN) program, her Master of Science in Nursing Education (MSN), and Doctor of Philosophy (PhD). Her BSN, MSN, and PhD were all earned from Oklahoma City University. Dr. Fisher-Cunningham's nursing career has focused primarily on neuroscience complex care and nursing administration. Dr. Fisher-Cunningham has been a fulltime nurse educator since 2017. Her research interests include fostering pre-licensure nursing students' clinical judgment, social determinants of health, and social justice issues.



Jill Johnson*, MSN, RN, **Stephanie Dunn***, DNP, APRN, PNP-PC, **Halie Hansen***, MSN, RN, **Francine Bench Jensen, PhD, RN**

Utah Valley University Department of Nursing, Orem UT,
United States of America

Developing a faculty led student mentoring program for ASN students

The demand placed on prelicensure nursing students is overwhelming in the fast paced, dynamic, and often stressful academic setting. Mentoring in general has been recognized throughout education literature as a valuable tool to improve performance, increase retention, and enhance overall student success. While there is a plethora of research on mentoring new nursing faculty, there is little to be found in the literature regarding faculty-led mentoring of nursing students. Of the literature reviewed, a few articles supported faculty-student mentoring relationships but focused solely on the clinical environment. Because the clinical experience is only a small subset of the overall educational experience of nursing students, it became evident that additional faculty support in formalized mentoring relationships may be beneficial for prelicensure students in an ASN program. This study focuses on the creation, implementation, and ongoing evaluation of a faculty-led mentoring program for prelicensure nursing students at one university. Through a cross-sectional survey of students across four semesters of a prelicensure nursing program, a faculty-led student mentoring program is being implemented, based upon student-expressed needs, and informed by the mentoring literature and faculty input. Students provide feedback each semester to evaluate their changing support needs and preferred mentoring delivery methods. This pilot program is being developed and tailored to the areas demonstrating the most significant benefits to students. Over subsequent semesters of nursing school, participating in a mentoring program as students will create a strong foundation as those same students become nurses in the profession and eventually, the mentors of the next generation. This can ultimately strengthen the nursing profession by creating a milieu of support that begins with students' first entry into their prelicensure program.

Audience Take Away Notes

- Demonstrate the need for a faculty-led student mentoring program in the ASN program through student feedback and a review of the literature
- Due to recent substantial growth of the ASN program, students' needs were identified by leadership and faculty
- Although mentoring is generally recognized as an important way to engage students and promote success, current nursing literature shows little evidence that formal faculty-led student mentoring programs exist in prelicensure programs
- Faculty felt unprepared to address the needs of students
- Evaluation/Feedback: Identify deficits in ASN programs and student needs that mentoring could address
- Describe the process of creating a faculty-led student mentoring program
- Students were surveyed to determine their mentoring needs and their preferred methods of mentoring
- Faculty were recruited and trained as mentors
- Available department and university resources were identified and aligned with individual student needs

- Share preliminary findings and lessons learned from the faculty-led student mentoring program
- From a needs assessment survey, specific mentoring opportunities not currently available were created for students
- Review the barriers of data collection and creation of a mentoring program and discuss how mentoring options could be improved for future implementations
- Describe successful aspects of the mentoring program creation and implementation
- Present plans for the future of the faculty-led student mentoring program

Biography

Jill Johnson is an Assistant Professor of Nursing at Utah Valley University. She has worked for many years in the clinical environment with nursing experience in labor and delivery, Life Flight, pediatrics, emergency medicine, med-surg, ICU step-down, and oncology, as well as various specialties in simulation. She currently teaches courses in aging, simulation, women/children, and palliative care. Research interests include student mentoring, simulation, compassion fatigue in caregivers, emergency management and mass casualty response planning. She completed her MSN at Utah Valley University, and bachelor's degrees in nursing from Colorado State-Pueblo, and in English from Kansas State University.



Stephanie Dunn is an Assistant Professor at Utah Valley University. She has clinical experience in pediatrics, women's health, and intensive care. Stephanie earned her BSN from Regis University. While working in the clinical setting, Stephanie obtained her MS in Healthcare Informatics from the University of Colorado at Denver. She worked as a nurse informaticist before returning to school at the University of Utah. She subsequently earned her DNP and is a certified Pediatric Nurse Practitioner. She is passionate about helping students progress through their nursing education with confidence, skills, and the knowledge to be an exemplary nurse!



Halie Hansen is an Assistant Professor at Utah Valley University within the Department of Nursing. She has accumulated nursing experience in various areas of patient care including labor and delivery, mother/baby, well newborn nursery, and special care nursery. Her years of nursing service include roles in education and leadership as both a clinical nurse shared leader and nurse educator. Halie completed a Master of Science degree in Nursing Education from Utah Valley University.



Robert Thorn, MBA, FACHE

Advisor, Thaxton Leadership, Portland, Oregon, United States of America

Nursing workforce succession planning is planning for success

One in five hospital CEOs leave their positions every year. In rural communities, turnover is even higher. Yet, that is only the tip of the iceberg, as nurses' and other key staff turnover rates are greater than one out of four, with critical care and emergency nurses approaching one out of three. However, only about half of the hospitals in the US have a succession plan at any level of the organization. In this presentation, audience members will learn and understand causes of turnover, how turnover has been affected by the pandemic, how it snowballs to other levels in the organization, and ways succession planning can help to not only manage turnover at all levels, but to reduce it.

Citing data from a variety of research studies and using the story of "The Art of Racing in the Rain" to illustrate organizations facing challenges caused by staff turnover, the presentation will discuss the place where races are won and lost: In the "curves". Curves are often unplanned and unseen – waiting until one is in the middle of a curve is not the time to try to navigate it. The same goes for staff resignations. If organizations react hastily and take them too fast, they can lose control, spin out and stall. If they react too slowly, others can surely pass them by, leaving the organization in a worse position. However, by following three simple steps and planning in advance, organizations can anticipate and navigate these "curves", coming out of the other side in control of their speed, direction and momentum towards the future. By focusing on the future through sound organizational succession planning, the right person will be placed in the right role at exactly the right time, keeping the organization moving forward.

Audience Take Away Notes

- Identify the root causes of turnover (Hint: It isn't always about the money)
- Learn how much staff turnover can cost an organization in terms of dollars, employee and medical staff engagement, and community confidence
- Understand how changes in leadership can ripple to all levels of the organization
- Understand what a succession plan can do to manage AND prevent turnover at all levels
- Learn three simple steps any organization can use when facing a change in key roles, and how to keep it from spreading throughout the organization

Biography

Robert Thorn, MBA, FACHE, serves as an advisor to hospital boards, executives and clinical leaders, helping them identify strategies to ensure organizational success. A former hospital administrator, Robert has held C-suite positions for both large and small healthcare organizations and networks and has specific expertise in guiding organizations through loss of key staff. Robert received his Bachelor of Science degree from California Polytechnic State University, and his MBA from National University; and, he is a Fellow of the American College of Healthcare Executives. He is a frequent speaker at state and national conferences on matters posing challenges to healthcare organizations.



Canzan Federica*, Elisa Ambrosi

Department of Diagnostic and Public Health, University of Verona, Verona, Italy

Why do nursing students leave bachelor program? Findings from a qualitative descriptive study

Background: Over the past few years, the phenomenon of "nursing student attrition" has been unevenly studied. Investigators often focused on independent predictors as age, family obligations, final grade of high school, demanding physical and mental workload and others. Specifically, just a few studies applied qualitative methods to better comprehend the very needs of first year students enrolled in a Bachelor's Degree in Nursing Sciences (BSN), to sustain their learning process and define effective strategies to reduce student drop-out.

Methods: We conducted a qualitative descriptive study. Thirty-one nursing students at Verona University were interviewed using a semi-structured guide. Data analysis was performed according to a descriptive approach by Sandelowski & Barroso (2000).

Results: A total number of 31 students were interviewed. The most recurrent themes regarding the reasons behind BSN drop-out were: Understanding that they were not suited to be nurses, perception of missing/lack of psychological, physical and practical resources needed to successfully cope with both nursing school and the nursing profession, inconsistencies between the image of the profession and the reality of the job, feelings of disappointment for the experiences of internship, perceived lack of support from the clinical teacher while going through difficult experiences.

Conclusions: We can consider a part of these drop-out decisions normal, even physiological when students come to realise that they are not suited for the nursing profession. However, it's important to guide nursing students with adequate counselling in order to give them the essential tools to cope with the training and the future as health professionals.

Audience Take Away Notes

- It is relevant for educators having insight on the perspectives of nursing students involved in the phenomenon of attrition. This knowledge leads to develop some strategies that may prevent this phenomenon
- The audience will try to figure it out and discuss how deal whit the nursing student's attrition phenomenon
- Using a qualitative perspective was essential to capture the deep perspectives of the students

Biography

Federica Canzan PhD, MS, RN. She is an Associate Professor from 2020. Federica earned a PhD in Educational Research from the University of Verona, the Master's Program in Nursing Sciences at the University of Verona in November 2009 obtaining a full positive evaluation. She worked as a Registered Nurse from January 1999 until December 2002 in the Surgical Unit at Verona Hospital, and from December 2002 to May 2009 in the Intensive Unit of Cardiac Surgery. She is associate editor of BMC nursing. Federica's primary research interests are in nursing education; caring; learning environment, caring and evidence-based nursing. She is focused both on qualitative and quantitative research methods.



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Effectiveness of a multi-layer silicone-adhesive polyurethane foam dressing as prevention for sacral pressure ulcers in at-risk in-patients: Randomized controlled trial

Objective: To study whether a multi-layer, silicone-adhesive polyurethane foam dressing shaped for the sacrum prevents Pressure Ulcers (PUs) development in addition to standard PUs preventive care for high-risk hospitalized patients.

Design: Open-label, parallel group, multi-center randomized controlled trial.

Setting: 25 medical, surgical, and intensive care units of 12 hospitals (three Research Institutes, three large-size teaching hospitals and six small-size to large-size public general hospitals), Italy.

Participants: 709 in-hospital patients at risk for PUs. 351 were randomized to a sacral multi-layer silicone-adhesive polyurethane foam dressing and 358 to standard PUs preventive care.

Interventions: A multi-layer silicone-adhesive polyurethane foam applied to the sacrum in addition to standard PUs preventive care (intervention group) or standard preventive care alone, including systematic PU risk assessment, skin assessment three times per day, routine positioning every 4 hours, use of active support surface as appropriate, incontinence skin care (control group).

Main Outcome Measurements: Primary outcome was incidence of sacral PUs of any stage at seven days from hospital admission. Secondary outcomes were incidence of sacral PUs \geq II stage, number of days needed to PU development, number of skin adverse events due to the foam dressing, number of dressings used for each patient, number of withdrawing patients due to discomfort caused by the foam dressing. Participants were evaluated at baseline and at seven days.

Results: Overall, 46/358 (12.8%) controls and 17/351 (4.8%) in the intervention group developed sacral PUs ($p < 0.001$; absolute PUs reduction 8%; number needed to treat (NNT) for benefit 12.5, 95% CI 8.2 to 25.8). In patients admitted to medical units, 15/113 controls and 4/118 in the intervention group developed sacral PUs ($p = 0.010$; absolute PUs reduction 9.2%; NNT for benefit 10.9, 95% CI 6.2 to 44.2). In patients admitted to surgical units, 21/144 controls and 8/142 in the intervention group developed sacral PUs ($p = 0.010$; absolute PUs reduction 8.9%; NNT for benefit 11.2 95% CI 6.3 to 48.8). PUs incidence was not significantly different between the randomization arms (5.2% experimental vs 10.4% control, $p = 0.141$) in patients admitted to intensive care units. Incidence of sacral PUs \geq II stage did not differ significantly between the two groups. In the intervention group, no adverse skin reactions and discomfort attributable to the foam application were reported. Mean number of dressings used to ensure 7 days of treatment was 1.7 dressings per patient.

Conclusions: A sacral multi-layer silicone-adhesive polyurethane foam in addition to standard PUs preventive care is effective for PUs prevention in high-risk hospitalized patients admitted to medical and surgical units. The evidence of the effect of the use of foam dressing in patients admitted to intensive care units was inconclusive.

Audience Take Away Notes

- In the last decades, a growing interest in the use of advanced wound dressings, in particular of silicone-adhesive polyurethane foam dressings, as a PUs preventive strategy has been reported
- Existing evidence on the effectiveness of silicone-adhesive polyurethane foam dressings pertains mainly to critical care patients, yet robustly designed studies on other patient populations are lacking
- Silicone-adhesive polyurethane foam dressings are effective in preventing the development of sacral pressure ulcers in high-risk patients admitted to medical and surgical units

Biography

Elisa Ambrosi is Associate Professor at the Department of Diagnostics and Public Health of the University of Verona. She completed a PhD in Education at the University of Verona (Italy). She lectures in Evidence Based Nursing and Qualitative Research Methodology both at undergraduate and graduate courses. She is a member of the Italian Society of Nursing Sciences and an Associate Editor of the international journals "BMC Nursing" and "PlosOne". She has published extensively on nurse caring, nursing sensitive outcomes and workforce issues.



Louise Kelly^{1*}, Mary Byrne², Sean Humphry's³, Maeve Murphy⁴, Derek Hayden⁵

¹Registered Advanced Nurse Practitioner, Age Related Assessment Unit, Tallaght University Hospital, Dublin, Ireland

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An age related acute medical unit – Creating an age-attuned model of acute care

Background: Multi-morbidity increases with age and older adults are more likely to present to acute hospital services with complex health states/Geriatric syndromes. For people with underlying physical or cognitive illnesses, these issues can be compounded by the built environment of acute hospitals. Meeting the needs of a growing frail older population is a key challenge for acute hospital services.

The main aims of this development quality improvement project were to create a dedicated Age-related acute medical unit using the concept of universal design and with dedicated Gerontological staffing including a Registered Advanced Nurse Practitioner (RANP) in Gerontology.

Methods: A project team was convened with representation from Geriatric nursing, Geriatric Medicine, Health and Social Care Professionals (HSCP), Estates, Technical services and the executive management team. An appropriate area was identified on the acute floor which was co-located with a newly developed Acute Medical Unit. Using a universal design approach, a 4-cubical Age Related Assessment Unit (ARAU) including a dedicated multidisciplinary assessment room was created. The role of the RANP in Gerontology for ARAU was developed to provide comprehensive geriatric assessment to older medical patients presenting to unscheduled care.

Results/Conclusions: Following the implementation of the ARAU there has been a 40% increase in the number of unscheduled older patients (>65's) assessed in the Acute Medical Unit (Q1 2019 to Q1 2023). Operating within a defined scope of practice, the RANP in ARAU/AMU provides advanced specialist geriatric nursing skills and knowledge allowing for the identification of medical, psychosocial and functional needs of older adults for older adults who present to unscheduled care with common geriatric syndromes.

Audience Take Away Notes

- The impact of attending unscheduled care on older adults and their underlying comorbidities
- The positive impact of applying dementia friendly design to a dedicated ARAU
- The positive impact of an RANP in Gerontology lead service in unscheduled care

Biography

Louise Kelly commenced her nursing training in 2000 in Tallaght University Hospital (TUH) and Trinity College Dublin (TCD). Throughout her nursing career she has worked predominantly on the acute floor/unscheduled care setting. She has completed a post graduated diplomas in emergency nursing (2009) and gerontology (2016) in TCD, a masters in nursing (2019) through Royal College of Surgeons Ireland (RCSI) and most recently completed her post graduate diploma in advanced practice/prescribing (2022) via TCD. She is currently based in the newly established Age Related Assessment Unit (ARAU) on the acute floor of TUH, the first unit of its kind in Ireland. Louise was awarded The Mary O'Connor Award for Excellence in Emergency Nursing in 2021 for her work on pressure ulcer detection and prevention in emergency patients. She has presented at the Irish Gerontology Society and the All Ireland Integrated Care conferences and is the nursing lead for the National Frailty Education Programme for TUH and its community health area.



Claire Noonan^{1*}, Dr. Michael Dowling², Dr. Josephine Soh², Dr. Aoife Fallon², Professor SP Kennelly³

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Advanced nurse practitioner - Supported nursing home liaison service

Nursing Home Residents (NHR) are the frailest group of older people in society and require a gerontologically attuned approach to address multiple challenges presented to the practitioner.

In 2018, we commenced an Advanced Nurse Practitioner (ANP) specialist liaison service with bespoke comprehensive geriatric assessment to support NHR admitted a tertiary referral university teaching hospital. Given the impact of COVID-19 on NHR in particular, this service was expanded to include a consultant physician and specialist registrar in geriatric medicine, when full care of NHRs came under geriatric medicine services. This also includes a two-week post-discharge virtual clinic with Nursing Home director of nursing and/or GP.

Methods: Information on all NHRs attending a tertiary referral university teaching hospital was collected from 2018-2023. Data on demographics, presenting complaints, CGA assessment, and outcomes on length of stay, emergency department recidivism, and mortality were collected. Impact on clinical outcomes of liaison care versus full geriatric medicine care are presented in this abstract.

Results: As result of the enhanced care model where full inpatient governance came under the geriatric medicine services we observed:

- Readmission rate 37% (2018) vs 12.7% (2021).
- Reduction in Length of Stay from 2018-2021 from 11%-10%.
- Halved the overall bed-usage days from 2018-2021.

Conclusion: The high complexity of this cohort of patients requires a timely, comprehensive gerontological approach in order to provide holistic care. Better care with CGA embedded also translates to better use of acute hospital resource.

Audience Take Away Notes

- How to develop a nurse led service to ensure nursing home residents receive appropriate direct gerontological care while in the acute hospital to cater for their specific needs
- This service is specific to nursing home residents care to enhance their journey through the acute services. it has grown and developed to reflect a true hospital without walls ensuring the resident get the right care in the right place at the right time
- The importance of having specific pathways for older people in an ageing population

Biography

Claire training in general nursing in Tallaght University Hospital (TUH) and Trinity College Dublin (TCD). Claire has completed a Post Grad diploma in Gerontological Nursing (2016) TCD and Masters in Advanced Practice (2010) in Trinity College Dublin. Currently Registered Advanced Nurse Practitioner in gerontology based in acute services. As part of her role as RANP, she development the first nursing home liaison services within Tallaght University Hospital, to provide mainstream medical and emergency care to all nursing home residents admitted to acute services. She has

presented at the Irish Gerontology Society and the All Ireland Integrated Care conferences and is currently sitting on multiple national working groups aimed at improving healthcare for older people in Ireland. She is committed to continued professional development and improving the healthcare experience for older people by providing evidence based best practice and continuity of care. She have been involved in various research projects and publications.



Immaculate Ndango Nyonka*, Prof. Penelope Martin

Faculty of Community and Health Sciences, University of the Western Cape,
Cape Town, Western Cape, South Africa

Parents perception of nursing support in neonatal intensive care units in private hospitals in the Western cape

Parents undergo negative experiences that include parental anxiety, depression, and posttraumatic stress when their new-born babies are hospitalized in neonatal intensive care unit. During this stressful period, parents need assistance from staff in order to cope.

A quantitative, descriptive survey design was used to describe parents' perception of nursing support during their baby's admission in Neonatal Intensive Care Units (NICU) at three selected private hospitals in the city of Cape Town in the Western Cape Province. A structured existing 21- item Likert type questionnaire, the Nurse-Parent Support Tool (NPST) was used to collect data from an all-inclusive sample of 85 parents with a response rate of 78.8% (n=67). The purpose of the questionnaire was to determine their perception of information giving and communication by nurses; emotionally supportive behavior's by nurses; care given support or instrumental support and to identify parents' perception of esteem or appraisal support while in the NICU environment. The data was analyzed using Statistical Package for Social Sciences (SPSS) version 24. The findings of this study suggested that the overall mean score for parents' perception of nursing support was high 4.6 (± 0.5) out of a possible of 5. There was no significant difference in the overall mean perceived support score between the different facilities. No significant differences were found in terms of all the demographics characteristics with regard to perceptions of the support that was received, thus indicating that there was no relationship between the demographic variables and perception of support. The findings suggested that though high parental support was reported, the area of involving parents in the care of their babies i.e. letting them decide whether to stay or leave during procedures need improvement.

Audience Take Away Notes

- This study sheds light on some of the challenges parents face when their babies are admitted to the NICU and will further highlight the type of support made available to them by nurses during this critical period. This study will recommend possible solutions to problems identified
- The findings of the study may assist nursing education institutions to orientate studied towards better training for the neonatal nurse
- Lastly, findings from the study may assist policymakers to develop policies that render support to parents of babies during their admission at the NICU

Biography

Immaculate Ndango Nyonka is a RN in South Africa; she completed her nursing degree at the University of Western Cape since 2010. In 2019, she obtained her Master of Nursing Science in midwifery and neonatal nursing science at the University of Western Cape. She is currently working as a registered nurse in Neonatal Intensive Care Unit (NICU) since 2014 at Netcare N1 City Hospital in Cape Town South Africa.

16-18^{OCT}

DAY 02

WORKSHOP



7TH EDITION OF
**NURSING WORLD
CONFERENCE**



Nguyen "Tom" Griggs, Ed.D.

Owner, Lead Connect Grow LLC, Houston TX, United States of America

Personal defense & security tactics for healthcare workers

The personal defense session teaches participants to deal with instances where patients or family members may become violent, attack them or need safe restraining. The techniques are based on physical space (proximity), leverage, physiology and psychological awareness. The methods focus on allowing participants to escape from or restrain patients while not creating undue harm or injury. Specifically, we will focus on releasing from grabs, holds and chokes and how to use clothing as a self-defense tool. All techniques are based on Japanese Jujitsu, focusing on having maximum effectiveness by doing minimal harm.

Audience Take Away Notes

- Provide physical and psychological safety techniques for participants
- Demonstrate a variety of verbal and spatial awareness components in potentially dangerous settings
- Empower healthcare workers and students concerning their safety, well-being, and situational control
- Discuss verbal and non-verbal communications cues in de-escalation situations

Biography

Nguyen "Tom" Griggs Ed.D. is a leadership, conflict management, and self-defense trainer. Tom has worked with corporate, education and non-profit clients over the past decade. Recently, he has focused his efforts on teaching healthcare worker safety, de-escalation techniques, and working with security. He founded Lead Connect Grow LLC in 2014. Tom was featured on the cover of MA Success magazine in May 2018 and subsequently wrote a leadership column for the next 2 years. He's appeared on TV and podcasts about using Japanese Jujitsu principles for interpersonal settings and healthcare safety.

16-18^{OCT}

DAY 02

POSTERS



7TH EDITION OF
**NURSING WORLD
CONFERENCE**



Doreen A. Callaghan^{1*}, EdD, MSN, RN, Cynthia O'Sullivan², PhD, MSN, APRN, FNP-BC

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²Davis and Henley College of Nursing, Sacred Heart University, Fairfield, Connecticut, United States of America

The status of simulation utilization in long-term care settings in the USA: Opportunities for nursing education

Long-term care settings in the United States are charged with the provision of quality care to those it serves. A means to enhance the existing delivery of care services rendered is to adopt educational strategies such as simulation that have been proven to improve outcomes. The purpose of this non-experimental, exploratory, descriptive correlational study design was to explore the current status of simulation utilization in long term care (LTC) settings to determine their organizations' readiness to adopt this innovative technology.

Of the 52 respondents completing the survey, (73%) reported they did not use simulation. Of those who did, manikins were the predominant modality (57.14%). Other modalities used less frequently included task trainer, standardized/simulated patient, hybrid (each 35.71%), computer-based virtual reality (28.57%), and haptic (7.14%). The top three content areas included basic nursing skills (78.5%), followed by person-centered care and skin/wound management, while medication management, pain management, geriatric syndromes, and end of life care were the least reported simulation content areas.

The Simulation Culture Organizational Readiness Survey (SCORS) instrument with modifications was used to capture the key tenets of organizational readiness. The Total Overall SCORS-M Score mean of 87.49 (range of 42-indicated that LTC settings were "Somewhat" ready to adopt simulation. The Directors of Nursing Services (DONs) in LTC settings from the South perceive their organizations to be more ready to adopt simulation compared to the Northeast region. The South appeared to score higher in Section A. "Defined Need and Support for Change" than the Northeast and West regions. The Northeast appeared to score lower in Section B. "Readiness for Culture Change" than the West and Southern regions. Perceived access to Academic Healthcare Institutions for collaboration was reported as low, with 35% reporting "Not at All," 35% reporting "A Little," and only 9% reporting "Very Much."

The findings of this study identified the current status of simulation utilization in LTC settings in the United States and quantify Directors of Nursing Services perceived overall readiness to adopt simulation. The results of this study highlight an opportunity for simulation collaboration and the building of partnerships with nursing academic institutions. A call for further research to examine the current state of simulation utilization on a broader scale is warranted.

Audience Take Away Notes

- Describe the current state of simulation utilization in LTC settings in the United States
- Identify the extent a defined need to adopt simulation-based education exists in LTC settings
- Recognize if readiness for a culture change in support of simulation-based education exists in LTC settings
- Identify how Directors of Nursing Services in LTC settings rate their organizations' readiness for simulation-based education integration

- Identify opportunities for collaborative simulation-based education activities between LTC settings and academic nursing institutions
- A call for further research to examine the current state of simulation utilization on a broader scale to enhance outcomes and potentially improve the quality of care rendered to those residing in LTC settings in the United States is warranted

Biography

Dr. Doreen A. Callaghan is currently the Department Chair of Nursing Program at Massasoit Community College in Brockton, Massachusetts, USA. She earned her Doctorate of Education in Nursing at Southern Connecticut State University, a MSN from the University of Phoenix and a BSN from Northeastern University. She has over twenty- five years of diverse nursing experience with the last decade focused on nursing simulation and education. She obtained a certificate of achievement in Clinical Simulation from the University of Southern Indiana and a Healthcare Simulation Educator certificate from Saint Anselm College. She is a member of the Sigma Theta Tau International Honor Society of Nursing, the International Nursing Association for Clinical Simulation and Learning, and the Society for Simulation in Healthcare.



Camron Young*, BSN, RN, SCRNP, **Liz Reeck***, BSN, RN, SCRNP,
Taylor Hagador*, MSN, RN, CNL, SCRNP

Atrium Health Cabarrus, Stroke Navigator, Concord, NC, United States of America

Improving stroke patient outcomes through care coordination and management of the healthcare transition

As a team the Stroke Navigators (SN) work to improve stroke patient outcomes and minimize hospital readmissions. The SN has a multifaceted approach to eliminate disjointed care during hospitalization through transition into the outpatient setting. SNs work as part of an interprofessional team by communicating with providers, specialists, case managers and therapy to help identify patients getting the right care, at the right time, in the right setting. Providing individualized bedside education to the patient and family, the SNs meet the patients' needs of understanding their stroke risk factors and recovery plan of care. Once discharged from the acute setting SNs attempt to reach patients post discharge at the 48hr and 30-day mark to reiterate education, ensure no barriers to plan of care have been encountered and to address any questions or concerns from the patient and family. SNs also ensure appropriate follow up with Stroke Clinic, PCP (Primary Care Provider) and/or Transitions Clinic are scheduled, and patient is aware. At the time of discharge, the SN sends a referral to the mobile integrated health team to assist in the transition of care following discharge. In the 4th quarter of 2022, readmission numbers no longer met our O/E goals that were previously reduced from 2021. In this presentation, the audience will learn how the SNs adjusted workflow to meet the identified gaps in care for the stroke patients. The primary objective is to decrease hospital readmissions; the secondary objective is to increase utilization of community resources available to patients. In the beginning of 2023, the SNs adjusted their inpatient coverage allowing for bedside rounding to increase throughout the patient's acute stay. This allows for establishing relationships with patients and family and an increase in individualized bedside education sessions. The SNs goal is for the patient and family to recognize the SN as a resource, as needed, once discharged from the hospital. Previously, the SNs referred patients from only one local county to the Mobile Integrated Health (MIH) program. In March 2023, the MIH program expanded to cover multiple counties to include more of the stroke patient population. Along with the MIH program expanding, those patients with complex medical needs are eligible to be followed by the transition care services. The SN has put an increased emphasis on referring appropriate patients to this service. Through these countermeasures the SNs strive to meet the readmission goal of O/E 1.032, with a target condition of 4 or less readmissions per month. Through this presentation the SN will share with the audience the value of having dedicated nurse navigators alongside bedside nurses to help manage care coordination as well as the transition of care to aide in the improvement of effective, safe and efficient healthcare provided to all patients.

Biography

Camron Young has been a registered nurse for over 10 years. She obtained her Bachelor of Nursing degree from the University of North Carolina at Charlotte. She has spent her entire career in the neurological field in different nursing capacities expanding from critical care to patient care navigation. She was one of the first nurses to obtain her Stroke Certified Registered Nurse (SCRNP) certification in its founding year. She is passionate about assisting a patient from their initial stroke diagnosis through their rehab and recovery process.



Liz Reek has been a registered nurse for 9 years, working in neurology her entire nursing career. She obtained her Bachelor of Nursing degree from the University of Charlotte - Wilmington. She obtained her Stroke Certified Registered Nurse (SCRN) certification in 2018 and transitioned from bedside nursing into the patient care navigator position. She continues in the navigator role where she provides individualized care and guidance for stroke survivors and their families.



Taylor Hagadorn has been a registered nurse for over 10 years. She earned her Master of Science in Nursing from Queens University of Charlotte. Taylor has obtained her Clinical Nurse Leader (CNL) and Stroke Certified Registered Nurse (SCRN) certifications. During her career Taylor has worked in a variety of healthcare specialties, most recently working with stroke patients for the past 5 years. She has the desire to promote evidence-based practice while considering the individual needs of patients.

**Kristyn Melsenti*, MSN, RN, SCRN, NPD-BC**

Yale New Haven Hospital, New Haven, CT, United States of America

EMR handoff and PACU pause increases perioperative patient safety

Brief Description: We explored concepts of high reliability between perioperative disciplines by incorporating a surgical patient handoff tool that builds in "real time." The tool starts building in the pre-operative phase of care, into the operating room and eventually into the post-anesthesia care unit or intensive care unit, ultimately delivering care continuity.

Purpose: Handoff communication is a Joint Commission National Patient Safety Goal. Ineffective communication between healthcare providers can lead to sentinel events and may be the reason for errors in healthcare. Using an embedded EMR report may lead to improved communication.

Relevance/Significance (Why): OR handoff is pressed to achieve stringent turnover times resulting in dissatisfied receiving RNs and unsafe patient care outcomes. Poor handoffs have led to strain in OR and PACU relationships. Verbal bedside report isn't sufficient enough for a safe handoff. Rushing to write down report leads to miscommunications and hesitancy to ask questions. Implementation of efficiently built EMR based tool in conjunction with PACU pause will increase nurse concentration and improve patient safety.

Strategy/Implementation/Methods (How): Implementation of efficiently built EMR based handoff that can pull in information from the chart will save time and relieve pressure of rushed handoff at bedside. This quality improvement initiative will have a focus on safety before efficiency. Anesthesia providers can have more efficient continuity of care for provider turnover and break coverage within a single case. A pilot was conducted in North PACU, which has a mix of ambulatory and in-patient cases. The tool was utilized by staff and a survey was collected for feedback.

Evaluation/Outcomes/Results (so What): The tool was optimized to follow handoff workflow, the tool bridges gaps in communication from the pre-operative phase of care through perioperative disposition. We have seen an improvement in the relationships between Anesthesia and PACU staff, anesthesiologists have been able to provide more efficient continuity of care during case coverage and handoff. We have seen a reduction in our "transitions of care" risk level matrix, and overall, an increase in the management of the PACU patient.

Conclusions/Implications (and Now): YNHHS staff survey revealed gaps in communication between disciplines and phases of care. Incorporating an electronic handoff tool has bridged gaps in communication for perioperative patients; leading to positive patient outcomes, safer handoffs and strengthened interdisciplinary relationships.

Biography

Kristyn Melsenti is the Nursing Professional Development Specialist for Yale New Haven Hospital Pre-Op and Post-Anesthesia Care unit. She is an active member of ASPAN and local CSPAN organizations. Serves as evidence-based practice mentor for Perioperative Nursing Professional Governance and hold professional Stroke certification. Kristyn is co-founder of PACU documentation charter and Perioperative leaders across Yale Health System. She collaborates

across multiple disciplines to improve quality and safety of patient care for surgical patients. She has been published for her work on fall reduction within inner-city community hospital settings. Kristyn is a graduate of Seton Hall University with her Masters of Science in Nursing (MSN, 2012), (RN, 2011) co-founder of “Leaders in Healthcare” which is still currently practicing in community outreach at Seton Hall University in New Jersey.

**Jensen L. Mattar^{1*}, Christine A. F. Bell², Erin R. Pearson³, Ruijia Niu⁴**

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Measuring the effects of aromatherapy on antiemetic use in a total joint arthroplasty population

Background: Despite significant advances in medical/surgical treatment and anesthesia methods, Postoperative Nausea and Vomiting (PONV) is one of the most common complications of surgical patients. In the orthopedic setting specifically, PONV is one of the most common causes for delayed ambulation and prolonged hospitalization. Antiemetics have long been utilized as standard treatment; however, they come with their own risk of adverse side effects. Aromatherapy has been studied extensively for treatment of nausea; however, evidence for use of aromatherapy in adult orthopedic patients who are experiencing PONV is lacking.

Purpose: To evaluate whether the use of aromatherapy as a complementary intervention for PONV could decrease the number of IV doses of antiemetic given per patient during hospitalization.

Methods: A quasi-experiment research design was used on one inpatient unit of an urban orthopedic hospital. One-hundred charts were retrospectively reviewed to establish a control group (n=100). A total of 199 subjects were included in this study. Inclusion criteria for both groups included age 18 or older, primary Total Knee Arthroplasty (TKA) or Total Hip Arthroplasty (THA) performed under spinal anesthesia, and treated with at least once dose of intravenous anti-emetic medication during their hospitalization. For the aromatherapy group, an additional inclusion criteria was agreeing to use aromatherapy for treatment of PONV. Exclusion criteria was any allergy to fragrances in general or declination of offer to participate. Student t-test was used to compare age, Fisher's Exact Test was used to compare smoking use, Pearson Chi-square Test was used to compare all other categorical variables and linear regression was used for adjusted analysis.

Results: A total of 199 total hip (57.8%) and knee (42.2%) surgical patients aged 64.8 years (range: 40-82) and majority women (86.4%) were enrolled in the study. Groups were similar in regards to demographics and risk factors. The two groups had no statistically significant difference on ondansetron usage (p=0.38) and metoclopramide usage (p=0.78) between groups, even after adjustment for confounding factors. Patient reported post-aromatherapy nausea level was significantly lower than the baseline nausea level (n=93; p<.001).

Conclusion: Many patients are hesitant to try new medications in the hospital, even if nausea and vomiting is significantly impacting their recovery. However, PONV can lead to delays in ambulation and participation in physical therapy- a key driver in total joint replacement outcomes. In this study, aromatherapy usage did not decrease usage of anti-emetic medication in the orthopedic setting. It is possible that the change in dosage between the two groups was so minute that the sample size was not large enough to detect a significant difference. Despite this, patients did report a statistically significant improvement in their nausea severity after using the aromatherapy pods. Aromatherapy remains a way for patients to self-manage their PONV after orthopedic surgery.

Audience Take Away Notes

- Understand the incidence of postoperative nausea and vomiting and its impact on surgical outcomes
- Learn about aromatherapy as a complementary intervention for postoperative nausea and vomiting
- Understand the impact of aromatherapy on patient satisfaction
- Gain knowledge regarding the utilization of aromatherapy that could potentially optimize outpatient primary total joint arthroplasty outcomes

Biography

Jensen Mattar BSN, RN, ONC is a Clinical Practice Nurse IV at an orthopedic specialty hospital in Boston, Massachusetts. Jensen graduated from the University of Massachusetts Amherst with a Bachelor of Science in Nursing and holds her Orthopedic Nurses Certification. Jensen has nearly 11 years of experience as a nurse in inpatient orthopedics and currently serves as co-chair of the Nursing Research Council at her facility. She has previously served as co-chair of her Unit Based Council, enjoys precepting nursing students, and mentoring coworkers who are exploring nursing research.



Elanne A Bueno, DNP (C), MSN, RN

Nursing Education, Regis College, Weston, MA, United States of America

Refining nursing students' success

Problem Statement: Anxiety is known to interfere with nursing students' academic life. Nurse educators are challenged to develop new teaching strategies to support nursing students' educational success.

Purpose: This project aims to assess and implement new teaching strategies, to reduce nursing students' anxiety and improve overall skills performance.

Methods: A quantitative-experimental mixed study using Kolb's Experiential Theory was conducted among first-year ADN nursing students in a two-year associate nursing degree program and one-year accelerated nursing program. Thirteen participants was selected for the intervention group, where the data were collected from February to March 2023 using Qualtrics software.

Inclusion Criteria: The inclusion criteria for participants were in the first year of the ADN program and first-time nursing students who spent non to half-year in clinical practice. The exclusion criteria for participants were based on students who met the requirements but had not enrolled in the study during the allowed recruitment time. And the students who refused to sign informed consent or violated the study terms and conditions before the study began.

Analysis: Findings suggested that nursing students can benefit from the proposed intervention as it increases knowledge, satisfaction, and self-confidence, which ultimately decreases anxiety.

Implications for Practice: The literature review shows that nurse educators play a crucial role in facilitating learning and are the key to nursing students' achievements during their academic years. The scholarly project findings will assist the community in promoting well-prepared nurses for a demanding healthcare industry.

Keywords: Nursing, Nurse, Nursing Students, Nurse Educator, Anxiety, Anxious, Academic Success, Educational Performance, Simulation Skills, High Fidelity Simulation.

Audience Take Away Notes

- Help students demonstrate proper skills practice in a safe environment, free of bias and stress
- Help students practice safe, evidence-based nursing care
- Help students develop self-confidence while performing skills practice
- It will allow the audience to use new strategies to support students' clinical success, improving their leadership and mentor skills. In addition, this experience could expand research by replicating the study to support the study's findings
- This teaching strategy helps nursing students to increase their self-confidence, which decreases anxiety and improves overall skills performance in the clinical setting
- It improve the accuracy of a design, or provide new information to assist in a design problem
 - o Aide in closing the gap between theoretical content and clinical learning

- o Promoting nursing students' learning
- o Increasing nursing students' satisfaction
- o Aide in nursing students' success
- o Supports educational innovation

Biography

Elanne A Bueno, a doctoral candidate, was born and raised in Brazil. She graduated in 2012 with an associate degree in nursing from St. Vincent's College; in 2018, she received her Master of Science in nursing education from SHU, and she is expected to conclude her DNP in August 2023 from Regis College. She is highly skilled, a Magnet Champion - Attended the Magnet Conference in 2018, and a key catalyst in developing a CNA Training Program as a pathway for new hires for SVMC. She is a nurse educator, sharing her knowledge and expertise with hundreds of students annually.



Kristen Edmunds*, Nicholas Archer*, Michelle Olshan-Perlmutter*

Atrium Health Behavioral Health Center, Charlotte, NC,
United States of America

They say it cannot be done: A nursing led initiative to change psychiatric ED triage procedures to improve patient care

Background: Psychiatric emergency room visits are often associated with long wait times, leading to agitation and dissatisfaction among patients, delay in care, some patients leaving without receiving care, staff frustration and increased cost. Research indicates that triage guidelines correlate with wait times and patient satisfaction. In the behavioral Health Emergency Room long wait times leads to a backlog of patients sitting in an already cramped and small waiting room, extended length of stay, sometimes leads to unintentional admissions due to patients becoming upset and acting out and some patients leaving before receiving treatment.

Method: A nurse led initiative in collaboration with Performance Excellence Center recognized the work duplication, unnecessary motion for patients, nurses, and providers, overprocessing low complexity patients leading to unnecessary wait times for all patients. Triage process was changed to create a sorting nurse to classify and expediate patients to low complexity versus high complexity patients who might require admission. Focused assessments were instituted as it was determined full assessment are not needed to determine disposition. The provider was placed in triage and the nurse jointly completed the assessment.

Results/Conclusions: Triage protocol nurse initiative was positive for decreasing length of stay metrics for low complexity patients and for patients who presented, requiring thorough assessment and admission to Observation unit. Door to discharge time decreased for low acuity patients by 25.3% from 245 minutes to 193 minutes. Door to admission to Observation unit decreased by 21.5% from 265 minutes to 208 minutes. In addition, the percentage of patients leaving without being seen decreased by 42%. In addition, pre and post survey on triage showed significant improvement and satisfaction with the new triage protocol.

Audience Take Away Notes

- Identify how to make systems change by addressing concerns or challenges involved in implementing nursing initiative to change triage procedure
- Explain how mainstreaming triage enables nurses to recognize early warning signs that require immediate attention and provide appropriate interventions
- Summarize the benefits of mainstreaming triage protocol: reduce wait times, decrease patients leaving without being seen, improve staff satisfaction
- Discuss ways this process can be incorporate in a medical focused emergency department
- Discuss strategies and solutions to address concerns with changing procedures, such as engaging staff in the change process, staff training and interdisciplinary collaboration

Biography

Kristen Edmunds received her ADN in 2013 and obtained her BSN in 2015. She obtained her psychiatric certification in 2017 and has worked within the psychiatric field of nursing for 10 years. Within her time in psychiatric nursing, she has worked in both inpatient and Emergency Department settings. Currently, she is a supervisor in the Behavioral Health Charlotte Emergency Department and is involved with several quality improvement projects to improve ED processes.

Michelle Olshan-Perlmutter received her MS and Psych Mental Health Clinical Nurse Specialist certification in 1985. In 2005 she did a post graduate certification as a Family Nurse Practitioner. She has 22 years' experience as a psychiatric clinician, educator, and researcher. She has 6 publications and has been involved in numerous quality improvement projects.

Nicholas Archer is the current Nursing Manager over the Behavioral Health Emergency Department and Observation areas. He possesses his MSN in Nursing Administration and has 10+ years in the Behavioral Health field. He has implemented multiple Quality Improvement initiatives leading to hospital wide awards (Touch Stone).



**Sonia Mendez*, RN, MSN, Komal Patel*, RN,
PM ED**

Department of Surgery, North York General Hospital,
North York, Ontario, Canada



Clinical simulation and game-based learning: Teaching patient safety while promoting nursing competency

Nursing education is in constant evolution. Teaching methodologies are also evolving to match learning needs of new graduate nurses impacted by the pandemic. With limited clinical hands-on experience, new nurses entering the healthcare system, as well as educators are presented with unique challenges. Clinical simulation has gained increased popularity by way of delivering information in a controlled and safe environment. Furthermore, simulation became the methodology of choice in delivering education during the pandemic. To further promote nursing engagement, interactive information delivery, and quality of learning, gamification has become the latest method to improve engagement and knowledge retention. The use of clinical simulation and gamification encourages team-based collaboration, engagement, and enhanced learning while having fun.

In preparation for the annual Surgical Retreat Day for nurses in the inpatient General Surgery and Orthopaedic Surgery units, the clinical nurse educators of a community-based hospital developed a curriculum focusing on patient safety and nursing competency. With increased success rate of simulation coupled with gamification, clinical nurse educators developed the “This is an emergency” escape room to focus on patient safety protocols of the organization, with the emphasis on the falls prevention program and protected code blue (March 20, 2023: n=41, March 22, 2023: n=40, March 23, 2023: n=43). In small groups of 5-8 nurses, each group worked through a scenario concentrating on the elements of the falls prevention program and protected code blue. Ten clue cards were strategically placed throughout the room for nurses to complete in order to “escape” out of the room, in which the nurses were encouraged to work collaboratively to complete each task. Facilitators were present in the room to assist staff with questions and/or clarifications of clues. A debrief occurred once the groups had completed the game. A discussion amongst the group generated questions, role clarifications, and lessons learned from the simulated game.

Teaching methodologies in nursing have evolved over time. The use of simulation and gamification have demonstrated an excellent strategy with the promotion of patient safety and nursing competency while simultaneously improving collaboration and decision-making skills. The curriculum designed for the inpatient surgical units reinforced nursing knowledge and practical skills while learning in a fun and safe environment. Evaluation and feedback resulted in positivity with 98 % of respondents reporting excellent, 88% well done, 20% satisfactory with a total participant group of 124 nurses. While this simulation and gamification method was used specifically for nurses in the surgical inpatient units, the escape room clues and skill can be used and adapted to other members of the interdisciplinary team in a hospital setting.

Audience Take Away Notes

- Learn curriculum development strategies that are interactive and can be taught in a controlled setting where learners feel safe and supported to learn
- Educators learn innovative and dynamic teaching strategies that are inclusive to learners with diverse learning styles and expertise levels

- Simulation and game-based learning integrates knowledge and clinical skills for enhanced patient safety and increased nursing competencies
- The emphasis of applicability of case scenarios ensures transfer of learning occurs at different stages of the game, which is related to reinforcement and retention of knowledge

Biography

Sonia Mendez is a Clinical Nurse Educator for the Orthopaedic Surgery Inpatient Unit, Pre-operative Clinic and Post Anesthesia Care Unit at North York General Hospital. As part of the Professional Practice team, Sonia is committed to safe, quality and excellence in nursing practice. Significant contributions to nursing profession and patient care include co-lead of the Surgical Program for Accreditation 2021, redeployment education during the COVID-19 pandemic outbreak, and ongoing recruitment of new staff devising innovative education strategies and support. As a Clinical Nurse Educator for over 5 years earning a Bachelor of Science in Nursing from Ryerson University and a Master of Science in Nursing with specialization in Nursing Education from Aspen University, teaching and learning has been an integral part of my nursing professional career. A dedicated nursing leader highly regarded for collaboration and commitment to nursing care through evidence-based practice. Leverages strong communication and professional nursing practice to foster meaningful and trusting relationships with nurses, students, and the interprofessional team. Learner-centered leader, facilitator, and mentor who champions learner achievements while promoting a safe and positive learning environment who thrives in fast-paced, diverse, and research-oriented environment. With extensive surgical nursing background for over 12 years, promotion of nursing education to improve nursing practice is a passion to foster confidence, knowledge, and skills among nurses and members of the interprofessional team. As a leader with a strong academic foundation for teaching, a commitment to improve nursing education delivery through innovative and creative strategies and foster integration of research-based knowledge through nursing excellence for optimal patient outcome.

Komal is a Clinical Nurse Educator for the Day Surgery Unit, Inpatient General Surgery, and the Short Stay Unit at North York General Hospital. She is passionate about quality initiatives that enhance patient care and increase quality of life. Having been a nurse for 10 years and spent 7 of those years as a Clinical Nurse Educator, she has demonstrated the ability to provide diverse and culturally competent care to patients and families within the community. Her enthusiasm for nursing is evident in her willingness to collaborate with interdisciplinary members of the healthcare team to improve patient care guided by evidence-based research and practice. With her expertise in surgical nursing, she has co-facilitated many Quality Improvement Projects within the Surgical Program and has been a panel member for the same at various conferences. She has a passion for education and takes every opportunity to teach and aid her colleagues to implement the evidence based practices within their respective programs and/or hospitals within Ontario. As a member of the Professional Practice Team and a leader with a foundation in Education, she is committed to developing innovative educational curricula that are engaging for staff and targeted to ensure retention of information leading to excellence in nursing care and exemplary patient outcomes.



Cheryl Munroe

Pediatric Critical Care Unit, McMaster Children's Hospital, Hamilton Health Sciences, Ontario, Canada

Mission safety: The journey of a rapid response team

Background: Supporting nursing staff is key in supporting patient safety. With the staffing shortages, increased amount of junior staff, decreased resources and increased acuity of pediatric patients, in the moment nursing support options have become more challenging. This leaving patients at risk for delayed treatments or safety events.

McMaster Children's Hospital (MCH) has been a leader in providing tertiary level care to children across Southwestern Ontario since 1988. In recent years, the hospital has become a member of Solutions for Patient Safety (SPS)[™], a network of Canadian and American hospitals partnering together to promote patient safety to pediatric patients. In this poster presentation two initiatives which support efforts to maintain a culture of patient safety will be reviewed.

The first initiative will highlight our interdisciplinary pediatric rapid response team called the Pediatric Assessment of Critical Events (PACE) team. PACE is designed to bring critical care expertise outside the walls of the PICU to the bedside of children requiring "just in time" intervention, assessment and advanced critical care. The poster presentation will include examples of how the team supports safe care and offers mobile clinical support across the inpatient wards.

The second initiative is an education platform (SharePoint) called Planet PACE. The poster presentation will demonstrate how an RAO Advance Practice Nursing Fellowship was utilized to promote and enhance safety for pediatric patients at MCH. The poster will review how an improvement opportunity led to a SharePoint creation that was made available to all pediatric nurses as an enhanced form of clinical support. The goal of this project was to allow for collaboration and capacity building in order to best support a safety-first culture. This enhanced clinical support model has allowed for an online approach which is always available to MCH staff. The Rapid Response team continues to provide in person mentorship and coaching to pediatric nurses when identified by the RN as needed.

Objectives:

1. Describe how a clinical support option was utilized to ensure nurses always have access to the support required to safely care for their patients.
2. Describe how the creation of an online education platform option was used to enhance clinical support.
3. Demonstrate how a Rapid Response team can be utilized to better support patients, families and staff.

Significance: The usage of the PACE Team to help support patient safety has been imperative in supporting the staff within the Children's Hospital. The PACE Team received 538 clinical support calls in 2022 this is an increase from 310 calls in 2015 when clinical support began in. When pediatric nurses were asked to give feedback on the clinical support option they stated it was "the phone a friend option that allows them friendly assistance anytime of the day or night". In the same survey 92% of staff stated they had utilized the clinical support option.

The online clinical support option Planet PACE has had 3200 hits in the last year. Information is easily updated and added frequently as the request of staff or educators. Content creation also allowed an opportunity for staff to collaborate to and make content to add to the site. This has helped to ensure sustainability of the site. Supporting and empowering staff provides an opportunity for best care for all. The implementation of these clinical support services and tools has created an innovative clinical support option as no other Rapid Response teams presently practice this service in Ontario. Please join us to learn more about these exciting initiatives that collectively support staff development and foster a culture of safety across our organization.

Biography

Cheryl Munroe is a Pediatric Critical Care RN and PACE TEAM Lead. Cheryl has been working at McMaster Children's Hospital since 2004. Cheryl has been a Rapid Response RN for 12 years, PICU RN for 15 years and most recently joined the Critical Care Transport Team. Cheryl's Love of Nursing and ongoing learning can be demonstrated through the completion of her RNAO Advance Practice Nursing Fellowship. In her free time, Cheryl enjoys spending time with her two children and her puppy, Lou Lou, at the family cottage.



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Abortion and its correlates among female fisher folk along Lake Victoria in Uganda

Introduction: In Uganda, people living in fishing communities tend to engage in high-risk sexual activity which leads to unintended pregnancies that may end in abortions. Abortion has negative social, psychological, and medical impacts. We determined the frequency of abortion and its correlates among female fisher-folk along Lake Victoria in Uganda.

Methods: A cross-sectional survey was conducted among women aged 15–49 years from Kigungu and Nsazi fishing communities. Data were collected on sociodemographic characteristics, abortion, and family planning use. Associations between abortion and participant characteristics were assessed using logistic regression models.

Results: Of the 713 women interviewed, 36, 5% were pregnant and 247, 34.6 % were using contraception. Majority (600, 84.2%) of those interviewed reported ever being pregnant. Approximately 45% of the pregnancies were un-intended while a third of those who had ever been pregnant (195, 32.5%) reported having aborted before. Slightly over a third (247, 34.6%) reported currently using or ever using family planning. Women aged 30+ years were more likely to abort compared to those aged 15–29 years (aOR: 2.7; 95% CI: 1.23–5.91). Women who had living children were less likely to abort compared to those who didn't have any living child (aOR: 0.06; 95% CI: 0.01 – 0.17).

Conclusion: The rate of abortion among female fisher-folk in Uganda is substantial. Family planning use is still low and unintended pregnancies are common. Abortion risk increased with the age of the mother. Continuous behavioral change communication and optimization of family planning use are recommended to reduce abortions.

Audience Take Away Notes

- The audience can learn about the prevalence and correlates of abortion among female fisherfolk along Lake Victoria in Uganda. They can also learn about the factors that may contribute to the high prevalence of abortion among this population, such as limited access to contraception, limited knowledge of reproductive health, poverty, and cultural norms. Additionally, they can learn about the potential health risks associated with abortion and the need for improved access to comprehensive sexual and reproductive health services in the area
- The audience can use the information from the presentation to develop better programs and policies that focus on improving the health and well-being of female fisherfolk. Specifically, they can use the

information to increase access to contraception, improve reproductive health education, reduce poverty, and provide comprehensive sexual and reproductive health services. Additionally, the information can be used to create more targeted interventions and advocacy campaigns that address the needs of female fisherfolk in Uganda

- The information from the presentation will help the audience in their job by providing them with the knowledge to create more targeted interventions and advocacy campaigns that improve the health and well-being of female fisherfolk in the region. Additionally, other faculty could use the research to expand their research or teaching. The information can also provide a practical solution to a design problem by providing new information to assist in a design problem, such as improving access to contraception or providing comprehensive sexual and reproductive health services. Finally, the research can improve the accuracy of a design by providing more detailed information about the needs of the population

Biography

Francis is a clinical Research Nurse with Uganda Virus Research Institute under the HIV vaccine program limited. He holds a diploma in Nursing from Mulago school of Nursing and is completing his bachelor of science in Nursing from Mbarara University of science and technology this year. Francis is a District Rotaract Representative for Rotary international district 9214 that covers Tanzania and Uganda. He is an energetic and proactive youth who is passionate about research and ready to leverage the research knowledge and skills. He is a co-author on four papers published in peer reviewed journals.

**Patrice D Amato, MS, RN**

Independent Nurse Author and Speaker, *The View from the Clinic: One Nurse's Journey in A*
Philadelphia, PA, United States of America

Abortion nursing: Deepen your understanding of this critical specialty

Despite the fact that nearly 1 in every 4 American women have had or will experience an abortion in their lifetime, abortion care is rarely if ever discussed or taught in nursing. There is a dearth of information being shared in medical and nursing school curricula as well as in continuing professional education.

As a result, most nurses are ill-prepared to care for, educate, and support women and their families experiencing one of the most commonly performed medical procedures for women in the US today. Additionally, after the overturning of *Roe v Wade*, many states are severely limiting or even criminalizing elective abortion, jeopardizing the health of women across the country.

Abortion is an emotionally charged topic. Morality, social justice, religion, and law have transformed an intimately personal medical choice into an intensely collective debate. Misinformation is rampant, with dangerously false information being given from a variety of sources, including federally funded pregnancy crisis centers.

My presentation aims to inform nurses from across all specialties about the clinical realities of working with the many patients they are likely to encounter every day. Normalizing and humanizing the abortion experience for patients, families, and staff is critical to understanding and promoting the health of families and the general population.

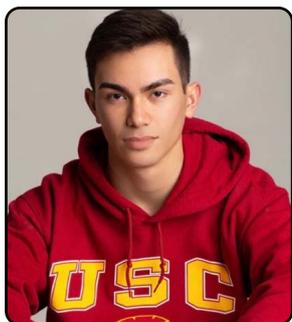
I provide a transparent clinical perspective into the clinical and sociocultural facets of abortion services, arming nurses across all specialties with practical information as well as an exploration of personal growth to enhance their understanding of this extremely common but oftentimes taboo aspect of health care.

Audience Take Away Notes

- Health care professionals will learn about the origins of elective abortion and how it only recently became a controversial issue despite being an accepted and routine part of health care for centuries
- Clinicians will learn about abortion procedures including the difference between medical and surgical abortion procedures and how they differ are similar
- Nurses will increase their confidence in counseling as well as caring for patients who inquire about their options as well as common post-procedure symptom management if their patient opts for an abortion
- The audience will understand how to give clear, accurate information and direct patients away from unreliable and false information

Biography

Patrice D' Amato is the pen name of a former Senior Lecturer at a top ranked school of nursing. After many years in clinical practice, she pursued a career in nursing education, where she was the course director for senior nursing students' capstone courses. An award-winning educator, she continues to teach internationally. In addition to writing her recently released book, *The View from the Clinic: One Nurse's Journey in Abortion Care*, she has returned to working with abortion patients. In order to preserve the authenticity of her writing while protecting the privacy of her colleagues and clients, Patrice has opted to use a pseudonym. She holds a master's degree in adult health nursing and has been board certified as a nurse practitioner as well as a certified nurse educator.



Parker Luke Sparks

Keck School of Medicine, University of Southern California, Los Angeles, California, United States

Emergency care in the face of violence: An EMT's perspective

Violence, especially in emergency situations, presents a multi-faceted challenge that healthcare professionals must navigate. Often, the line between providing urgent medical care and ensuring one's safety becomes blurred. Emergency medical technicians (EMTs) are frequently at the frontline of such challenging scenarios. This presentation delves into the realm of violence as encountered by EMTs, shedding light on the nature of violent scenarios, their immediate and long-term impacts, and strategies for ensuring optimal patient care without compromising personal safety. Through a blend of personal experiences, recent statistics, and evidence-based strategies, the presentation aims to provide a comprehensive view of the emergency care landscape within the context of violence. More importantly, it seeks to foster inter-professional collaboration and understanding, aiming for a safer, more effective emergency care environment.

Audience Take Away Notes

- The audience will be able to use what they learn to implement actionable strategies in real-life violent situations, foster better communication during emergencies, and adapt current emergency care protocols for increased safety and efficacy.
- The presentation will help the audience in their job by improving their preparedness and response during violent emergencies, enhancing their safety measures, and providing a deeper understanding of the challenges faced, promoting empathy and interdisciplinary cooperation.
- Other faculty can use this research to expand their academic studies and develop specialized training modules in emergency care settings.
- The insights offer a practical solution that can simplify and streamline the design and implementation of emergency response protocols.
- The presented data will guide the design of emergency care systems and enhance the precision and efficacy of emergency protocols.
- Other benefits include fostering a culture of interdisciplinary collaboration, raising awareness about the unique challenges faced by EMTs, and equipping healthcare professionals with tools for continuous improvement in emergency care.

Biography

After graduating with Honors from Franklin High School in 2022, Parker Sparks began to pursue a degree in Health Promotion and Disease Prevention at USC's Keck School of Medicine, with an expected graduation in 2026. In Fall 2022, Parker completed EMT training at UCLA's Center for Prehospital Care. The subsequent summer Parker embarked on a professional journey with Falck, a 911 ambulance service in Los Angeles county. A passionate advocate for health and safety, Parker's academic and practical experiences have equipped them with a unique perspective on Emergency Care in the Face of Violence.



Cherlie Magny-Normilus*, Francesca Luppino, Jason Luu,
Margaret Halverson, Julie Sanders, Catrina Longhurst

Connell School of Nursing, Boston College, Chestnut Hill, MA, USA

Overcoming barriers between food insecurity and diabetes management among African descent adults: A systematic review

The purpose of this systematic review was to examine the relationship between food insecurity and the management of type 2 Diabetes as well as understand the prevalence of food insecurity in African descent adults with type 2 diabetes. Pubmed, CINAHL, PsycINFO, Medline, Cochrane, Embase, and Web of Science were searched for original papers in English. The risk for biases was assessed using the Cochrane Risk of Bias Tool for quantitative studies and COReQ for qualitative studies. Three reviewers assessed and synthesized results independently before reaching a consensus. One hundred ninety-eight studies were identified, and 14 met inclusion criteria and were included in data extraction and analysis. Food insecure individuals were found to have poorer diabetes management and higher rates of complications such as neuropathy and poor quality of life. Black or African-descent individuals were found more likely to be food insecure when compared to White participants. Black or African-descent participants were also more likely to be diabetic or have diabetes risk factors. Black or African descent study participants reported having a limited understanding of diabetes, limited resources to improve their health, or both. These findings demonstrate the importance of addressing psychosocial barriers, such as lack of access to nutritious foods, alongside diabetes self-management. This review's original goal was to examine the relationship between food insecurity and the management of type 2 diabetes in African Caribbean adults. Due to a lack of studies explicitly examining African Caribbean populations, the search was expanded to include studies identifying African American and Black participants. This review highlights not only a lack of African Caribbean representation in diabetes research but also a lack of effective diabetes education being delivered to African-descent adults.

Audience Take Away Notes

- Food insecurity increases poor diabetes self-management and increases the likelihood of diabetes complications in African descent adults. Clinicians should routinely screen and provide resources for food insecurity to improve diabetes self-management.
- Diabetes education for African descent adults is limited, clinicians should evaluate for potential knowledge gaps to improve diabetes self-management.
- There is a lack of African Caribbean representation in diabetes research. Researchers should include ethnicities of African-descent adults in data collection to aid in population-specific disparities.

Biography

Cherlie Magny-Normilus, Ph.D., RN, FNP-BC, FNYAM, is an assistant professor at the Connell School of Nursing and a board-certified family nurse practitioner. She received her Ph.D. from UMass Lowell and then earned a T32-funded Postdoctoral Fellowship from Yale School of Nursing in Self and Family Management of Complex Chronic Conditions. Through her ongoing NIH-funded research, she develops population-based interventions to support effective self-management and promote quality healthcare in underserved and minoritized racial and ethnic groups with chronic illnesses. Her work incorporates self-management activities, community-based participatory research approaches, and innovative digital health solutions.

16-18^{OCT}

DAY 02
VIRTUAL
KEYNOTE FORUM



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Conscious heart connection & Ho'oponopono powerful tools for self-care and well-being in the 21st century

The key to experiencing true happiness, success, overall well-being and inner peace in your professional and personal life begins and ends with a conscious connection to your heart ... period! During these challenging times, self-care is a necessity in order to maintain overall health and well-being. Conscious Heart Connection is a simple, portable tool that can assist you in releasing stress and promoting balance in all areas of your life, from the holistic perspective. When combined with Ho'oponopono, the ancient Hawaiian problem-solving process, you have formidable tools for releasing stress as well as transforming trauma on all levels. Join Ilene as she shares the benefits of Conscious Heart Connection and Ho'oponopono as the keys to your success in powerfully being present in your relationship with yourself, your patients and colleagues, your families and manifesting your heart's desires.

Audience Take Away Notes

- The participant will learn the benefits of Conscious Heart Connection from the holistic perspective
- The participant will recognize how Conscious Heart Connection can benefit their relationship with themselves, their patients and colleagues, and their families
- The participant will learn what Ho'oponopono is and how they can apply it to their personal and professional lives
- The participant will understand how Conscious Heart Connection and Ho'oponopono enhances their ability to be present thereby increasing their efficiency and accuracy in the clinical setting
- The participant will experience Ho'oponopono and conscious heart connection through the process of guided meditation



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

Vibrational Healing From The Heart, Inc., CEO/President, Palm Beach Gardens, FL, United States of America

Biography

Ilene Gottlieb combines over 50 years in Nursing and 29 years in Vibrational Healing to create a holistic approach to clearing energy blocks and promoting healing. She helps an International clientele of heart-centered individuals and entrepreneurs who struggle with trauma, self-sabotaging behaviors and self-worth issues, to experience inner peace, self-confidence and empowerment. She received her Diploma from the Hospital of the University of Pennsylvania School of Nursing, has several certifications in vibrational healing and has published numerous articles on vibrational healing, spirituality and aromatherapy. Ilene's passion is sharing how Conscious Heart Connection and Ho'oponopono are powerful tools for transforming trauma.

Next generation testing: To boldly go where nurses have gone before

As we prepare to "Boldly go" into the Next Gen NCLEX®, let's explore how the NCSBN Clinical Judgment Measurement Model (NCJMM) is used to integrate elements of nursing process and cognitive testing to create a more inclusive pathway towards clinical decision making. This has been a long time in the making but are we really prepared as educators and students to take on this challenge. By the time we are this conference, the new testing will be in effect 6 months, but what do you really know about the transition. Take a moment to reflect about your own transition experience to this new type of testing. How were you prepared as faculty? How did you prepare your students for this change? What about the student who started nursing school before the change was implemented and was using prior testing resources and then had to change midstream towards the new testing model? This session will focus on the practical aspects of the new testing method and how educators can enhance student engagement in preparing for their licensure exam. We will first look at the differences between the prior NCLEX®, testing model and the Next Gen NCLEX®, exam. We will then explore how the NCJMM is used as the framework for clinical scenario development based on submitted research. We will also focus on the types of questions that are used in this new testing model and how we can prepare students to make the jump to warp drive, that of being able to use critical thinking to direct their clinical decision making. So, join us as we beam up towards the Next Gen NCLEX®, and "Boldly go" to help future nurses start their clinical practice.

Audience Take Away Notes

- Identify differences between prior NCLEX®, model and Next Gen NCLEX®
- Explore how the Clinical Judgment Measurement Model is used to support clinical decision-making
- Identify different question types that are used in testing
- Describe methods that can be used to enhance learning engagement for both faculty and nursing students as it relates to new testing



Daryle Wane, PhD., APRN, FNP-BC

BSN Program Director/Professor
of Nursing, Pasco-Hernando
State College, FL 34654, United
States of America

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 is the BSN Program director at Pasco-Hernando State College. She has published numerous 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.

Motivating behavioral change

Many chronic diseases as well as infectious diseases have been linked to patient behavior. Yet, often patients are reticent to change. This session will address theories and research that support empowering patients to make necessary behavioral changes to improve health. Participants will learn how to make the responsibility of health owned by the patient, to foster patient-centered care.

Audience Take Away Notes

- Describe theories of behavioral change
- Discuss the responsibility that patients have in their own care
- Identify ways to empower patients to improve their health and stay motivated to make behavioral changes



Dr. Nina Beaman

School of Nursing and Health Sciences, Aspen University, Phoenix, Arizona, United States of America

Biography

Dr. Nina Beaman is ANCC board-certified as a psychiatric nurse. She is also a certified nurse educator, women's health nurse, and medical assistant. Dr. Beaman is the Chief Nurse Administrator of the School of Nursing and Health Sciences at Aspen University, where she also teaches forensic and public health courses. She lives on a farm in rural Virginia, with her husband who is a farm-to-table chef and serves as a parish nurse.

16-18^{OCT}

DAY 02
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**Yuxiang Ren BNa, Li Yang BNa, Xiaocheng Jiang PHDa,
Huanhuan Song BNa, Yanrong Tan BNa, Qiong Long BNa, Xintao
Zhang PHDa, Ruolan Ge* MNa**

Sports Medicine and Rehab Centre, Peking University Shenzhen Hospital,
Shenzhen, Guangdong Province, China

Application research of peer mutual management model in fast rehabilitation after gluteal muscle contracture

Objective: This was a randomized controlled trial to investigate the effect of a peer mutual management model on fast rehabilitation exercise in patients with gluteal muscle contracture after surgery.

Design: Single centre, parallel randomized controlled, close label, observer blinded clinical trial. Participants were consecutively enrolled and followed up for 3 days.

Setting: This study was performed in sports medicine and rehabilitation centre in a comprehensive hospital. There are over 200 gluteal muscle contracture related procedures performed annually. Gluteal muscle contracture data was collected in hospital by an independent assessor.

Participants: All participants were inpatients and receive gluteal muscle contracture surgeries. All participants were met our criteria and signed consents. 48 patients were included in the experimental group and 48 patients were included in the control group.

Intervention: The control group received routine postoperative fast track exercise, which mainly included basic training, health education and risk prevention and control. The observation group was given peer mutual management on the basis of the control group. Three hospitalized patients with gluteal muscle contracture were selected as the core members of the peer mutual group. The activities of the peer mutual group included 9 themes, each activity revolved around 3 themes, and 9 themes were recycled every 3 days.

Main Outcome Measures: The gluteal muscle function, hip swelling degree, pain degree, exercise compliance and psychosocial adaptability of the two groups were evaluated.

Results: At 2 and 3 days after surgery, the gluteal muscle function scores of the two groups were higher than those before operation and at 1 day after surgery, and the gluteal muscle function score of the experimental group was higher than that of the control group, the difference between the two groups was statistically significant ($P < 0.05$). The degree of hip swelling in the experimental group was significantly lighter than that in the control group, and the difference was statistically significant ($P < 0.05$). At 2 and 3 days after surgery, the pain visual analogue scale scores of the two groups were lower than those at 1 day after surgery, and the pain visual analogue scale scores of the experimental group were lower than those of the control group, and the differences were statistically significant ($P < 0.05$). After the intervention, the posttraumatic growth inventory scores of the experimental group were significantly higher than those of the control group, and the difference between the groups was statistically significant ($P < 0.05$).

Conclusion: The peer mutual management model can improve the exercise compliance of patients with gluteal muscle contracture after surgery, reduce the degree of pain, relieve hip swelling, and has an ideal rehabilitation effect, which is worthy of clinical application.

Key words: Gluteal Muscle Contracture, Peer mutual, Rapid recovery.

Audience Take Away Notes

- The audience can learn about the research progress in the application of peer mutual management model in rapid rehabilitation after gluteal muscle contracture surgery
- The specific steps and strategies of the application of the peer mutual management model in clinical practice
- The peer mutual model can also be used in the field of teaching, which can improve the participation of students, effectively promote teachers to deepen their own understanding of education and teaching concepts, and give teachers necessary emotional support
- The peer mutual management model can further strengthen the patients' awareness of rehabilitation knowledge, improve exercise compliance, and reduce pain. Help other patients gain recognition and get satisfaction

Biography

Ruolan Ge studied nursing at Yanbian University, China and graduated as MS in 2021. At present, she works in the Sports Medicine and Rehabilitation Medicine Center of Peking University Shenzhen Hospital. She is a young member of the Evidence-based Committee of Guangdong Nursing Association and a member and secretary of the International Cooperation and Exchange Branch of Guangdong Nurse Association. She has published 5 professional papers, and presided over and participated in 2 university-level projects. Her mission is clinical practice and evidence-based, pursuing better quality of care and outcome-oriented care in the clinical setting.



Xiao Yang^{1*}, Ji Zhang², Yingli Song², Hui Huang², Jing Zhang², Yan Wang², Rongrong Han¹, Zhixuan Xiang¹, Lu Chen¹, Lingling Gao¹

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²Zhengzhou Maternal and Child Health Care Hospital, Zhengzhou, China

Knowledge, social support, anxiety, depression, and moderate physical activity among pregnant women with high risk for gestational diabetes mellitus: The mediating role of physical activity self-efficacy

Background: Gestational Diabetes Mellitus (GDM) is one of the most common medical complications in pregnancy. Moderate physical activity during pregnancy may prevent the risk of GDM. However, most pregnant women in the world did not meet the recommended level of physical activity. In mainland China, the “three-child policy” is likely to predict a further increase in the incidence of GDM, as pregnant women with elder age, pre-pregnancy overweight, or obese have risen dramatically since the “two-child policy”. Moreover, women with high risk for GDM prefer to perform sedentary behaviors and have low total physical activity. However, the mechanism among the complex factors of moderate physical activity during pregnancy is unknown.

Aim: To examine the mechanism and mediators of moderate physical activity among pregnant women with high risk for GDM in mainland China.

Methods: A cross-sectional study was conducted. Pregnant women (n = 252) completed the Pregnancy Physical Activity Questionnaire, Pregnancy Physical Activity Self-efficacy Scale, Edinburgh Postnatal Depression Scale, 7- item Generalized Anxiety Disorder scale, Physical Activity Social Support Scale, Physical Activity Knowledge Questionnaire, and a socio-demographic data sheet. Structural equation modeling (SEM) was used to explore the direct and indirect associations between study variables.

Results: Above half of the pregnant women did not achieve the recommended level of physical activity during pregnancy. The correlation analysis revealed that only physical activity self-efficacy was significantly correlated with moderate physical activity. Physical activity self-efficacy played a mediating role in the relationship between knowledge on physical activity and moderate physical activity, social support for physical activity and moderate physical activity, and anxiety symptoms and moderate physical activity. Furthermore, knowledge on physical activity also could improve moderate physical activity by reducing anxiety symptoms and enhancing physical activity self- efficacy.

Conclusion: Our study revealed a high prevalence of physical inactivity among pregnant women with high risk for GDM in mainland China. Physical activity self-efficacy played an important mediating role among the complex influencing factors of moderate physical activity. Future studies focused on enhancing physical activity self-efficacy should develop to improve physical activity for pregnant women with high risk for GDM.

Audience Take Away Notes

- This study indicates that there is a high priority to take strategies to prevent the occurrence of GDM focused on pregnant women with high risk for GDM by improving moderated physical activity
- Among the complex predictors of physical inactivity, physical activity self-efficacy was found to be the key modifiable element by both direct and indirect effects on moderate physical activity

- The findings offer evidence for researchers or healthcare providers to develop physical activity interventions focused on self-efficacy-enhancing strategies in pregnant women, such as providing updated knowledge on physical activity, social support for physical activity, and emotional management methods

Biography

Mrs. Yang studied maternal health promotion. She received her bachelor's degree in 2011 at School of Nursing, Jilin University in China. She then received her master's degree in 2013 supervised by Dr. Gao at School of Nursing, Sun Yat-Sen University in China. She then joined School of Nursing at Zhengzhou University in China as a researcher and teacher until June 2020. Now she is a Ph.D. candidate supervised by Dr. Gao at School of Nursing, Sun Yat-Sen University since September 2020. She has published more than 5 research articles in SCI (E) journals and 10 research articles in Chinese journals.



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Perceived stress, marital satisfaction, and prenatal depression among couples with gestational diabetes mellitus

Objective: This study aimed to explore the prevalence of prenatal depression and to determine the dyadic relationship between perceived stress, marital satisfaction, and prenatal depression among pregnant women with Gestational Diabetes Mellitus (GDM) and their partners.

Background: GDM during pregnancy is a very stressful event for couples. However, previous studies have largely focused on pregnant women, with few including their partners.

Methods: A cross-sectional study was conducted in Guangzhou, China, from 30 July to 2 December 2021. Three hundred fourteen couples with GDM completed the Perceived Stress Scale, Locke-Wallace Marital Adjustment Scale, and Edinburgh Postnatal Depression Scale. Dyadic analysis was conducted using the actor-partner interdependence mediation model.

Results: The prevalence of depressive symptoms was 13.4% in pregnant women with GDM and 8.3% in their partners. Regarding the actor effects, perceived stress was positively associated with prenatal depression in pregnant women with GDM and their partners, respectively, and marital satisfaction acted as a mediating role. Regarding the partner effects, paternal perceived stress was negatively associated with maternal marital satisfaction, and maternal marital satisfaction mediated the association between paternal perceived stress and maternal prenatal depression.

Conclusions: Dyadic effects of perceived stress, marital satisfaction, and prenatal depression exist in couples with GDM.

Keywords: Couple, Gestational Diabetes Mellitus, Marital Satisfaction, Perceived Stress, Prenatal Depression.

Audience Take Away Notes

- Our findings showed that partners played an essential role in the development of prenatal depression in pregnant women with GDM. In particular, paternal perceived stress could influence maternal mental health by negatively affecting maternal marital satisfaction
- Future studies should develop couple-based programmes and dyadic interventions to improve the mental health of pregnant women with GDM and their partners

Biography

Miss. Han is a graduate student studying nursing at the Sun Yat-sen University in China.



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The importance of parental self-efficacy and social support for family quality of life in children newly diagnosed with autism spectrum disorder: A one-year follow-up study

Poor Family Quality of Life (FQOL) negatively affects the intervention for children with Autism Spectrum Disorder (ASD) and leads to adverse physical and psychosocial outcomes for both children and their families. Parental self-efficacy and social support are critical for the well-being of families. However, longitudinal studies focusing on FQOL and its predictors for families of children with ASD are scarce. To prospectively examine longitudinal trends in perceived FQoL among parents of children with ASD during the first year after diagnosis and explore the predictive effects of parental self-efficacy and social support on FQoL. This two-wave follow-up study was conducted in a level III hospital in Guangzhou, China. A total of 156 parents of children newly diagnosed with ASD were included in the first wave, and 110 parents were followed up after one year. General estimate equations were used to explore the predictors of FQoL. The satisfaction rating for the overall FQoL improved, while satisfaction with physical/material well-being decreased during the first year. The importance rating of FQoL remained stable throughout the study period, but emotional well-being scored the lowest. Parents with higher parenting self-efficacy and more objective and subjective social support reported higher satisfaction with FQoL and those with higher parenting self-efficacy and better social support utilization reported higher importance for FQoL. FQoL needs to be improved for parents of children with ASD in the early stage of diagnosis, especially in the satisfaction with physical/material well-being and the importance in emotional well-being. Parenting self-efficacy and social support can serve as targets for improving FQoL.

Audience Take Away Notes

- This research may be helpful to professionals working with families of children with ASD, such as pediatricians, nurses, social workers and educators. The findings can help those professionals understanding the factors that contribute to the quality of life for parents of children with ASD and provide insight into how to support families better
- The research may also be useful for other researchers who are interested in exploring the predictors of FQoL in families of children with ASD or conducting longitudinal studies in this population. By understanding the factors that influence FQoL, designers can create more inclusive and supportive environments that meet the needs of families of children with ASD
- Overall, this research provides valuable information that can inform interventions and support for families of children with ASD, ultimately improving their quality of life

Biography

Miss Yushen Dai is a graduate candidate in the School of Nursing at Sun Yat-sen University, specializing in pediatric nursing and the care of families of children with ASD. She has participated in two provincial projects in China, attended the 12th HK International Nursing Forum, and have two articles currently under review by SCI journals.



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Adherence to Atrial Fibrillation Better Care (ABC) pathway management of rural atrial fibrillation patients in China: A cross-sectional study

Background: Atrial Fibrillation (AF) is the most common heart rate disorder in adults. According to 2020 European Society of Cardiology (ESC) guidelines, the Atrial Fibrillation Better Care (ABC) pathway can effectively improve the integrated management of AF using a simple strategy: (A) Avoid stroke or anticoagulation, (B) Better symptom control using rate or rhythm control methods, and (C) Cardiovascular and comorbidity management. Rural AF patients have lower awareness of AF management compared to urban AF patients in China. Investigating adherence to ABC pathway management in rural patients is important to improve integrated management of AF. However, adherence to ABC pathway management among rural AF patients in China is unclear.

Aim: To investigate adherence to ABC pathway management and its associated factors among rural AF patients in China.

Methods: In this cross-sectional study, we recruited 870 AF patients from a rural area in China from August 2022 to January 2023. Adherence to ABC pathway management was defined based on the 2020 ESC guidelines. Demographic and clinic characteristics data were obtained, including comorbidities and concomitant treatment. Basic characteristics and adherence to ABC pathway management were evaluated by descriptive statistics. Univariate analysis was used to compare differences in adherence to ABC pathway management among different demographics and clinical characteristics. Multivariate logistic regression was performed to identify predictors of adherence to ABC pathway management.

Results: Among the 870 rural AF patients, 82.07% were ≥ 65 years of age, the male-female ratio was 1.025:1.000, 59.31% had a primary school or below, 53.10% had a monthly household income per capita < 1000 RMB and 72.30% were diagnosed paroxysmal AF. Adherence to ABC pathway management was at a very low level (5.7%), with 30.3%, 60.0% and 17.2% adherence to A, B and C pathway management, respectively. In multivariate logistic regression analysis, adherence to ABC pathway management was significantly associated with: educational level [senior middle school or above compared with primary school or below, OR = 4.256, 95% CI: 1.094 – 16.551], monthly household income per capita [> 3000 RMB and 1000 – 3000 RMB compared with < 1000 RMB, OR = 4.180, 95% CI: 1.049 – 16.662 and OR = 4.809, 95% CI: 1.317 – 17.565, respectively], type of AF [persistent AF compared with paroxysmal AF, OR = 0.031, 95% CI: 0.003 – 0.281, respectively], CHA2DS2-VASc Score ≥ 2 (male); Score ≥ 3 (female) (OR = 0.023, 95% CI: 0.008 – 0.066), receive oral anticoagulation/ left atrial appendage closure (OR = 10.559, 95% CI: 3.676 – 30.333).

Conclusions: Adherence to ABC pathway management of rural AF patients in China was unsatisfactory, especially for A and C pathway. Further research is warranted to improve the integrated management of AF using targeted approaches according to the education level, income, AF type, CHA2DS2-VASc Score and anticoagulation strategies of rural AF patients in China.

Keyword: Atrial Fibrillation, Atrial Fibrillation Better Care (ABC) Pathway, Integrated Management, Rural.

Audience Take Away Notes

- Adherence to ABC pathway management of rural AF patients in China was extremely low, especially for A and C pathway. This suggested that improving adherence to ABC pathway management of rural AF patients in China should be an important direction for future research, and that A and C pathway should be focused on
- AF patients with higher education and income and received oral anticoagulation/ left atrial appendage closure had better adherence to ABC pathway management
- AF patients diagnosed persistent AF and with CHA₂DS₂-VASc Score ≥ 2 (male) Score ≥ 3 (female) have poorer adherence to ABC pathway management

Biography

Mrs. Zhang studied cardiovascular disease nursing. She received her bachelor's degree in 2019 at School of Nursing, Peking University in China. Now she is a Ph.D. candidate supervised by Dr. Li at School of Nursing, Sun Yat-Sen University since September 2021.



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The mechanisms of prenatal coping styles and message sources among pregnant women with fear of childbirth: A cross-sectional study

Background: Pregnant women's coping styles during childbirth can be positive or negative, but maladaptive coping is linked to adverse outcomes for both mother and infant. Therefore, it is crucial to understand the mechanisms behind their coping behavior and how they receive childbirth information in order to promote maternal-infant health. However, there is a lack of research on the underlying mechanisms and message sources. The present study aimed to explore the effects of intolerance of uncertainty, childbirth self-efficacy and fear of childbirth on prenatal coping and investigate the information sources of pregnant women, so as to provide support for clinical interventions.

Methods: The study surveyed a sample of pregnant women (N = 294) who completed a questionnaire included questions on the participants' demographic information investigation between October 2022 and March 2023. The Childbirth Attitude Questionnaire, The Revised Prenatal Coping Inventory, The Intolerance of Uncertainty Scale-9, and The Childbirth Self-Efficacy Inventory measured fear of childbirth, prenatal coping styles, intolerance of uncertainty and childbirth self-efficacy, respectively. Bootstrapping mediation analysis was conducted to examine the relationship between all scale score. The Mann-Whitney test was used to examine differences in coping style scores among different message sources.

Results: The study found that intolerance of uncertainty directly affects pregnant women's avoidance coping, while childbirth self-efficacy influences positive behavior. Fear of childbirth can drive both positive and avoidance coping. Additionally, the relationship between intolerance of uncertainty and coping is mediated by self-efficacy and fear. Besides, actively coping pregnant women seek birth information from multiple sources, while those avoiding childbirth are less skilled in utilizing informational resources.

Conclusions: The findings shed light on the processes through which intolerance of uncertainty, childbirth self-efficacy and fear of childbirth may exert its effects on coping styles and offer theoretical guidance for clinical intervention and highlight the important way to carry out clinical intervention. The findings suggest that improving pregnant women's correct understanding of childbirth and coping skills can effectively alleviate the fear of childbirth. Clinicians should assist active pregnant women in accessing available information support, while also providing favorable information to those who avoiding childbirth through channels that women accept it most, such as social applications and websites. In addition, China should improve the role of midwives in antenatal care.

Audience Take Away Notes

- This study elaborated the behavioral mechanism of pregnant women's coping with fear of childbirth and explored the role path of pregnant women's inability to intolerance of uncertainty, fear of childbirth and childbirth self-efficacy in the negative or positive coping of pregnant women. Through this mechanism, clinical staff can improve the coping ability of pregnant women to delivery and maintain the mental health of pregnant women during perinatal period

- This study investigated prenatal access to childbirth information among Chinese pregnant women, and specifically explored the different characteristics of access to support resources among pregnant women with negative or positive coping. Clinicians can carry out precise intervention for pregnant women with different characteristics based on appropriate ways
- This study found that midwives still did not play their due role and value in perinatal care in China. Strategies should be taken to improve the status of midwives in this period

Biography

Kemeng Ji graduated as BD in 2021. She is currently studying for a master's degree in nursing at the Fudan University. She is committed to improving the childbirth experience of pregnant women and promoting the mental health of perinatal women. Her research results have been shared in several forums or conferences in the field of nursing, such as 12th Hong Kong International Nursing Forum Cum 1st Asia-Pacific Qualitative Health Research Network Conference and published in high quality domestic journals.



Dr. Mary Anbarasi Johnson, Professor, Head, Pediatric Nursing Department, CON

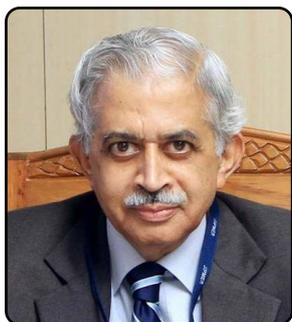
Christian Medical College, Vellore, India

The need for guidance and counselling in nursing education & nursing students empowerment

Guidance & counselling are twin concepts & have emerged as essential elements of every educational activity. Guidance & counselling are not synonymous term. Counselling is a part of guidance. Guidance, in educational context, means to indicate, point out, show the way, lead out & direct. Counselling is a specialized service of guidance. It is the process of helping individuals learn more about themselves & their present & possible future situations to make a substantial contribution to the society. Some form of help and assistance given to an individual to solve their problems. Guidance as the promotion of the growth of the individual in self-direction. Guidance helps the individuals to adjust to the environment. Guidance is an assistance made available by a competent counsellor to an individual of any age to help him direct his own life, develop his own point of view, make his own decision & carry his own burden according to Hamrin & Erikson. Providing the needed information & assistance, Helping in individual to make wise choices, Improve the understanding of self, Facilitate the adjustment, Helps in adapting to the changes or new environment Making self-sufficient & independent. Today's nursing students are the future nursing leaders who will define and shape the progress of the nursing field and therefore its imperative that they are given adequate attention, care and nurture through proper guidance and counselling. They have lot of potentials and if they are tapped and utilized they can make the impossible possible and this requires good guidance and counselling. The speaker will deal with the guidance and counselling process and its mandate in nursing education.

Biography

Mary Anbarasi Johnson working as a professor and Head in pediatric nursing department, CMC Vellore. I worked as Clinical Nurse Specialist in PICU for a year and as Assistant Professor in USA for two years. I also worked in administration in nursing, in Saudi Arabia Defence Sector. CMC gave me opportunity to be Master trainer for International Projects like GFATM, IMNCI at national level as well national projects like ICMR Infection control, Child Sexual Abuse Protection, OSCE by Dr. MGR Medical university as well Diabetic Educators programme etc. It also gave me opportunity to be examiner or paper setter for various levels of nursing students for 6 universities and inspector for Dr. MGR Medical University. I am very much interested in reviewing articles. I have published in 70 national, international journals and presented in around 30 national and international conferences. I have also contributed for 5 book chapters and is working on publishing a book soon. I have served in CMC Vellore as addl. Deputy Nursing Superintendent for staff training and quality assurance as well in CMC Institutional research board as a member for a term of 4 years. I am reviewer or editorial member or advisory member in more than 50 international journals. I am also a recipient of President's Gold medal for standing first in the university for Bsc. N programme. I give all thanks to Lord Jesus Christ who is the reason for my living. I am indebted to my family, teachers and friends for their encouragement and support and particularly to CMC Vellore which has mentored me.



Dr. Ballambattu Vishnu Bhat

Adviser- Medical Research and Publications, Professor of Pediatrics and Neonatology, Aarupadai Veedu Medical College & Hospital, Pondicherry, India

Therapeutic hypothermia for perinatal asphyxia

Hypoxic Ischemic Encephalopathy (HIE) accounts for 30% of neonatal deaths in developing countries and 30% of babies with HIE develop disability. HIE is diagnosed with the following criteria; APGAR score is <6/10 at 5, cord blood pH <7 or base deficit >12m.mol/L, presence of neurological abnormality with organ dysfunction. A fetus/ neonate with primary energy failure may recover but those with secondary energy failure will have varying degree of neurological abnormality. The treatment of asphyxia and resulting HIE was mainly supportive and symptomatic till therapeutic hypothermia was introduced. During therapeutic hypothermia, the HIE infant is maintained at core body temperature of 33-34°C for 72 hrs and gradually rewarmed to normothermia during the next 6-8 hrs. Therapeutic hypothermia reduces mortality and morbidity related to perinatal asphyxia as shown in several randomized controlled trials. The trials conducted in our centre on therapeutic hypothermia in reducing oxidative stress, DNA damage, improving renal and myocardial function with better long term neurodevelopmental outcome at 18 months of age will be discussed. Although therapeutic hypothermia improves the outcome in HIE infants, our aim should be to reduce the occurrence of perinatal asphyxia by good antenatal care, early referral and good perinatal care. Nursing care during initiation and maintenance phase of cooling and later rewarming is extremely important for better outcome.

Audience Take Away Notes

- Selection of cases for therapeutic hypothermia, careful monitoring during procedure, early identification of complications with appropriate treatment and proper follow up will improve the outcome among infants who sustained asphyxia. The role of nurses in the whole process is very important

Biography

Dr. B. Vishnu Bhat has completed his MBBS in 1974 and MD (Pediatrics) in 1979 from JIPMER, Pondicherry, India which is an institute of National importance. He joined the same institute as a faculty and later Headed the department pediatrics and Neonatology. He retired as Director, JIPMER in 2018. He is presently working as Adviser – Medical Research and publications in AVMC&H, Pondicherry. Dr. Bhat has conducted several research projects related to neonatal and Pediatrics health. He was a faculty in the medical education unit in JIPMER and later in AVMC&H. He has published nearly 400 scientific publications and more than 60 book chapter. He has delivered several orations. His area of interest are perinatal asphyxia, neonatal infections. low birth weight infant management and promotion of breast milk feeding.



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Older adults with musculoskeletal disorders: Investigating social support, pain self-efficacy and health locus of control

Musculoskeletal disorders refer to disorders of musculoskeletal system that provide the ability to move or to stand, with the consequence of hampering the natural function. Ageing frays the musculoskeletal system regardless of the presence of illness which leads to musculoskeletal pain, a frequent symptom of elderly people. Social support affects well-being and quality of life of the elderly. Health locus of control refers to the belief that health is in one's control (internal control) or not (external control). The purpose of the research is to investigate beliefs of elderly people with musculoskeletal disorders regarding social support, self-efficacy in pain and health locus of control. The research was carried out based on five questionnaires. The first questionnaire included demographic data, the second was about the state of health, the third involved «the Multidimensional Scale of Perceived Social Support», the fourth involved «the Pain Self Efficacy Questionnaire» and the fifth included the Health Locus of Control Scale-MHLC. The research was conducted in April to June 2023 among 106 elderly people, members of long-term care services and others who visited the Open Care Center of Patras. The mean age of the participants was 76, 1 years and the majority were female, primary school graduated and retired. Furthermore, the most of them worked moderate/mild manual labor, had average financial status and receive medication for musculoskeletal problems. The results showed that social support had positive effect on self-efficacy in pain. The research showed that social support and internal health beliefs (locus of control) affect in a positive way self-efficacy in pain of elderly with musculoskeletal diseases.

Biography

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



Cariska Swanepoel

Mediclinic Durbanville, South Africa

Status of clinical handover by nurses in a private hospital

Background: The investigation of adverse clinical events, in a private health care hospital in the Western Cape, during January and February 2022, have indicated that events occur due to poor clinical handover.

These investigations identified that failure to handover risk assessments such as the Morse Fall Risk Score (risk for fall) and the Waterlow score (risk to develop pressure injuries), the nursing diagnosis of the patients, pressure injuries, outcomes of tests and investigations and special instructions for the next shift, compromised patient safety.

Aim: The aim of this study was to identify the quality failures Registered Nurses and Enrolled Nurses encountered during clinical handover.

Method: The research had a descriptive mixed methodology design with a qualitative and quantitative content analysis approach. To conduct the study, two surgical nursing units were selected.

The data was gathered by using an audit tool, through a two-month observation of nursing clinical handovers. The Registered Nurses and Enrolled Nurses also completed surveys anonymously, which included open-ended and scaled questions. Then, a qualitative and quantitative content analysis was used for data analysis.

Two major themes (lack of structure and interruptions) and three sub themes (communication, distractions, and time management) emerged through the data analysis.

Results: The first and the second themes linked the lack of organization of the handover process and different interruptions, respectively. The researcher found that the handover processes were inconsistent and highly person dependent. The purpose of handover is to communicate one hundred percent of the critical information of the patient. This was unsuccessful as the elements of the handover were compliant with only 75%. The observation of handovers identified the quality failures as incomplete documentation, lack of standardization of the process, interruptions caused by colleagues, staff not knowledgeable about the patient and a lack of critical thinking skills.

Conclusion: In general, applying a standard approach, managing language barriers and interruptions are recommended for nursing managers to overcome handover quality failures.

Key Words: Quality Clinical Handover Safe Patient Care.

Biography

Cariska Swanepoel is employed at Mediclinic Durbanville as a Unit Manager and has 15 years clinical experience. She completed her Advanced Diploma in Health Services Management and Leadership in 2022. She is known for making sure her patients receive the highest level of care and has a passion for providing compassionate and quality care. Cariska brings a fresh perspective and novel ideas to the table in order to get the best work out of her team and has clear vision of what she wants to achieve. She is a visible leader or compass for her team and promotes an environment conducive to personal development and critical thinking. When not at work, Cariska enjoys spending time with her family and reading.



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Knowledge and attitudes regarding autism among nurses in Fako Division, Cameroon

Background: Despite the fact that autism is on the rise globally and in Cameroon specifically; few studies have been conducted on the phenomenon. These studies have mostly focused on speech and language development for children. Caring for children with Autism Spectrum Disorders (ASD) is a challenge for nurses and literature reveals a lack of knowledge.

Objectives: To investigate nurses' knowledge and attitude regarding autism.

Methods: The study employed a hospital based descriptive cross-sectional design. Purposive and convenient samplings were used to select the study sites and enroll participants to the study respectively. Participants were nurses in the Buea and Limbe Regional Hospitals in the South West Region of Cameroon. Respondents who met the inclusion criteria and gave their consent to participate in the study were selected. The Knowledge about Childhood Autism among Health Workers (KCAHW) questionnaire was adapted and employed to collect data. Data were entered and analysed using Epi Info 7.2.2.2, at $p < 0.05$.

Results: A total of 41 respondents participated in the study. The study revealed that 24.4% of participants were not knowledgeable on ASD, 97.6% had not attended any seminar or read any information on autism, 50% heard of autism in the community and 40.65% of the respondents had positive attitudes towards autism. It also revealed that knowledge on autism had an association ($p < 0.001$) with qualification, years of working experience and their units of work but was not dependent ($p > 0.001$) on gender.

Conclusion: The study concluded that even though more than half of the respondents had basic knowledge on autism, there is still need for autism spectrum disorders to be included in the training curriculum as well as the organisation of seminars for nurses to improve and upgrade their knowledge. This may go a long way to enhance quality care for children with autism in Cameroon.

Keywords: Autism Spectrum Disorders, Nurses, knowledge, Autism, Attitudes.

Audience Take Away Notes

- Overall, nurses in SWR Cameroon have basic knowledge on autism
- There is need for autism spectrum disorder to be included in the training programmes for nurses in Cameroon
- There is need to organise seminars for nurses to improve and upgrade their knowledge on autism
- This may go a long way to enhance quality care for children with autism in Cameroon
- It be a reminder to them that they need to have the competencies to render quality and safe care to all including persons with autism
- Participants will seek knowledge and skills in this area
- It could help to conduct a further research in this area and teachers could use the findings of this

research to create awareness among student nurses on the special care of this special population

- It could help in the revision and designing of nursing programmes
 - o It will help to train nurses who are empowered to meet the challenges in caring for persons with autism and families
 - o It will help to create awareness about autism among nurses, other health professionals and the general public
 - o It will help to reduce stigmatisation and enhance access to quality care for this group and their families

Biography

Dr. Eta nee Enow Vivian Ayamba has a Bachelor of Nursing Science Degree, a Master's Degree in Nursing Education and PhD in Special Education. She has worked in the hospital as a Senior Principal Nurse, while teaching on a part time basis. Currently she is a Senior Lecturer of Nursing, University of Buea, Cameroon and the Coordinator for Data Science Center for the Study of Surgery, Injury, and Equity in Africa (D-SINE-Africa). She has supervised and examined many research projects and theses, participated in national and international conferences. She is an author and has published many articles.



**Meaza Getahun Sileshi^{1*} (PhD in Public Health, MSc in Nursing),
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Effect of work environment on the pattern of nurses job satisfaction in Zewditu memorial hospital Addis Ababa, Ethiopia, 2022

Background: Nurses need to control over their practice and their satisfaction was affected by work environment. Nurse satisfaction has direct impact on the quality of care and patient outcome.

Objective: To assess the effect of work environment on the pattern of nurses' job satisfaction in Zewditu Memorial Hospital Addis Ababa, Ethiopia, 2022.

Methods: Descriptive hospital based quantitative cross-sectional study design was utilized from June to July 2022. Study participants were nurses working in different care units of Zewditu Memorial Hospital in Kirkos Sub-city of Addis Ababa, Ethiopia. Three pages self-administered questionnaire was provided to participants' who were selected through stratified simple random sampling, then data analysis was done using SPSS version 26.0.

Result: A total of 197 nurses included in the study, in which 62% of them were females. Around 60.4% of participants were 25 - 29 years of age with mean age of 28.4 ± 5.6 years and 88.8% of them worked in the hospital for less than 2 years. General satisfaction of nurses on work environment was 75.6% and specific satisfaction rate on seven constructs ranged from 57.4% to 86.3%. The overall mean of nurses' satisfaction on seven factors was 2.93. The relative satisfaction of nurses on their work environment with the highest mean score of satisfaction on communication (3.16), leadership and teamwork (3.04) and conflict resolution (3.01) factors. The lowest score of mean satisfaction was on resource allocation (2.58) and professional development factors (2.85).

Conclusion: Work environment has direct influence on nurses' satisfaction and it influences the quality of nursing care and patient safety.

Key words: Job Satisfaction, Nurse, Work Environment.

Audience Take Away Notes

- This study showed the importance of work environment as a major input factor to nursing care provision (the process) and the quality of care provided (the output)
- Interested researchers and academicians can further investigate on each of six internal factors that contribute to the component of work environment
- Individual institution based quality improvement team at various levels of health care setup (in health centers or hospitals) can able to refer to six pillar factors and tailor their own conducive work environment
- The result can help managers and policy makers to understand areas of improvement in the context of leadership, nurses capacity building, resource allocation
- It can also help to plan for efficient human resource management

Biography

Dr. Meaza Getahun Sileshi studied BSc degree nursing in Jimma University, Ethiopia (2004), MSc degree in Adult Health Nursing (2009) from Addis Ababa University and completed her PhD degree in Public Health from University of South Africa (2023). She was lecturer in Jimma University and St Paul hospital millennium medical college in Ethiopia for around 9 years. Also she served international NGOs as HIV technical advisor and resource person; i.e.MSF-France, Jhpiego, IntraHealth International and Project Hope. She served Nordic Medical Centre as Research and Development Dean and currently Manager at Mijona Education in Addis Ababa, Ethiopia.



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3D Spacer fabric modified through in-situ synthesis and electro-deposition of activated carbon/nanosilver for bacterial elimination and SO₂ filtration

The objective of the present study was to modify three dimensional polyester textile fabric using Silver Nanoparticles (AgNPs) and activated carbon (A) for antibacterial activity and SO₂ elimination properties of hospitals air filters. Silver nanoparticles were effectively in situ synthesized on the porous of the activated carbon powder, using the wet chemical reduction method, with silver nitrate and sodium borohydride at room temperature. This composite (A/AgNPs) was loaded on the fiber surface of 3D spacer polyester Fabric (F) using novel electro-deposition device, without the need of water and reactor system. The production filter was characterized by Field Emission Scanning Electron Microscopy (FESEM), Transmission Electron Microscopy (TEM) and energy dispersive X-Ray Powder Diffraction (XRD). The antibacterial activities of A/AgNPs powder and F-A/AgNPs fabric filter were studied using disk diffusion and modified shake flask method (AATCC-100), respectively.

The antibacterial properties of control swatch (F-A0) and test (F-A1, F-A2 and F-A3) were evaluated against *S. aureus* (ATCC 29213), a Gram-positive and *P. aeruginosa* (ATCC 27853), a Gram-negative bacterium. Results showed the antibacterial effect of A/AgNPs powders against *S. aureus* is no growth inhibition zone of bacteria was observed for samples. The bacterial colonies of *S. aureus* and *P. aeruginosa* were completely killed after 2 h of incubation on fabric filter samples. Also, in tested fabric filter saturation time for SO₂ adsorption with flow rate of 1600 L/m²/min from the polluted air stream was 15 min.

Audience Take Away Notes

- The hospital Indoor Air Quality (IAQ) requires proper air filtration system to supply healthful air for healthcare workers against occupational diseases. In this study we explain about source and kinds of hospital pollutions
- In this research we are practically working on new modern technology to design an air filtering fabric to eliminate the bacterial and chemical pollutions from passing air to solve the problem
- This new product has high efficiency, low price, low energy consumption, sustainable production methods and with no negative side effect
- After the Covid-19 era this topic is so important for healthcare job environment and it can expand for more research topic and investigation

Biography

Dr. Shirmohammadi studied textile chemistry at Azad university of Tehran in 2007-2010 as MS. He received his PhD degree in 2018 at same university. He academically focused on antibacterial and absorber air filters for clinical purpose such as healthcare respiratory mask and hospitals filter. Practically, he is CEO of a knowledge base company that producing of N95 respiratory masks, HME filters and hospital AC. He has a lot of papers, inventions and innovations in that field. Also, he is ambassador and panelist of Waterloo Filtration Institute (WFI) located in USA. Now, his research is on sustainable antibacterial air filtration using nanotechnology and modern technology.

Dr. Atefeh khosravi graduated as doctor of medicine in 2011 at Azad university of Yazd. She is academically focused on antibacterial and absorber air filters for clinical purpose such as healthcare respiratory mask and hospitals filter. Practically, she is R&D manager of a knowledge base company that producing of N95 respiratory masks, HME filters and hospital AC. She has a lot of papers, inventions and innovations in that field. In Covid-19 era, she strongly worked on respiratory mask for healthcare. Here mission is:

1. Working on solutions for reducing air pollutions from source.
2. Improve breathing Indore air quality by using new technology.

For both purposes, she focus on sustainable and scientific solutions.



Janice Nissen, BSN, MBA, MS, Pop Health

Accreditation Council for Medical Affairs, United States

How nurses can prepare for a career in the life science industry: The certified nurse medical affairs professional program

There have been a host of recent surveys with nurses trying to understand the factors leading to the high turnover of those that are working at the bedside. This turnover trend is concerning given that this level of job dissatisfaction is occurring among the segment that represents the largest percentage of health care workers. According to a McKinsey & Company 2022 study 32% of nurses surveyed plan to leave their current position. The top factors cited were insufficient staffing levels, seeking a higher paid position, and not feeling supported. ¹In addition family demands, emotional toll and lack of career opportunities were also factors. Currently over 60% of nurses are employed in a hospital setting, the balance in other sites of clinical care such as physician offices, home health, clinic, rehab, or school settings. ²However, most nurses are not familiar with life science careers, and therefore have never considered this segment as a career option. The life science industry is a \$43B industry that is growing annually and employs over 500,000 workers with a mission that is very aligned to the mission of nurses-to transform health and healthcare.

Life science organizations have several roles that require medical and clinical background and expertise. Roles such as pharmacovigilance, product safety, medical writing, clinical trial management, patient engagement, marketing, and sales. Nurses have several attributes that are valued in life science, specifically, they are critical thinkers, innovators, agile, good communicators and empathetic. Finally, nurses are taught to be an advocate for the patient, who is the ultimate recipient of life science innovations whether they are new pharmaceutical treatments, devices, diagnostics or technology.

Even though nurses possess a set of competencies that can be applied to the life science industry nurses are unfamiliar with how the pharmaceutical and device industry operates, as life science development, business model and operations is not part of the standard curriculum for nursing baccalaureate, masters, or doctoral programs. Given that many nurses are seeking career advancement and flexibility, many life science roles can be done either remotely or in a hybrid fashion offering nurses more options in their schedule. In addition, typically the life science industry has a strong compensation and benefit package and opportunities to advance. The Certified Nurse Medical Professional is a first of its kind program that will educate nurses on the life science industry. Specifically, the program outlines how products are developed, regulations surrounding development, details on the various roles within life science and the competencies required, and how to transition from a traditional clinical setting to the life science industry. By completing this 12-hour program, nurses will be well positioned as they apply for the many roles within the life science industry. The Certified Nurse Medical Professional program will be available through the Accreditation Council for Medical Affairs, a leading organization for credentialed education. Not only is the program credentialed, but it also offers nursing continuing education credit.

Biography

Janice (Jan) is both a health care professional and a seasoned biopharmaceutical executive, who has developed commercialization strategies at two multinational pharmaceutical companies, Merck, and Abbott Laboratories. This work included numerous first-in-class products with market leadership and favorable outcomes for patients. She led an enterprise-wide, global strategy of incorporating patient input into the companies' value chain, from discovery through patent expiry, resulting in products that were more relevant, valued, and accessible. Jan served on the executive committee of a non-profit board in Nicaragua, Clinica Verde. She is currently consulting with the NIH Foundation on patient engagement strategies to support their public-private partnerships, and building a first of its kind educational curriculum for nurses interested in a life science career with the Accreditation Council for Medical Affairs. She is also serving as an advisor to Press Ganey on customer experience in clinical trials. Jan has a BSN from University of Illinois Medical Center, MBA from Lake Forest College and a Masters in Population Health from Thomas Jefferson University. She also serves on the Medical Reserve Corp in Pennsylvania.



Natalie Robinson Bruner

GladED Leadership Solutions, Miami, FL, United States of America

Assessing nurses' engagement as a catalyst for improved retention: Unveiling the key to long-term success

In the healthcare industry, retaining skilled and dedicated nurses is vital for maintaining high-quality patient care, operational efficiency, and organizational success. However, nurse turnover rates continue to pose significant challenges, resulting in increased costs, decreased morale, and potential compromises in patient outcomes. To address this critical issue, organizations must understand the factors that influence nurses' engagement and proactively foster an environment that nurtures their professional growth, job satisfaction, and commitment.

This presentation delves into the significance of assessing nurses' engagement as a strategic approach to improving retention. By examining the underlying concepts, exploring effective assessment methods, and presenting evidence-based strategies, attendees will gain valuable insights into fostering engagement and developing a sustainable workforce.

The session begins by defining nurse engagement and emphasizing its impact on retention. Attendees will grasp the vital link between engagement and retention, understanding how engaged nurses contribute to improved patient outcomes, increased productivity, and a positive work culture.

Next, the presentation explores various assessment methods used to measure nurses' engagement. Attendees will be introduced to surveys, interviews, focus groups, and observational techniques, learning their respective strengths and limitations. The importance of selecting appropriate assessment tools tailored to the organizational context and desired outcomes will be highlighted.

Drawing upon empirical research and best practices, the session showcases evidence-based strategies for enhancing nurses' engagement. Key drivers of engagement, including effective leadership, supportive work environments, opportunities for professional growth, and work-life balance initiatives, will be discussed.

Additionally, the role of organizational culture in nurturing nurse engagement and retention will be addressed. Attendees will gain insights into cultivating a culture that values and promotes engagement through transparent communication, recognition programs, collaborative decision-making, and ongoing support.

Furthermore, the presentation highlights the importance of ongoing assessment and continuous improvement. Attendees will learn how to interpret survey results, identify areas of improvement, and develop targeted action plans to enhance engagement and retention over time. Practical tips for effectively communicating assessment findings to stakeholders will also be provided.

It is important to note that this presentation is based on a case study of a travel nurse staffing agency that conducted a mixed-methods employee engagement research project, serving as a foundation for the evidence and insights shared throughout the session.

In summary, this presentation offers a comprehensive exploration of assessing nurses' engagement as a

means to improve retention. Attendees will leave with a deeper understanding of engagement's influence on nurse satisfaction, productivity, and organizational success. The integration of evidence-based strategies, assessment methods, and a mixed-methods research approach will empower participants to cultivate a work environment that fosters nurse engagement, ultimately leading to improved retention rates and enhanced healthcare outcomes.

Biography

Natalie Robinson Bruner is an accomplished leader, consultant, and expert in the field of organizational development and leadership. With a wealth of experience spanning over two decades, Natalie is dedicated to helping individuals and organizations unlock their full potential. As the founder of GladED Leadership Solutions, she offers comprehensive consulting services, delivering transformative change through strategic guidance and practical insights. Natalie specializes in leadership development, employee engagement, and organizational growth. Her expertise extends to providing tailored training programs, conducting in-depth organizational and employee research and delivering impactful solutions. Through her guidance and expertise, Natalie empowers individuals and organizations to thrive and achieve remarkable success.

**Si Yee Liew**

SL Consulting Ltd., Canada

Managing fatigue at workplace

Canadian Occupational Health and Safety Association had stated that studies show most accidents happen mostly when officers are more likely to sleep between midnight to 6am and 1pm to 3pm. There are about 88 diagnosable sleep disorders currently in North America that people can go to see a sleep specialist and get diagnosis with. But between the sleep disorders and sleep apnea, we have many in the middle what really causes insomnia and fatigue. This session aims to provide the deepest, most cutting-edge and comprehensive information about identifying and intervening to heal sleep issues – resources that anyone can start to use to feel more well-rested and at peace.

Objectives: At the end of the training, audiences will have a deeper understanding of their root causes of fatigue, how traumas impact sleep and how sleep affects both mentally and biologically specifically the nervous system. Audiences will learn the strategies and able to use right away to restore sleep and reset nervous system.

Keywords: Fatigue, Sleep, Resiliency, Mental Health, Circadian Rhythm.

Biography

Si Liew is a bestselling author, an Occupational Health Nurse for over 20 years and I had worked in a variety of industries including healthcare, manufacturing, construction, oil and gas and enforcement law; act as a medical subject matter expert to these corporation Executive Team and leads the employee health and safety programs. She helps develop corporate health a wellness programs and works directly with healthcare professionals through training, mentoring with the objective of achieving healthy workplace.



Kimberly Minich

Department of Nursing, Saint Marys College, Notre Dame, IN, United States of America

The need for substance use disorder education to be incorporated into BSN curriculum

Substance Use Disorder (SUD) numbers continue to rise in the general population as well as among nurses. To date, there is no requirement for a SUD course or module to be included in the BSN curriculum. BSN students have identified numerous hurdles including identifying SUD patients, ability to properly care for SUD patients, and stigma regarding SUD patients. There is also concern about diversion for nurses once in the workforce. BSN students would likely benefit from education while in their nursing programs to be better prepared once in the workforce. Previous research has shown an improvement in BSN students' confidence after having a course on SUD; however, there has been no formalized requirement for incorporation into programming. There should be an introduction in SUD added to the curriculum of all BSN programs. This will enable nursing students to properly care for their patients suffering from SUD as well as be able to recognize the signs of addiction to aid in the prevention of diversion.

Audience Take Away Notes

- Understand impact of SUD
- Recognize SUD signs in co-workers
- Enhanced ability to take care of SUD patients

Biography

Kimberly Minich is an assistant professor at Saint Marys College in Notre Dame, Indiana. She is a board-certified family nurse practitioner. She received her DNP from Purdue University in 2018. She has been working in addiction medicine for five years. Kimberly's passion is with addiction patients and helping them heal. Kimberly is a mother to six children and lives on a farm in Northern Indiana.



Dr. Kara K. De La Fosse*, EdD, MSN, BSN, PHN, RN, BS. Ed, **Rachel Schickling***, RN, BSN, PHN

School of Nursing, Minnesota State University,
Mankato, Minnesota, United States of America



A new conceptualization model explaining incivility etiology in undergraduate nursing students

Background: Incivility in undergraduate nursing programs has been exemplified since the onset of the global pandemic. The nursing profession relies strongly on teamwork and unity. Incivility impedes learning and negatively impacts the teaching and learning environment for both students and faculty. Student civility and conduct behaviors are established prior to entrance into undergraduate nursing programs. To promote a community of professionalism, current beliefs about incivility must be addressed and mitigated early in nursing programs to uphold standards and expectations. There is little tolerance for incivility in professional nursing practice, necessitating the importance of understanding the root causes of nursing student behaviors before effective interventions can be implemented.

Aim: To provide a globally accepted conceptualized model to undergraduate nursing faculty that provides insight into the causative factors of incivility in nursing programs.

Methods: A systematic review of the literature was conducted to determine the prevalence of models that explains causative factors of uncivil actions by undergraduate nursing students. To date, no model exists that accounts for the biological, psychological, and sociological factors that impacts civil behavior in the classroom.

Results: Causes of incivility has influences in the biological, psychological, and sociological domains, and each must be considered as it relates to the whole person, because external experiences impact internal (i.e., classroom) behaviors. The Conceptualization Model of Incivility Etiology in Undergraduate Nursing Students was created to explain causative factors of incivility in undergraduate nursing students. The model's foundational concepts derive from Bandura's Social Cognitive Theory and Clark's Civility Index.

Conclusions: For the first time a holistic account of biological, psychosocial, and sociological causes of incivility has been identified. Non-academic influences are now accounted for when understanding causes of uncivil behavior in undergraduate nursing students. Now that causes of incivility are understood within this context, faculty will be able to implement interventions to mitigate incivility more effectively.

Audience Take Away Notes

- The learner will be able to identify incivility behaviors in undergraduate nursing programs
- The learner will understand how uncivil behavior is derived from biological, psychological, and sociological factors
- The learner will be able to apply concepts from The Conceptualization Model of Incivility Etiology in Undergraduate Nursing Students when devising policies and procedures to foster a culture of professionalism
- Researchers can expand on this topic and complete pre and post studies to identify behavior changes from implementation of the model

Biography

Dr. Kara R. De La Fosse Ed.D, MSN, BSN, PHN, RN, BS.Ed is an assistant professor of nursing at Minnesota State University, Mankato. She also serves as the director of the Nurse Aide Program at the university. Her research interest focuses on pedagogical approaches promoting success with online instruction and faculty mentorship for student success. She is passionate about education and promotes self-actualization in students. She earned a doctorate in education from Winona State University.

Rachel Schickling, RN, BSN, PHN is an adjunct instructor at Minnesota State University, Mankato. She has served as a clinical instructor, course faculty, and tutor at the university. Her research interests focus on improving healthcare access and monitoring for underserved populations; and advancing the effectiveness of nursing education. She will have earned a Master's in Nursing Education in May 2023 and will be enrolled in a doctoral PhD program in August 2023.



Dr. Danielle Beasley, PhD, RN, RNC-OB, CNE

Nursing Professor- BS/MS Nursing Excelsior University, School of Nursing
Albany NY, United States of America

Strategies for increasing online graduate nursing student engagement and decreasing attrition

The increasing prevalence of online education in graduate nursing programs has brought about unique challenges, including higher attrition rates. Engaging online graduate nursing students is essential for improving program completion rates and ensuring a successful learning experience. This abstract will highlight the effective strategies to decrease attrition by fostering engagement among online graduate nursing students.

Key strategies discussed include clear communication and orientation, active faculty engagement, interactive and collaborative learning opportunities, personalized support services, flexible scheduling, access to resources, regular assessments and feedback, technological integration, continuous improvement efforts, mentorship programs, mental health and wellness support, celebration of achievements, and the importance of transparency and consistency in course management.

By implementing these strategies, nursing educators and institutions can create a supportive online learning environment that enhances student engagement, addresses their unique needs, and ultimately reduces attrition rates. Ongoing evaluation and adaptation of these approaches are crucial for maintaining the effectiveness of online graduate nursing programs.

Audience Take Away Notes

- Nursing Faculty: Strategies to engage graduate nursing students and decrease attrition
 - o Clear Communication and Orientation
 - o Faculty Engagement
 - o Interactive Learning
 - o Collaborative Learning
 - o Personalized Support
 - o Flexible Scheduling
 - o Access to Resources
 - o Regular Assessments and Feedback
 - o Engage with Technology
 - o Continuous Improvement
 - o Mentorship Programs
 - o Wellness and Mental Health Support

- o Celebrate Achievements
- o Transparency and Consistency
- Nursing faculty will receive direct guidance with examples that they can put into practice immediately following the presentation
- The current research can be expanded on in faculty research and faculty teaching. The need to decrease attrition with online learners is a national initiative. The strategies provided will yield an efficient delivery method of teaching and learning. The strategies will improve curriculum design and enhance the student experience. Ultimately decreasing student attrition and resulting in a thriving institution

Biography

Dr. Danielle Beasley, PhD, RN, RNC-OB, CNE, is a Faculty Program Director in the Bachelor of Science and Master of Science Nursing Programs for the School of Nursing at Excelsior University. Dr. Beasley has received numerous awards as an academic leader bestowed by students and faculty during her 19 years of nursing. Dr. Beasley holds a PhD in Nursing Sciences from The University of Florida in 2019. Dr. Beasley's research includes maternal/child health, focusing on antepartum and postpartum depression, preeclampsia, and postpartum hemorrhage. She has presented her research nationally and internationally. Dr. Beasley is certified in Inpatient Obstetric Nursing, by the National Certification Corporation (NCC). She is credentialed as a Certified Nurse Educator, by the National League for Nursing (NLN). Dr. Beasley is a member of the Editorial Advisory Board for the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Sigma Theta Tau International Honor Society of Nursing (STTI), and Southern Nursing Research Society (SNRS).

**Robin Whelpley, Pharm D, BCPS**

Associate Professor, Bon Secours Memorial College of Nursing, Richmond, VA, United States of America

Neurodiversity in nursing curriculums: The need to enhance autism spectrum disorder content

Background: Nurses are seeing increasing numbers of patients with Autism Spectrum Disorder (ASD) given that one in thirty-six children receive the diagnosis. Previous studies have found that there is limited amount of education regarding the care of patients with ASD in undergraduate nursing programs. To further this issue, nursing faculty have reported to feel unprepared to teach students about ASD or guide supervised care of these patients.

Purpose: A study was completed to evaluate practicing pediatric nurses' and nursing faculty's comfortability in caring for patients with ASD and if they received formal education regarding necessary considerations for ASD in their undergraduate nursing curriculums.

Methods: Pediatric nurses attending an annual competency event and nursing faculty completed a survey. Routine nursing assessment and patient interaction metrics were evaluated along with the nurse's ability to direct parents to resources. Nurses were given the opportunity to identify barriers to effective care for patients with ASD and suggest institutional changes. Nurses were then provided in-depth education regarding best practices in nursing care of patients with ASD.

Results: Sixty-two surveys were completed. Seventy-nine percent of the nurses did not receive formal education regarding ASD in their nursing curriculums. The nurses felt the most comfortable taking vitals, assessing pain, and administering medications to patients with ASD. The nurses felt the least comfortable understanding and managing a behavioral plan, teaching about ASD, and providing direction for early intervention process. Communication and sensory needs were listed as the largest barriers to care. The nurses suggested that the institution provide more ASD education, sensory carts on floors, and access to sensory rooms.

Conclusions: Most nurses did not identify as having specific education regarding care of individuals with ASD during their undergraduate nursing education. In addition, many nurses felt uncomfortable with certain patient interactions.

Implications: With the increasing number of children and adults with ASD and the documented lack of ASD education in undergraduate nursing curriculums which affects comfortability in caring for patients, there is an opportunity for us to enhance education for our nursing faculty and students. The limited evidence that exists in the literature to bridge this gap in ASD knowledge will be discussed as well as plans for future improvement.

Audience Take Away Notes

- After this presentation participants will be more knowledgeable about the prevalence of autism spectrum disorder and important barriers these patients have to health care
- Participants will review existing evidence of Autism Spectrum Disorder (ASD) content in nursing curriculums and nursing faculty's ability to integrate this knowledge into didactic or practicum application

- Participants will explore ways in which to enhance general ASD understanding for all practicing nurses

Biography

Dr. Robin Whelpley received her Doctor of Pharmacy from Virginia Commonwealth University in 2009. She became board certified as a Pharmacotherapy Specialist in 2011. She completed her post-graduate residency with Bon Secours Health System in 2010 and served as pharmacy clinical specialist in psychiatry for seven years. Dr. Whelpley has a wide array of teaching experience with seven years as a full-time nursing faculty, six years as an adjunct clinical faculty at South University Physician Assistant Program, six years as a preceptor for pharmacy and medical residents, and 14 years as a preceptor for fourth year pharmacy clinical students.



**Dr. Katherine Martin*, Dr. Amy Nelson, Dr. Kathleen Clark,
Alvaro Jimenez***

Department of Nursing, Augsburg University, Minneapolis, Minnesota,
United States of America

The augsburg health commons: Using research and experiential learning to address structural inequities in care

The purpose of this presentation is twofold. First, the model of care for nurse-led drop-in centers, called the Augsburg Health Commons (AHC), will be introduced, which is grounded in the principles of transcultural nursing. The nursing faculty at Augsburg University founded the AHC and have been teaching students about caring for those most marginalized in these drop-in centers for over thirty years (Enestvedt et al., 2018). Most of the guests at the AHC are experiencing homelessness, immigration, or social isolation. The nursing practice model includes the stages of acknowledging another's needs, attending to their struggles, affirming strengths, and ultimately accompanying the other on a shared journey. Students from various disciplines have ongoing experiences onsite, where they are able to not only challenge themselves to reflect on their biases but also begin to understand the deeply complex issues that perpetuate health inequities. There are four health commons locations through the Twin Cities, each with a specific population it serves with local community partners. The second purpose will be to describe the impact this learning has had on students and to also share the findings of a qualitative study where people with lived experiences of marginalization shared their challenges with accessing care. Ultimately, the focus will be on sharing how interdisciplinary and academic-community collaborations can foster inclusion in innovative ways while creating transcultural practicum experiences that allow students to recognize and name systemic issues that contribute to inequities in health. Centering the voices of those with lived experiences is at the heart of the care and the research conducted at the AHC, which must include cultural humility (Pacquiao et al., 2023; Foronda, 2019). Various calls to take action to embed educational experiences to increase students' knowledge and ability to respond to circumstances such as health inequities and SDOH have validated the importance of this work (Pacquiao et al., 2023; Clark, 2022; Pendayal et al., 2022; Bryant-Moore et al., 2018). The significance of this presentation will be to provide an example of how research and education can help nurses unpack health inequities and injustices that limit individuals' well-being.

Audience Take Away Notes

- This presentation will provide an example of how education in nursing can focus on addressing structural inequities in healthcare
- The audience will gain a further understanding of the experiences of marginalized people and the barriers they encounter when accessing care
- The research project that will be discussed could be easily replicated by other faculty and will help faculty understand innovative ways to teach students about social determinants of health and DEIJ issues in nursing practice. This work is supported by a Health Equity Innovation Fund grant from AARP and the Center to Champion Nursing in America, a joint initiative of AARP Foundation, AARP, and the Robert Wood Johnson Foundation

Biography

Dr. Katie Martin is an assistant professor at Augsburg University in the Nursing Department. She serves as the Director of the BSN completion program and teaches courses on Nursing theory and Nursing research. She earned her PhD from the University of Minnesota in Nursing. Her dissertation research was a critical discourse analysis of the communication between midwives and their patients. She has a Masters degree in midwifery from the University of Minnesota. Her clinical work has included working as a registered nurse in obstetrics and practicing full scope midwifery at an academic health center.



Dr. DeLeon Addison^{1*}, DNP, RN, CNE, Dr. Alison Carmona², PhD, RN

Tarrant County College, United States

NGN and the clinical judgement model: Implementation and practices for success

The goal of this study was to share with others the implementation process and strategies we utilized to enhance our curriculum when taking into consideration the Next Gen NCLEX changes. A survey was conducted to identify perceived deficits in the understanding of NGN by faculty and students. To evaluate understanding, questions were developed based upon the NCSBN webpage regarding NGN. Questions were designed to capture basic understanding of NGN concepts, participant comfort with clinical judgment, and NGN components using a Likert scale. Results were then used to develop strategies to better utilize the clinical judgement model within didactic courses, clinical courses, and examinations. The focus became identifying strategies/activities that would increase faculty knowledge about the clinical judgement model and comfortability with teaching the model. By addressing gaps in faculty knowledge and application of the clinical judgement model, the clinical judgement model could be consistently reinforced throughout the program. The information contained within the proposed presentation analyzes the successes, failures, and evaluation methods that were used in a large ADN nursing program to prepare students to use clinical judgment and be practice ready. Lastly, recommendations are provided that can be implemented to continue to develop faculty and student expertise with this subject matter.

Biography

A demonstrated nurse educator, Dr. DeLeon Addison has over 20 years of combined experience in varying clinical practice, leadership, and education. She has taught at varying levels of nursing to include LPN, ADN, BSN, and MSN. She has noted expertise in engaged learning techniques, faculty development, and accreditation. Currently, she is an Associate Professor at Tarrant County College in Fort Worth, TX where she also has served as the accreditation committee chair and Foundations coordinator.



Dr. Brittany Nicole Hudgins-Graham, EdD, MSN, RN, CNE, CNE(cl)

School of Nursing, Western Carolina University, Cullowhee, NC, United States of America

Graduating Bachelor of Science in Nursing (BSN) students: Satisfied, fatigued, or stressed?

Nursing care is not a duty that should be taken lightly—it is of utmost importance that nursing care is delivered to clients safely with empathy and competence. Professional nurses, such as a Registered Nurse (RN), are on the frontlines of providing care. “The backbone of a true caring professional is compassion, where care providers have a feeling of empathy for the suffering or misfortune of others and understand the client’s personal feelings or experiences without being judgmental” (Mathias & Wentzel, 2017, e. 1). However, nurses may experience compassion satisfaction, compassion fatigue, or secondary traumatic stress. Upon graduation, pre-licensure Bachelor of Science in Nursing (BSN) students seek to become an RN. Michalec, Diefenbeck, and Mahoney (2013) suggest “Because burnout and compassion fatigue are such a detriment to nurse well-being and the nursing workforce overall, it is essential to uncover if and to what extent nurses-in-training may be suffering from these debilitating affective/cognitive states.”

Audience Take Away Notes

- This study seeks to investigate the following
- Does compassion satisfaction, compassion fatigue, or secondary traumatic stress exist amongst final semester pre-licensure BSN students?
- What interventions do students recommend the faculty should offer to assist students with managing compassion fatigue or stress?
- Results from this study will provide nurse educators with assessment data related to graduating students as well as possible interventions to implement to assist with managing compassion fatigue or stress

Biography

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

**Dr. Nikki Davenport^{1*}, Dr. Paige Mullins²**

¹Anderson College of Nursing and Health Professions, University of North Alabama, Florence, AL, United States of America

²College of Nursing, East Tennessee State University, Johnson City, TN, United States of America

Confronting mental illness stigma in undergraduate nursing students: A pilot study

Background: Mental illness in the United States is a prevalent health concern. Mental health conditions are subject to mental illness stigma that negatively impacts client care.

Purpose: This quality improvement project aimed to implement the National Alliance on Mental Illness (NAMI) In Our Own Voices (IOOV) presentation in conjunction with an anti-stigma educational session to reduce mental illness stigma among undergraduate nursing students.

Methods: A pre-test-post-test study design was used to evaluate the interventions' impact on mental illness stigma reduction. The Open Minds Stigma Scale for Health Care (OMS-HC) providers was utilized to determine the level of stigma reduction in undergraduate baccalaureate nursing students. A general mental health knowledge questionnaire was administered pre and post-test to assess knowledge regarding mental illness.

Results: Overall, a statically significant reduction in the total stigma scores ($p = 0.03$) and the attitudes subscale ($p = 0.03$) on the OMS-HC survey was determined. Analysis of the help-seeking and social distancing subscales demonstrated no statistically significant improvement. A statistically significant improvement in mental health knowledge was demonstrated between pre-test and post-test scores ($p = 0.004$).

Conclusion: The NAMI IOOV presentation and educational session were beneficial in mental illness stigma reduction.

Audience Take Away Notes

- Audience members will learn methods for mental illness stigma reduction
- Audience members will learn implementation procedures for the National Alliance on Mental Illness In Our Own Voices presentation for stigma reduction, specifically in undergraduate nursing students
- Limitations and barriers to effective implementation will be discussed
- The presentation will provide essential information for nursing educators to reduce mental illness stigma in nursing students, leading to improved client outcomes

Biography

Dr. Nikki Davenport, FNP-C, studied nursing at Tennessee State University and graduated in 2017 after completing an MSN with a concentration in family practice. She continued her studies at East Tennessee State University and graduated in 2023 with a DNP. She obtained a position at the University of North Alabama in 2021, teaching undergraduate and graduate nursing majors. In 2023, she completed a Simulation Scholars Fellowship at the University of North Alabama focused on research in nursing simulation. She has experience in multiple areas of nursing practice, including the emergency department, burn intensive care, cardiac intensive care, medical intensive care, surgical intensive care, and family practice.



Maria Adelaide Silva Paredes Moreira^{1*}, Antonia Silva Paredes Moreira², Ana Mabel Sulpino Felisberto³, Adriana Meira Tiburtino Nepomuceno⁴, Silvia Claudia Ferreira de Andrade⁴

¹Professional Master's Program in Gerontology at the Federal University of Paraiba, Joao Pessoa, Paraiba, Brazil

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³Institute Paraibano de Envelhecimento, Federal University of Paraiba. Joao Pessoa, Paraiba

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Health education practices for active and healthy aging

Ageing is a process inherent to nature that promotes functional changes (senescence) that will appear discreetly throughout life, as all organs or systems age in a different and complex way in this process, in which changes it happens, both functional and psychological, which determine the progressive loss of the individual's ability to the environment, causing higher vulnerability and a higher incidence of pathological processes. The prolongation of life is a reality for the Brazilian population, an excellent marker of society's achievements, however, this process represents a great political challenge, through the possibility of this evolution occurring in a pathological way, that comes along by diseases, functional incapacity and the development of a dependency. Physical and educational activities in health are practices that promote transformations in the lifestyle habits of individuals and the community, with impacts on quality of life and health, and come to contribute fundamentally to improving self-esteem, in addition to being able to reduce factors stressors, minimize the anxiety and anguish present in everyday life. Group activities are interesting and recommended, because They improve social relationships, physical and psychological health, favoring active aging and contributing to to slow down the aging process. In this regard, this project aims to: Promote health education practices, aiming at the active and healthy aging of elderly people cared for at the Instituto Paraibano de Envelhecimento. The results of the actions aim to improve the quality of life of elderly people, contributing to participation and collaboration in educational activities.

Biography

Maria Adelaide Silva Paredes Moreira Adjunct Professor IV at the Federal University of Paraiba. Nursing student. Physiotherapist. PhD in Health Sciences and Post-Doctorate in Nursing. Coordinator of the Professional Master's Program in Gerontology at UFPB. Representative of the Federal University of Paraiba at the Municipal Council for the Elderly of Joao Pessoa/Paraiba; Leader of the International Research Group on Health, Aging and Functioning (GIPSEF); Researcher at the International Study and Research Group on Aging and Social Representations (GIEPERS); Founding researcher of the International Research Network on Social Representations and Health (RIPRES) - University of Evora/Portugal; Collaborating member of the Comprehensive Health Research Center (CHRC), Universidade Nova de Lisboa. Has experience in the area of Public Health, with an emphasis on Elderly Health, Functionality; Work and Violence. Ad Scientific Index 2023 researcher in 2nd position as researcher in Gerontology – UFPB.



Matt Broadway-Horner^{1,2*}, Nina Baker¹, Paul Gardiner^{1,3}

¹Patient at Risk Service Nurse Consultant, Te Toka Tumai Auckland

²honorary senior lecturer, University of Auckland, Aotearoa (NZ)

³Patient at Risk service SMO and anesthetist, Te Toka Tumai Auckland

Different types of escalations of care conversations in deteriorating adults: A scoping review

Background: To identify the efficiency of pre-Medical Emergency Team (MET) escalations of care conversation types. Types include consulting, liaising, interpretation/translation and coordinating between partners in care involved in the escalations of care of the deteriorating consumer presenting within international healthcare system including Te Whatu Ora – Aotearoa (New Zealand) populations.

Objective: To recognize and assess the results from all studies including randomised control trials that have studied the efficiency of Escalation of Care (EOC) types between partners in care involved in the pre-MET escalations of care of the deteriorating consumer presenting within an acute care context.

Method: A scoping review of all studies including randomised controlled trials involving types of escalations of care conversations. Studies which included information on repetition of EOC were also included as well as the role of interpretation between the partners in care. Altogether this amounts to 287 clinicians, 13 consumers, 40 whānau stratified/purposive sample study participants with outcome data.

Results: 7 studies reported repetition of EOC, interpretation as an outcome measure, classified into 2 categories. Constant clinician contact is indicated as a promising method for ensuring good EOC outcomes and has shown to significantly reduce low task confidence.

Audience Take Away Notes

- Patient deterioration services is a dynamic clinical environment with some left behind in the process. This impacts patients. The review helps to look at the gaps in knowledge in this area.
- There are 4 types of EOC conversations within PaR work.
- To explore the needed option of Whānau (not just relatives but friends too) partners in care in EOC's.
- Needful to change the dynamic clinical environment to support junior staff.
- Patient deterioration services need all partners in care to work together, this includes the patient, whanau and clinical staff.

Biography

Matt Broadway-Horner is a Nurse Consultant and honorary senior lecturer at the University of Auckland. He has a career history in innovative development, management and training in health services. He studied Nursing at St Georges medical school and Kingston University, UK and graduated in 2001. Matt since has been involved in innovative projects within health services including working with various departments with the main aim of providing psychological safety.

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The relationship between gratitude and job satisfaction in nursing leadership

In the current healthcare climate, retaining our workforce has become increasingly important. Even more so the retention of leadership has become even more crucial, as the need to have leaders guide the profession during tenuous and difficult times is now even more apparent. Looking at ways hospital organizations can potentially increase their retention of leaders, which would assist in the retention of their staff, would be instrumental in easing labor shortage and therefore improve the quality of care. There has been a great deal of research that has shown that gratitude plays a significant role in a person's attitude, such as job satisfaction. These studies have included all disciplines and industries, including healthcare, but few focused on nurse leaders. The purpose of this study is to see if there is a significant relationship between gratitude and job satisfaction in nursing leadership.



Tammy P Aiken

Bassett Healthcare Network,
United States of America

Biography

Tammy P. Aiken, DNP, RN, SANE, is the Service Line Director of Emergency and Trauma Services of the Bassett Healthcare Network in Cooperstown, New York. She is also currently serving as Director of Critical Care at Bassett Medical Center. She earned her diploma of nursing (St. Joseph's School of Nursing, Syracuse New York); her BSN (Western Governors University, Utah) and her MSN in Nursing Leadership and Organization (Western Governors University, Utah); and her DNP in Executive Nursing Leadership (Case Western Reserve University). From 1992-1996 she served as President of the Central New York Chapter of the Emergency Nurses Association. She became one of the first Sexual Assault Nurse Examiners (SANE) in Central New York and was instrumental in training and educating the first SANEs in upstate New York. When she served as Director of Critical Care and Emergency Services at Guthrie at Cortland Medical Center from 2014-2020 she developed and opened a pediatric child abuse evaluation center in partnership with the Child Advocacy Center of Cortland County. This center, called "The S.A.F.E Place" (Sexual Assault Forensic Exams,) provided a forensic evaluation post assault for those pediatric victims of chronic and non-acute sexual assaults. Ms. Aiken has evaluated and cared for over 200 children in this center since its opening. In her entire career she has provided care to over 500 sexual assault victims. Ms. Aiken is a member of the American Organization for Nursing Leadership, the American Nurses Association, New York Organization for Nursing Leadership and Sigma Theta Tau International.

A discharge LOBBY reimagined with impact on patient engagement

Faced with continued patient surges in the emergency room, increased number of patients Left Without Being Seen (LWBS), increased boarding times, with declining patient satisfaction scores, the Northwestern Medicine Central DuPage Hospital (CDH) administration recognized an innovative opportunity to develop a Discharge Lounge (DCL) aimed to impact these outcomes. At CDH, the average daily patients LWBS in 2022 was 11 patients daily or 5%, and the average Turnaround Time (TAT) from assigned to occupied was 79.1 minutes. CDH, identified inefficiencies in patient flow from the ED to the inpatient units. To achieve our care delivery strategic goals, the DCL was implemented in January 2023.

Mary Fran led a multidisciplinary group that was formed to create the vision. Initial hours of operation were limited. It was determined that a dedicated attendant, would provide consistent structure, and a proactive “pull” approach would prompt participation of patients. With the use of consistent staff and scripting, discharge rounding would also be incorporated into the DCL experience. Patient feedback would be escalated by the DCL attendant to the patient’s corresponding unit leader to perform a follow up call. Patients would be greeted, offered amenities and scripted questions used to inquire about the level of satisfaction of their hospital experience. The discharge rounds included, understanding of their instructions, awareness of new medication side effects, and satisfaction with responsiveness of staff. It also included education on use of “My Chart” as a resource for the patient.

Within 5 months, 33% of discharged patients or 2042 patients utilized the DCL. Outcomes were favourable with 8% improvement of discharges before 4pm, LWBS decreased from avg of 5% to 3%, TAT decreased to an average 73 minutes, and CDH noted a 10-point increase in the patient engagement score for patients who received a discharge round in the DCL. Due to these outcomes, the DCL is anticipated to expand to 5 days a week. Major lesson learned was the DCL had impact on patient satisfaction.

Audience Take Away Notes

- How to logistically launch a discharge lounge to improve efficiency and hospital flow
- Improve emergency room metrics for left without being seen (LWBS)
- Improve patient engagement through participation in the discharge lounge experience



**Dr. Mary Fran Oskvarek,
EdD, MSN, MS, PCCN-K**

Director of Operations/
Associate Chief Nurse Executive,
Northwestern Central DuPage
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Biography

Dr. Mary Fran Oskvarek studied at the University of St. Francis in Joliet, Illinois. She obtained her advanced degrees including a doctorate in education in 2018. Her experience includes 20 years as a trauma ICU nurse and has held multiple leadership positions at a level-1 trauma center near Chicago. She is currently the Director of Operations and Associate Chief Nurse Executive for adult inpatients and critical care at Central DuPage Hospital. She currently resides in the city of Chicago with her husband where she has lived her entire life.

Patient safety factors: Comparison between undergraduate and experienced nurses

Medication administration continues to be a large part of the nurses' role in delivering optimum nursing care. The 1999 Institute of Medicine (IOM) seminal report *To Err is Human* detailed Medication Errors (ME) cause unintended harm to patients and are a significant source of preventable mortality and healthcare costs. Despite medical science exceedingly moving forward especially in the field of technology, the subsequent quality patient safety revolution of error reduction measures and improvements of patient care, medication errors are on the rise. Using Patricia Benner's From Novice to Expert theory and the transformation of five culture change concepts created by the Lucian Leape Institute (2009) at the National Patient Safety Foundation and Kolb's Theory of Learning, the strongest correlates of personal attributes of undergraduate and graduate student nurses was analyzed with respect to their attitude toward patient safety among all the most salient factors of medication safety knowledge, self-efficacy, learning styles and knowledge of high alert medications.

A study sample of 128, in which 75 were Bachelor of Science Nursing Students (BSNS) and 53 were Master of Science Nursing Students (MSNS) with experience were investigated. Four instruments: Safety Attitude Questionnaire (SAQ), Kolb's Reduced Learning Style Inventory (KRLI), General Self-Efficacy Scale (GSE) and Nurses Knowledge of High-Alert Medications (NKHAM) and demographic form were utilized to collect data via zoom with an embedded link to the anonymous Qualtrics™ survey. The purpose of this study was to determine the factors associated with positive patient safety attitude and to distinguish between undergraduate nursing student education and RN experience.

The categorical demographic variables were tested against the criterion variable SAQ using one way ANOVA and the continuous interval or ordinal demographic variables were analyzed against SAQ using Spearman Correlation Coefficients and a simple Linear Regression Analysis. The results did not find any relationship of significance at $P \leq .05$. However, a number of demographic variables were significantly related to the predictive variables. The BSNS scored higher in all three learning styles compared to MSNS, or a significant difference was not found. MSNS subjects scored higher for self-efficacy. BSNS subjects scored higher for SAQ. A difference in knowledge of high-alert medications between BSNS and MSNS subjects was not observed. The three learning style domains were significant predictors of SAQ. Nursing knowledge of Drug Regulation and Administration Errors. (NKDRAE) was an inverse predictor of SAQ. BSNS also significantly scored higher in the six safety climate domains (teamwork, safety climate, job / school satisfaction, stress recognition, perceptions of management, and working conditions)



Irene Auteri, PhD, RN

Adelphi University College of Nursing & Public Health, Garden City, New York, United States of America

Biography

Dr. Irene Auteri studied nursing at the Long Island College Hospital and received her BSN from Adelphi University. She received her Masters in Nursing Education from New York University and her PhD in nursing research from Adelphi University College of Nursing and Public Health in 2022. She has held various nursing leadership positions in NYC hospitals and specialized in Maternal Child Health and Nursing education. She has volunteered in Haiti after the 2010 earthquake and in Puerto Rico after Hurricane Maria in 2017. Dr. Auteri runs a monthly free health clinic for Long Island, New York's Eastern Farm workers with her husband and son in New York and was a volunteer during Covid epidemic and she is now assistant professor of nursing at Adelphi University College of Nursing and Public Health.

by systematically eliciting safety culture assessment. MSNS did not score higher on NKHAM indicating insufficient knowledge about high-alert medications. Significantly higher General Self-Efficacy scores among the MSNS as correlated positively with experienced nurses.

The heightened awareness preparation of pre-licensure nursing and graduate students to learn patient safety strategies will be significantly needed in preparing nurses for safe medication administration practice in improving quality of care.

Audience Take Away Notes

- Noting the interesting results in the study that BS nursing students scored higher on the Safety Attitude Questionnaire than MS nursing students, instructional strategies are essential to reduce and prevent harm within graduate education
- The audience will comprehend the need to develop, implement and test innovative pedagogies that encourage student engagement and active learning
- Participants will explore learning styles, self-efficacy and knowledge of high-alert medications in nursing curriculum

Nurse clinical reasoning: New graduates perceptions of preparation versus faculty assessment of preparation

New nurse graduates are entering the nursing profession unable to meet the demands and clinical responsibilities expected of them. Current and past literature shows that there is a lack of clinical reasoning abilities new nurse graduates possess to care for the nation's health care needs. There is a lack of literature to showcase the differences or similarities between new nurse graduates' perceptions of their own clinical reasoning abilities with faculty assessments of those same abilities. The study's focus was to explore the differences in self-perceived clinical reasoning among new nurse graduates and their clinical reasoning skills as assessed by their clinical nursing faculty to enhance nursing clinical reasoning in future new nurse graduates. The purpose of the quantitative non-randomized comparative study was to compare clinical faculty's assessment of graduating professional nurse candidates' clinical reasoning abilities with the candidates' self-assessment of their clinical reasoning abilities, and to assess differences in clinical reasoning assessment between Traditional Associate Degree Nursing Program, Mobility Associate Degree Program, and an Accelerated second-degree Baccalaureate Nursing Program in order to understand any differences that may be attributing to the lack of clinical reasoning abilities in a novice nurses' first nursing position. The constructive alignment theory, coupled with Benner's theory of novice to expert, guided the study. The population consists of nursing students within three programs of a National Proprietary Nursing School. The sample was made up of all subjects who met the inclusion criteria of being a graduating nursing student who was in their final medical-surgical clinical rotation. Inclusion criteria for faculty include all faculty who were assigned a final medical-surgical clinical group. Both research questions resulted in no statistically significant differences. The current findings show that as a new nurse graduate, all programs within the educational institution utilized for the study have the same level of clinical reasoning abilities overall. The overall findings demonstrate that the nursing educational arena in which the study was conducted prepares the nursing student to graduate and enter the nursing practice safely at an entry level position. However, within the Nurse Clinical Reasoning Scale there were specific areas within the clinical reasoning process/tasks that were areas of strength and areas of need. These findings support additional research to enhance the understanding of areas within the clinical reasoning scale. Findings may imply that the health care institutions hiring the new nurse graduate different expectations than the expectations of nurse educator institutions, suggesting a gap between practice needs and educational curriculum. The recommendation is that these leaders come together to have a national conversation regarding the theory practice gap and its subsequent impact on patient care safety.



Dr. Jennifer Anthony*,
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Linda Cummins

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Biography

Dr. Anthony has over 30 years of nursing experience. She obtained both a BSN and MSN Ed. from Chamberlain University. Dr. Anthony presented at the National Nurse Educators Conference describing the need for faculty mentorship promoting faculty retention. Dr. Anthony studied clinical reasoning and clinical judgment of the nursing student and new nurse graduate with a focus on areas within the clinical reasoning process that enhance client safety during her doctoral program. Dr. Anthony's passion is supporting faculty and student success within the nursing education realm. She currently holds a national position of Associate Professor/Student Support Specialist at Rasmussen University.

Audience Take Away Notes

- Explore areas within the clinical reasoning process that nursing students and new nurse graduates find difficulty in mastering and how to minimize those areas of need to promote patient safety
- Nursing faculty will learn what areas to focus on to strengthen clinical reasoning abilities of nursing students
- Nurse preceptors and health care facilities who employ new nurse graduates will learn what areas within the clinical reasoning process new nurse graduates need the most assistance with to promote positive patient outcomes
- Replication studies are needed
- This session/presentation will provide practical understanding of how to assess/measure clinical reasoning of a new nurse graduate or nursing student

16-18^{OCT}

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Marina Gharibian*, Rawan Saab

Hariri School of Nursing, American University of Beirut, Beirut, Lebanon

Generating a model of the impact of social isolation and loneliness on older nursing home residents during the COVID-19 pandemic in Lebanon: A grounded theory study

The increased vulnerability of nursing home residents in Lebanon to COVID-19 infection put the residents under increased stress requiring harsher restrictive measures to be implemented, including stricter forms of social isolation. As a result of social isolation, older residents experienced feelings of loneliness that have been shown to be associated with many deleterious physical and mental health consequences. The overall aim of this study was to investigate how Covid-19 restrictions inflicted by the pandemic impacted the lives of nursing home residents in Lebanon, and to construct a theoretical model using a classic approach to generating grounded theory. The study was a qualitative exploration of the experiences, perceptions, and attitudes of older residents towards the restrictive measures that were put in place during the pandemic.

Two care homes for older people situated in Beirut took part in the study. Between 2020 and 2021 semi-structured interviews were undertaken with a sample of 20 residents. Data were analyzed using the constant comparative method. Four categories emerged by this analytical process. (1) embedding resilience, (2) decreased feelings of connectedness with family and staff, (3) reminisce on their past experiences, (4) using music for healing. The emergence of these categories confirmed the complex, interrelated and multidimensional nature of quality of life for residents and other stakeholders.

The results of this study provide the evidence base for helping older adults affected by social isolation measures. The results of this study will inform intervention measures tailored for this population. Raising awareness on this matter would encourage more studies to be conducted, because there is little information available on the impact of the SARS-CoV-2 pandemic on nursing homes in Lebanon.

Audience Take Away Notes

- This study can have the impact of initiating training events for nursing home staff identified in partnership with nursing homes, focusing on ‘what the residents, relatives and staff ‘want’ and ‘what works well’ to be prepared for another pandemic
- The lessons learned from this study will provide the evidence base for helping older adults residing in nursing homes affected by the social isolation measures
- Raising awareness on this matter would encourage more studies to be conducted, because there is little information available on the impact of the SARS-CoV-2 pandemic on nursing homes

Biography

Marina Gharibian completed her PhD in 2012 from the University of Manchester, UK. She is a registered nurse and a clinical associate professor at Hariri School of Nursing at the American University of Beirut. She teaches nursing care of adults and older adults and Pathophysiology in the undergraduate baccalaureate program and assessment of older adults in the graduate program. Her area of research is quality of life of nursing home residents in Lebanon.



Sadie Elisseou, MD

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Trauma-informed clinical care: Fostering healing and resilience

The Covid-19 pandemic and national movements for health equity over the past few years have highlighted the impact of trauma on health as well as on provider well-being. Rates of depression and anxiety in the U.S. have climbed above 40% and burnout rates among clinicians are reaching 60%. In this ripe climate, Trauma-Informed Care (TIC) a rapidly growing social movement. TIC is an evidence-based, strategic framework for providing high-quality clinical care to survivors of individual, interpersonal, collective and structural trauma. Entire public school districts and healthcare systems are becoming trauma-informed, and Oprah's new book, "What Happened To You?" is firmly rooted in TIC principles. Internet searches for "trauma" have never been higher, and yet TIC remains novel to most clinical nursing professionals. In this session, a top expert in the field will highlight specific examples of how nurses can apply the Substance Abuse and Mental Health Service (SAMHSA)'s "4 Rs" and "6 principles" of TIC to daily clinical care and their own well-being. Participants will leave with simple, actionable steps to ensure that the care we provide is safe, collaborative, and avoids retraumatizing our patients.

Audience Take Away Notes

- Define trauma and the principles of trauma-informed care
- Practice using trauma-informed communication for routine clinical encounters
- Describe components of a trauma-informed physical assessment
- Define vicarious trauma and name strategies for resilience
- Participants will come away with simple, specific, actionable items that they can implement immediately when taking care of patients. These strategies come from published and award-winning research that has already been implemented at medical schools and healthcare institutions across the United States. There is vast potential to expand upon these principles for implementation in various sectors and specialties of healthcare. Trauma-informed care is a form of patient-centered care that can enhance both patient and health worker safety, empowerment, and satisfaction

Biography

Sadie Elisseou, MD (she/her) is a primary care physician in the VA Boston Healthcare System, a Clinical Instructor of Medicine at Harvard Medical School and Adjunct Instructor of Medicine at Boston University School of Medicine, and a nationally recognized expert in the field of Trauma-Informed Care (TIC). Dr. Elisseou's award-winning curriculum on 'trauma-informed physical examination' is now taught at medical schools across the country. Dr. Elisseou partnered with colleagues to publish the first framework on trauma-informed telehealth. She is the co-founder of the National Veterans' Health Administration TIC Collaborative and a member of the Harvard Medical School TIC Steering Committee.

**Nicole Farnsworth, MSN, RN, NPD-BC, CPN**

Clinical Practice, Development Coordinator, Clinical Education Department,
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Let's get Loud: An engaging talk series to build exceptional nurses

A Nursing TED Talk (NED) meant to inspire fellow educators to discover new and innovative ways of engaging the newest generation of nurses. Nurse Educators have been met with the challenge of engaging and retaining a new generation of nurses while they navigate both the typical and atypical: typical first year challenges coupled with the atypical, a pandemic and growing staff shortage. A learning needs assessment revealed a need to approach learners in a different way than in the past. Utilizing the idea of Brain-Based Learning, the idea was embraced that learning should be based on how human attention, memory, motivation, and conceptual knowledge acquisition work. RN/LPN Residency Seminar structure format was changed to adapt to a more flexible and interactive learning environment. The “Let's Get LOUD” engaging talk series was born. Seminar learners begin their day by hearing a 15-18-minute talk centered on the speaker's personal experience and generalized to the healthcare environment. Each talk introduces a main theme which becomes the umbrella under which the day's activities and discussions revolve. By allowing the learner to connect on an individual level early on in the day, a deeper and more holistic discussion about the professional and personal journey of each nurse is encouraged and cultivated. Learner evaluations have demonstrated positive reactions to the shorter, more concise, and personalized format. While the world of healthcare faces challenging times, this is the time for educators to dig in and discover new ways of motivating and captivating their learners so that they can maximize the potential of a new generation of nurses.

Audience Take Away Notes

- Audience members will learn the benefits of utilizing a Brain-Based Learning Theory to guide their education delivery
 - o Use of associations, like metaphors and analogies, to promote learning
 - o Utilize the knowledge that the human brain can process information on various levels at the same time
 - o Focus on fun and engagement
- Audience members will see how easy and fun it is to start with a concrete idea and build discussion around it to promote abstract thought
- Audience members will learn ways to provide content expert information in an activity format instead of lecture and power point

Biography

Nicole studied nursing at the University of Pittsburgh and nursing education at Grand Canyon University, receiving her Masters in Nursing in 2016. She is a Clinical Practice and Development Coordinator for the University of Maryland Baltimore Washington Medical Center and is the coordinator for both the Nurse Residency Program and the LPN Bridge Program. She has a special interest in the utilization of unique educational techniques to develop adult learners of all generations and skill sets. Nicole adores chasing after her two toddlers and attending concerts with her husband.



Chelsea Jones¹, PhD, Michelle Vincent¹, PhD, Elly O'Greysik^{1,2*}, BScN, Brenda Juby¹, MN, Shaylee Spencer¹, MSW, Katherine Bright^{1,3}, PhD, Suzette Bremault-Phillips^{1,4}, PhD

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Collapsing into darkness: An exploratory qualitative thematic analysis of the experience of workplace reintegration among nurses with operational stress injuries

Nurses work in unique, challenging, fast paced and unpredictable environments in which they are exposed to potentially psychologically traumatic events. During the COVID-19 pandemic, Healthcare Professionals (HCPs) across the globe have faced an influx of patients, resource limitations, system overload, policy changes, secondment, societal, and political stigma, family needs, exposure to mass death and dying, as well as personal elevated exposure risk for COVID-19. As a result, more HCPs, including nurses, have been exposed to traumatic and morally injurious events. This can lead to increased rates of Operational Stress Injury (OSI) which can result in HCPs needing time off work. It can be challenging for HCPs to reintegrate into their unique workplaces after an OSI, especially with repeated exposure to potentially psychologically injurious situations and the physically and mentally demanding nature of the workplace. An unsuccessful workplace reintegration process can be career ending for HCPs which may affect the individual, their family, and wider community while contributing to the HCP shortages within healthcare systems. Research regarding HCPs and OSIs has largely focused on clinical interventions and treatments, but neglect to address the important step after clinical interventions when workers are redeployed and expected to perform their occupational duties as before in an adverse environment. There is a paucity of research on workplace reintegration after psychological injury in nurses which makes it difficult to develop evidence-based policies, procedures, and initiatives to assist with the return-to-work and retention of nurses who have experienced an OSI. Prior to the conceptualization and implementation of policies, procedures, and initiatives to address workplace reintegration after OSI, it is imperative that the perspective of nurses is considered. The purpose of this study was to explore the perspectives of Canadian nurses who experienced a return-to-work process after experiencing an OSI. This qualitative study included nurses (N=7) who work or have worked in Emergency Rooms (ER) or Intensive Care/Critical Care Units (ICU/CCU) settings within the province of Alberta, Canada. Data collection included an online demographic questionnaire and recorded interviews conducted via Zoom. Reflexive thematic analysis was utilized to create themes from the data using an inductive and deductive approach. The results showed that cumulative events caused or contributed to psychological distress which required participants to take leave from work. Participants had varied experiences in their return-to-work process, with only two participants engaged in a formalized workplace reintegration. The resulting themes included: (1) Heroes to zero (2) Changing the status Quo (3) Connection is key and, (4) Post traumatic Growth: Advocacy and Altruism. The themes highlighted the current realities that may impede returning to work after an OSI and emphasized the importance of acknowledging the presence of potentially psychologically injurious events, the need for education on mental health at micro, meso, and macro levels, the desire for improved and formalized work reintegration programs and processes, and the importance of connection with close relations, peers, and the workplace. Participants were able to recognize personal strengths, engage in new opportunities, and had a new appreciation for life both professionally and personally. It is imperative that the profession of nursing, healthcare organizations, governments, and the public at large acknowledge

that nurses experience trauma in the workplace. Exploration of evidence-based processes, policies, and initiatives may provide additional support to nurses affected by OSIs. Further research is needed regarding understanding the experiences of nurses and healthcare professionals in their workplace reintegration as this may have a profound impact on the entire professions, systems and communities.

Biography

Elly O' Greysik is a registered nurse with clinical experience in critical care, labor and delivery and postsecondary nursing education. Introduced to the Edmonton Police Service Reintegration Program in 2019, Elly saw such extraordinary potential in the program that she has been exploring the ability to adapt it to nursing since then. Elly is a research assistant with Heroes in Mind Advocacy and Research Consortium (HiMARC) at the University of Alberta. Her research interests include operational stress injury in nurses as well as other public safety personnel. Additionally, she is an advocate to bring presumptive legislation for PTSD to nurses.



Lee Caiger^{1*}, Dr. Kate H Knight^{2*}

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Diversifying the learning opportunities available for pre-registration learners through hybrid leadership placements. An opportunity for further international exchange

The Corporate Placement Expansion Project is a workstream within a successful Enabling Effective Learning Environments (EELE) programme, working across a sub-region of Northwest England, hosted by the University of Chester. The overall philosophy of this NHS England funded project is to expand the practice learning opportunities available for students undertaking pre- registration healthcare programmes, including Nursing, Midwifery and Allied Health Professionals.

Placement capacity is an ongoing challenge for universities delivering pre-registration health-related programmes. Enabling Effective Learning Environments (EELE) aims to expand placement capacity as well as diversifying the learning opportunities available.

The University of Chester and EELE Team have created learning opportunities across the practice learning network. Within this placement, learners participate in activities such as projects, participating in forums and committees, as well as contributing to teaching and simulation. Learners also have the opportunity to gain an understanding into nursing roles within education and at strategic levels. As such learners have the opportunity to contribute to network-level activity across practice learning network.

The EELE team have tailored the learning experience to fit their organisation, with areas utilising a hybrid model (virtual and face-to-face). This has enabled learners to become immersed in live projects regionally, nationally and beyond.

During the placement, learners engage in collaborative work with key individuals within the placement area to generate and complete projects, with the aim of improving and enhancing service provision and resources. While also supporting the development of key nursing skills for pre-registration nurses, such as: communication, leadership, delegation and networking skills.

Audience Take Away Notes

- The presentation gives an example of best practice and success, which supports students' development of skills and increased exposure to nursing roles, outside of the clinical environment
- The presentation will provide delegates with an overview of the structure of this tried and tested type of learning opportunity, including that of the hybrid approach and its transferability to a range of settings, including the opportunity for further international exchange
- The presentation will discuss the voice of participating students, in the evaluation of their experiences having undertaken the corporate placement. Including the impact on confidence, preparation for practice and transition to qualified status
- These collaborative learning opportunities promote accessible and sustainable solutions for gaining leadership opportunities in the global arena

Biography

Lee Caiger is an Engagement and Implementation Officer and Lecturer in Practice Learning, within the Faculty of Health, Medicine and Sociality at the University of Chester. Lee currently works as part of team of professionals, who hold responsibility for the development and delivery of a practice learning strategy for the region. This with the overarching aim of improving systems, experiences and outcomes for pre-registration healthcare professions across Cheshire and Merseyside. Lee is a registered children's nurse by background, prior to joining the faculty in 2021.

Dr. Kate H Knight is an Associate Professor and Head of Practice learning for the Faculty of Health, Medicine and Society and has the academic leadership for health and social care practice and governance and management of practice learning in her portfolio. This includes placement quality whilst developing the faculty practice learning provision. Kate leads the Practice Learning Team including Lecturers in Practice Learning and project teams.



Maysoun Atoum^{1*}, PhD, MSN, RN, Hadeel Atoum², MD

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Prevalence and factors associated with the use of electronic devices among adolescents: A cross sectional study

Introduction: In recent decades, there has been a growing concern over problematic electronic device (e-device) use, characterized by excessive internet access and poorly controlled impulses, leading to impairment and distress. Despite the widespread accessibility of e-devices, challenges related to problematic usage remain underrecognized, particularly in low-income countries like Jordan. This study aims to assess the prevalence of e-device use, examine the relationship between duration of electronic use and psychological scores, and explore strategies for managing e-device dependency among adolescents.

Design: This study utilized a cross-sectional descriptive design with a multiple-stage cluster sampling technique. A total of 485 adolescents were selected as participants. Data collection involved the use of self-administered structured questionnaires, which measured variables such as e-device usage time, depression, anxiety, stress (using the DASS-21), and perceived social support (using MSPSS). The data were analyzed using SPSS version 22.

Results: The findings revealed that nearly all participants reported using e-devices for an average of five hours per day. A significant percentage (20.2%) of the participants experienced mild to extremely severe levels of depression, while 37.9% and 17% experienced anxiety and moderate stress levels, respectively. Female participants exhibited higher psychological impairment scores compared to males, and family emerged as the primary source of perceived social support. Gender differences were assessed using independent sample t-tests. Bivariate and multivariate linear regression analyses were conducted, with the duration of e-device use as the independent variable and associated factors as the dependent variables. The first regression model showed that increased duration of e-device uses significantly predicted poorer psychological scores, even after controlling for other variables. However, this model explained only about 20% of the variance in the dependent variable. The second regression model indicated that e-device use time predicted perceived social support scores specifically from family. The variables in this model accounted for approximately 23% of the variance in the dependent variable.

Conclusion: This study highlights a high prevalence of e-device use among adolescents and identifies various factors associated with increased e-device dependency. It emphasizes the need for adolescents to develop strategies for managing healthy e-device practices. By addressing these issues, educators and stakeholders can promote positive e-device use habits and improve the overall well-being of adolescents.

Keywords: Electronic devices, Adolescents, Psychological distress, Perceived Social Support.

Audience Take Away Notes

- In recent decades, the problem of electronic device (e-device) use has been characterized by poorly controlled impulses or addiction behaviors regarding excessive e-device use which leads to impairment or distress. Despite this, various challenges relate to problematic e-device use, which remains under recognized by stakeholders, especially in low-income countries, including Jordan

- Behavioral addictions have serious negative consequences on physical, psychological, social, and financial well-being specially adolescence
- The students, parents and teachers need to identify strategies for managing healthy practices of e-device use

Biography

Dr. Maysoun Atoum is a passionate nursing teacher with 22 years of experience in nursing education at Hashemite University. As a highly experienced faculty member, Dr. Atoum plays a vital role in shaping the future of nursing by imparting essential knowledge, skills, and ethical values to her students. She is dedicated to incorporating Evidence-Based Practice (EBP) in both teaching and clinical practice, ensuring that her students develop the necessary competencies to thrive in a global healthcare environment. Dr. Atoum's commitment to excellence in nursing education and her focus on producing globally competent students make her a valuable asset to Hashemite University's Nursing School.



Lyazzat Toleubekova, MBChB, Byron Lawrence Crape, PhD, MSPH, Makpal Akhmetova*, MPH, Pana Akhmetniyaz, MPH, Faye Foster, PhD

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Determinants of burnout and coping mechanisms among palliative care professionals in a low-resource MIC

Background: To date, no research has been conducted on the prevalence of burnout, psychological distress, and coping techniques used by palliative care professionals in the low-resource MIC of Kazakhstan.

Aim: To understand emotional challenges faced by palliative care professionals and to identify determinants of burnout and coping mechanisms among palliative care professionals.

Methods: We conducted a national qualitative study utilizing semi-structured in-depth interviews with a total of 41 nurses and 17 physicians from palliative care services across Kazakhstan. The interviews were conducted in Russian and Kazakh languages, audio recorded, transcribed, translated into English, and then analyzed using grounded theory in N Vivo software.

Results: Four major themes emerged from our analysis: an emotional connection with patients, determinants for burnout, denial of burnout, and coping mechanisms in a low-resource setting. To our knowledge, this is the first study of its kind to identify a systematic pattern of denying emotional stress and burnout among palliative care professionals. Our findings revealed that about half of participants underestimate the extent of or deny emotional stress and burnout. This is often marked by self-reported “numbness” to stress as a response to years of working and a tendency to suppress one’s emotions and ignore or downplay emotional stress. Most commonly employed coping mechanisms among palliative care nurses and physicians include seeking support from colleagues, spending time with family, and individual self-care practices.

Conclusion: The findings of this study address issues related to psychological morbidity, and emphasize the importance of implementing training programs focused on enhancing emotional resilience and coping strategies for palliative care professionals.

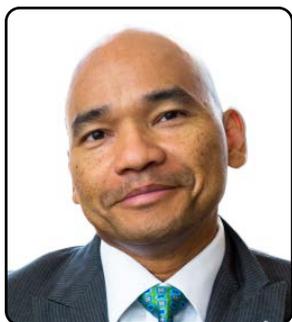
Audience Take Away Notes

- The audience will gain a comprehensive understanding of the prevalence of burnout, psychological distress, determinants for developing burnout, and mechanisms of coping used among palliative care professionals in resource-limited settings, specifically focusing on nurses in this field
- The audience will acquire insights into the determinants of burnout among palliative care professionals, predominantly nurses, enabling them to identify potential risk factors and develop strategies for prevention
- They will understand the coping mechanisms employed by palliative care professionals in low-resource settings, which can be applied to their own practice or shared with colleagues to promote well-being and resilience
- This research that other faculty could use to expand their research or teaching
- This provide a practical solution to a problem that could simplify or make a designer’s job more efficient
- It improve the accuracy of a design, or provide new information to assist in a design problem
- List all other benefits

- o The research outcomes will help the audience in their job by raising awareness about the emotional challenges and burnout experienced by palliative care professionals. This knowledge will enable them to develop strategies to mitigate burnout risks and enhance emotional well-being among palliative care nurses
- o Faculty members can use the research findings as a basis for expanding their own research projects in the field of palliative care, emotional well-being, and coping mechanisms. This research can lead to new insights and contribute to the existing body of knowledge on burnout and resilience in healthcare professionals
- o The identification of denial of burnout among palliative care nurses and physicians provides a practical solution that can be integrated into training programs or workshops for palliative care professionals. This can simplify the process of addressing burnout and improving emotional resilience in the workplace
- o The research can assist designers or developers of interventions, programs, or policies in the field of palliative care by providing new information on the specific challenges faced by professionals in low-resource settings. This knowledge can help them design more targeted and effective solutions to support the emotional well-being of palliative care professionals
- o The findings may also have implications for the broader nursing community, allowing the audience to share insights and knowledge gained from this research with their peers. This knowledge exchange can contribute to a culture of well-being and resilience in nursing practice and education, benefiting the overall healthcare system.

Biography

Makpal Akhmetova is a Research Assistant at Nazarbayev University School of Medicine. She graduated from NU as BSc in Biological Sciences in 2018 and MPH in 2020. Currently engaged in a research project focused on palliative care in Kazakhstan. She serves as the primary point of contact, reaching out to hospice and hospital leaders, and involved in various aspects of the research, including data collection and analysis.



Nguyen "Tom" Griggs, EdD

Owner, Lead Connect Grow LLC, Houston TX, United States of America

Code grey: How to R.E.A.D. people and keep healthcare workers safe

Healthcare (HC) workers have long dealt with mistreatment and abuse from patients and their families/friends. HC workers are often told that mistreatment comes with the job. Yet the increasing number of incidents and the levels of violence have dangerously escalated during and after the pandemic at an alarming rate. This session addresses the problems of violence against HC workers on several fronts. First, we examine how HC workers can maintain a sense of calm and peace with people through empathy and "relating" behaviors. Secondly, we discuss evading verbal and emotional attacks such as insults, name-calling, or disrespectful language through code words and safety gestures. Third, HC workers are taught basic self-defense techniques (such as releases, blocks, redirection, and escaping) to act appropriately when the situation becomes physically violent. Lastly, documenting the details of the incident is discussed so that leadership and security are correctly informed for future policy decisions and follow-ups. This session also emphasizes teamwork, communication, conflict management, and leadership when safety and security are compromised.

Audience Take Away Notes

- Utilize verbal, psychological and tactical de-escalation concepts/techniques for difficult and potentially violent people
- Learn how to use the healthcare environment for evasion and safe places when necessary
- Develop communications and stealth safety gestures and code words for dangerous situations
- Provide the necessary details for documenting incidents to help with security and leadership
- Feel a better sense of empowerment and related to personal and workplace safety situations

Biography

Nguyen "Tom" Griggs Ed.D. is a leadership, conflict management, and self-defense trainer. Tom has worked with corporate, education and non-profit clients over the past decade. Recently, he has focused his efforts on teaching healthcare worker safety, de-escalation techniques, and working with security. He founded Lead Connect Grow LLC in 2014. Tom was featured on the cover of MA Success magazine in May 2018 and subsequently wrote a leadership column for the next 2 years. He's appeared on TV and podcasts about using Japanese Jujitsu principles for interpersonal settings and healthcare safety.



Rannibel Atsimbom

Nursing Department, Buea Town Intergrated Health Center, Buea, Cameroon

The impact of technology on nursing practice and patient outcomes

During this presentation you will learn about the impact technology has had on nursing practice and how it has affected the outcomes of patient care and patient recovery. The use of technology in nursing practice has had a profound impact on nursing care and patient outcomes. By leveraging on health care technology, nursing professionals have been able to access critical and timely patient data which helps them make the most informed decisions. With this too nurses can better understand how patients are responding to treatment and also provide more accurate care accordingly.

The audience could use this in their own practice as health care professionals. They could also use it to inform their decision-making when it comes to implementing new technology in healthcare settings.

Furthermore, they could share the information with their colleagues or students to promote a better understanding of the role of technology in healthcare. Lastly, they could advocate for the use of technology in healthcare settings to improve patient care and outcomes. technology can improve communication between nurses and other members of the healthcare team, leading to better coordination of care. Electronic health records can also improve the accuracy and timeliness of information, which is crucial in a fast-paced setting like critical care.

Additionally, technology can assist with decision-making by providing nurses with real-time data and alerts about patient conditions. And lastly, technology can help reduce errors by automating certain tasks, such as medication administration and charting.

I also think it's important to note that technology is not a panacea. It can improve nursing practice and patient outcomes, but it also comes with its own set of challenges and risks. For example, there are concerns about privacy, security, and data breaches when it comes to using electronic health records. It's also important to consider the cost of implementing and maintaining technology, as well as the need for training and support for nurses and other healthcare professionals. Finally, technology should never replace the human element of healthcare - it should only serve to enhance it.

Biography

Rannib Atsimbom studied Nursing at Biaka university institute of Buea, Cameroon. Graduated with a higher national diploma in nursing from the said institution in 2021 after 3 years of studies qualifying her to work as a registered nurse and has been working at the Buea Town Intergrated health center, Buea Cameroon as a nurse in the surgical unit. Went in to study for her Bachelors in nursing science and graduated in 2021. She was then promoted to the position of a senior nurse in the surgical unit of the Buea town intergrated health center, buea Cameroon.

16-18^{OCT}

DAY 03-VIRTUAL
KEYNOTE FORUM



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Stress reduction for school-age health promotion

The purpose of this research presentation is to discuss school-age child mental health priorities. Researcher will provide the challenges faced by school nurses in Kentucky and the impact on children related to education and learning gaps. The aim is to engage attendees in advocating for a school nurses in every Kentucky public school all day, every day. Researcher will discuss evidence-based practice stress reduction and coping strategies to optimize school-age child learning. Researcher will further discuss the roles of school nurses, such as educators, counsellors, mediators, providing mental health resources, performing health screenings, and making health referrals to optimize child health. The researcher will explain how school nurses are vital in bridging learning gaps between educators, parents, and children at an early age to improve and optimize long-term outcomes. Bridging gaps may increase school-age child school attendance and manage chronic healthcare conditions promoting health. In addition, children who attain a good education will be able to generate more societal income for future growth. Children hold the future and nurse advocacy and research is needed to bridge knowledge and application gaps to benefit long-term outcomes in Kentucky.

Audience Take Away Notes

- Identify 3 school-age stress reduction activities to enhance learning
- Discuss how providing child stress reduction activities can bridge the gap between knowledge and application
- Describe at least 2 way that stress reduction activities and mental health resources can optimize child health outcomes



**Lisa Wallace, DNP, MSN,
BSN, RNC-OB, NE-BC**

Morehead State University,
Morehead, KY, United States of
America

Biography

Dr. Lisa Wallace is an Assistant Professor at Morehead State University with over 32 years of experience as a Registered Nurse. She completed her Doctoral of Nursing Practice degree in 2020, Master of Science in Nursing degree with a focus on Leadership/Management Tract in 2009. She maintains two national certifications, Inpatient Obstetrics and Nurse Executive. Previous roles include staff nurse, charge nurse, nurse manager, and director. Her areas of expertise include obstetrics, neonates, leadership and management, and pediatrics. She is a BLS, ACLS, PALS, ALSO, NRP Instructor, and TeamSTEPPS master trainer. She has various evidence-based practice scholarly publications, and podium/poster presentations at various professional conferences.

Nursing student perceptions of incivility in academia

Nursing is a trusted and noble profession. However, nurses are not consistently humane with each other. Incivility in nursing has longstanding roots in the literature—"Nurses eat their young." The culture of aggression may originate in nursing academia. Nursing student perceptions in academia was studied using the INE-R survey. Student age and health care experience were variables explored to determine if any correlations exist to perceptions of incivility. The data did not reveal any significant correlations when students in a community college setting were surveyed. However, the study found role modeling behavior and civility was a significant strategy suggested for improving civility in academia.

Audience Take Away Notes

After participating in this presentation, the audience will learn how to:

- Identify and describe student perceptions of incivility in academia
- Evaluate the data collected from the research study in relation to student age and health care experience and the correlation to perceptions of incivility
- Discuss behaviors and actions deemed uncivil and identify consequences for incivility in academia
- Recognize the importance of role modeling behavior and civility



Dr. Michele L. Lopez

College of Health Professions,
Pace University, Pleasantville,
United States of America

Biography

Michele Lopez is a life-long health education practitioner and learner, earning a Bachelor of Science in Nursing from Pace University and a Master of Arts in Nursing Administration, Leadership and Organization from Columbia University, Teacher's College and a Doctorate of Health Education from A.T. Still University, College of

Graduate Health Studies. Michele has completed research on incivility and bullying in nursing academia. Michele has been a nurse educator for more than 19 years, teaching LPN, ADN-RN, BS-RN and graduate degree nursing programs in traditional classroom settings and online environments, clinical, and nursing labs. In addition to her years spent as an educator, she has 28 years nursing experience in various specialty areas including mental health nursing, medical surgical nursing, pediatrics, and home health care. Michele has completed course work or holds certificates for clinical simulator education, diabetes management, and nurse education. She has received work study grants for curriculum development, medical math, and infection control. Michele has helped many students succeed in nursing programs. She has dedicated her career to sharing her learning experiences with others. She is a trained member of the LGBTQ Ally program, and a trained Stephens Minister. Michele serves as a mentor to new teachers and graduate students, and is a graduate of Pace University's Come Teach with Us Academy for math and science. Michele has developed and delivered review courses for NCLEX certificate and license exam preparation. She has been called upon to review content material for nursing and health textbooks. Michele was also selected from a group of nurse educators by Assessment Technologies Institute (ATI) to perform NCLEX exam item writing. Michele is an Assistant Professor of Nursing at Pace University, and serves in the Medical Reserve Corp.

Perspective for voice utilization in clinical practice

People interact with their energy, with or without words and sounds. Verbal and nonverbal communication offers us relevant data about an individual:

- Intelligence
- Education
- Emotional state
- Medical conditions
- Welfare

Sharing the presence, words, musical composition, and how to give out an idea make us think of various human values, changeable in a different environment. Usually, people exchange their opinions using words in a written format, or they convert them in a say that instantly goes up to the intended recipient[s] using IT devices or by physical, face-to-face interaction. For verbal communication, the voice characteristics differ from those that get through expressing musical compositions. Various musical themes and interpreters influence the mind's function, determining emotions for individual well-being. Voice qualities to amend, initiate distress, or bring excitement are of interest in clinical practice. Voice combined with breathing data offers information about blood flow. Gravitational waves and respiratory and heart functions influence human body fluids distribution and subsequently vary a human voice. Voice command and execution with possible gaps at diverse levels differentiate complex medical conditions. AI supplies fast analyse the voice, including sentiment exploration. Promising projects using AI for voice analysis in the healthcare industry offer another perspective on clinical practice. IT devices and physical touch points are options for communication in daily work. This clinical sign offers us sufficient details for analysis and decisions in clinical practice.

Audience Take Away Notes

- Recognize voice function in clinical practice
- Evaluate heart failure using voice characteristics
- Make a difference between medical conditions concerning the respiratory system vs. cardiovascular system, using voice analysis
- Make a difference between voice dysfunction at various levels for command and execution
- Recognize the proper voice characteristics as an essential part of individual comfort



Sofica Bistriceanu

Academic Medical Unit – CMI,
Romania

Biography

Dr. Sofica Bistriceanu studied in Romania at the Gr. T. Popa Iasi University, and graduated as MD in 1984, research in family medicine, Maastricht University, 2000, Ph.D. in 2009, Iasi, at the same institution. She joined the European, American, Asian Primary Care Research Group, American Academy on Communication in Healthcare, APTR, IHI, NICHQ, EPCCS, EURACT, WONCA Meetings. She is a member of Academy for Professionalism in Health Care. Dr Sofica Bistriceanu is the author of more than 70 research studies shared abroad and received awards for some of them. She is a member of The Journal of Patient Experience (JPX) Editorial Review Board. Dr Sofica Bistriceanu is the representative of the Academic Medical Unit located in NT, ROU. She is the author of seven volumes of poems published by Chronica Iasi Publishing House, and Time, Iasi Publishing House.

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Yang Chen*, Xue Pan

School of Nursing and Health, Zhengzhou University, Zhengzhou, Henan, China

The status and influencing factors of cognitive frailty in elderly patients with coronary heart disease in community

Objective: To investigate the status quo of cognitive frailty in elderly patients with coronary heart disease in community, and analyze its influencing factors, so as to provide reference for the management of cognitive frailty in community.

Methods: From November 2022 to February 2023, elderly patients with Coronary Heart Disease (CHD) in a community health service center in Zhengzhou were selected as the study objects, and frailty phenotype, Montreal Cognitive Assessment Scale, Clinical Dementia Rating Scale, and general self-efficacy scale were used to investigate.

Results: Among 300 elderly patients with coronary heart disease, 108 (36%) had cognitive weakness, 67 (22.3%) had reversible cognitive weakness, and 41 (13.7%) had potential reversible cognitive weakness. Old age, co-existence of multiple diseases, and fall are the risk factors of cognitive decline in elderly patients with coronary heart disease. High self-efficacy and regular exercise were protective factors for cognitive decline in elderly patients with coronary heart disease ($P < 0.05$).

Conclusion: The current situation of cognitive frailty in elderly patients with coronary heart disease in community is not optimistic. Medical staff should focus on early screening of elderly and comorbidities, and take active measures to delay or even reverse the cognitive frailty process.

Audience Take Away Notes

- To investigate the status of cognitive frailty and its influencing factors in elderly patients with coronary heart disease in communities
- Frailty phenotype, Montreal Cognitive Assessment Scale, Clinical Dementia Rating Scale and general self-efficacy scale were used
- Taking elderly patients with coronary heart disease in a community health service center in Zhengzhou City as the research object, 300 elderly patients with coronary heart disease were collected, 36% of them had cognitive weakness
- Research shows that old age, co-existence of multiple diseases and fall are risk factors for cognitive frailty in elderly patients with coronary heart disease, and high self-efficacy and regular exercise are protective factors for cognitive frailty in elderly patients with coronary heart disease ($P < 0.05$)

Biography

Miss Chen is pursuing a master's degree at the School of Nursing and Health, Zhengzhou University. And her research focuses on community and aged care.

**Xiaodan Li**

Department of Obstetrics and Gynecology, Peking University People's Hospital, Beijing, China

Weight management in endometrial cancer patients treated with fertility-sparing

To discuss the effects of weight management in overweight endometrial cancer or atypical hyperplasia patients undergoing fertility-sparing treatment. Women with endometrial cancer or atypical hyperplasia who were treated with fertility-sparing and had BMI >25 kg/m² were randomly allocated to our weight management group or self-management group. Body morphology and composition, glycolipid metabolism, and tumor outcomes were assessed in both groups before and at 3 and 6 months after intervention. Weight management can improve the studied parameters and complete remission rates in this population.

Audience Take Away Notes

- Most women with endometrial cancer suffer from overweight and obesity. Overweight and obesity affect the endometrial affect the fertility-sparing outcomes of patients with endometrial cancer
- There is a lack of evidence on the effectiveness of weight management in fertility-sparing endometrial cancer patients
- Weight management can improve the body morphology and composition, glycolipid metabolism of fertility-sparing endometrial cancer patients
- Weight management can improve the complete remission rate of fertility-sparing endometrial cancer patients
- Patients with endometrial cancer should be given systematic weight management as an adjuvant therapy

Biography

Mrs. Xiaodan Li studied Master Degree of Nursing at the Peking University. She then joined the research group of Prof. Jianliu Wang at the Institute of Peking University People's Hospital. She was Vice Chairman of Gynecology Professional Committee of Chinese Nursing Society. She has published more than 30 research articles in Chinese and SCI (E) journals.



Yuan Yongyong*, Wang Hailun

Dermatology, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China

Mechanism of sweat glands, sweat and infection in hailey-hailey disease

Hailey-Hailey Disease (HHD), or familial benign chronic pemphigus, is characterized by a chronic relapsing course, with a difficult-to-treat condition that severely affects a patient's quality of life. Although HHD is caused by a mutation of the ATP2C1 gene, there is no genotype–phenotype correlation according to clinical practice or literature reports. Patients usually present with clinical findings of HHD in apocrine gland-rich areas of the body after adolescence of life, severe in summer and mild even self-healing in winter. Treatments include antibiotics, anti-inflammatory, immunosuppression, and inhibition of sweat production by apocrine glands are partially effective. Based on such a distinct clinical phenotype, which is inseparable from season, location, sweat, and infection (bacteria), it appears that the environment should be the most important factor in the etiology of HHD. Therefore, this research aims to study the sweat gland function, sweat characteristics and the resulting underlying skin microecological changes of HHD patients in winter and summer, in order to explore effective, easy-to-operate and safe treatments and nursing methods, and reduce the current drug side effects and treatment-related complications. Single-cell sequencing of sweat gland cells and surrounding inflammatory infiltrating cells obtained in the biopsy is to understand the inflammatory and immune pathways of HHD. It is hoped that we will be able to lay down a foundation for further research on ATP2C1 gene and the mechanism of cell disconnection.

Audience Take Away Notes

- It is a research about precision nursing. Precision nursing uses omic data within the context of lifestyle, social, economic, cultural and environmental influences to help individuals achieve well-being and optimal health
- Nursing science could make contributions to precision health through symptom science on manifestation and management of symptoms of disease and treatment
- Nurses have the potential to conduct nursing research that can identify interventions tailored to patients' unique omic, genetic/genomic, digital, lifestyle and environmental characteristics in order to promote optimal health outcomes
- Nurses are well-positioned to lead the implementation of precision health through interprofessional collaboration, community outreach efforts, and coordination of care

Biography

Nurse Yongyong Yuan studied Nursing at Shanghai Jiao Tong University School of Medicine and graduated in 2003. She then joined the research group of Prof. Jie Zheng at the Department of Dermatology, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine. Currently she is pursuing a DNurs at the same institution. She has participated in exchange and training programs in France and the United Kingdom. From April to September 2019, she conducted research as a visiting scholar at the Medical School Hospital of Cardiff University in UK. She actively engages in skin care therapeutics.



Rongrong Han*, MSc, RN, **Zhi-xuan Xiang**, MSc, RN, **Shu-han Zhang**, MSc, RN, **Ling-ling Gao**, PhD, MSc, RN

School of Nursing, Sun Yat-Sen University, Guangzhou, China

Predictors of anxiety among pregnant women with gestational diabetes mellitus and their partners: The mediating role of marital satisfaction

Aims: This study aims to examine the prevalence of anxiety symptoms and identify its predictors among pregnant women with gestational diabetes mellitus and their partners and explore the mediating role of marital satisfaction between maternal and paternal anxiety.

Design: A cross-sectional study was conducted from July 2021 to May 2022, in Guangzhou, China.

Methods: 306 pairs of pregnant women with gestational diabetes mellitus and their partners completed the State-Trait Anxiety Inventory, Locke-Wallace Marital Adjustment Test, and the socio-demographic and clinical data sheet.

Results: The prevalence of anxiety symptoms was 32.4% and 36.6% in pregnant women with gestational diabetes mellitus and their partners, respectively. The predictors of maternal anxiety were paternal anxiety, maternal marital satisfaction, maternal monthly salary, fasting glucose value and 1-h glucose value, while the predictors of paternal anxiety were maternal anxiety, paternal marital satisfaction, and paternal monthly salary. Moreover, the relationship between maternal and paternal anxiety was mediated by marital satisfaction.

Conclusions: The anxiety of pregnant women with gestational diabetes mellitus and their partners influence each other, and this relationship was mediated by marital satisfaction. Every couple should be screened for anxiety symptoms and treated as a team rather than focusing solely on the pregnant woman.

Keywords: Anxiety, Gestational Diabetes Mellitus, Marital Satisfaction, Pregnant Women, Partners.

Summary statement:

- Gestational diabetes mellitus is strongly associated with a variety of short- and long-term adverse maternal and neonatal outcomes.
- The diagnosis of gestational diabetes mellitus is a stressful event for both pregnant women and their partners.
- No studies have been conducted to examine and compare the anxiety symptoms among pregnant women with GDM and their partners in mainland China.
- The prevalence of anxiety symptoms was high in both pregnant women with gestational diabetes mellitus and their partners.
- The anxiety symptoms of pregnant women with gestational diabetes mellitus and their partners influence each other.
- Marital satisfaction played a mediating role between maternal and paternal anxiety.

The implications of this paper:

- Routine screening for anxiety symptoms is necessary for both pregnant women with gestational diabetes mellitus and their partners; mental health support should deliver timely for couples.
- Pregnant women with gestational diabetes mellitus and their partners should be treated as a team rather than focusing solely on pregnant women.
- Couples should be given training module on marital satisfaction enhancing skills in order to prevent and reduce their anxiety symptoms.

Biography

Miss. Han is a graduate student studying nursing at the Sun Yat-sen University in China.



Jie Zheng^{1*}, Rongrong Han², Lingling Gao²

¹School of Nursing, Peking University, Beijing, China

²School of Nursing, Sun Yat-sen University, Guangzhou, China

Social support, parenting self-efficacy, and postpartum depression among Chinese parents: The actor-partner interdependence mediation model

Background: As the most common complication of childbirth, postpartum depression affects both mothers and fathers, and its prevalence has been steadily rising in recent years. There is a need to include both parents in research to understand their interaction effects.

Objective: This study aimed to (a) compare the differences in social support, parenting self-efficacy, and postpartum depression between the parents; (b) explore the relationships of these variables among the parents; (c) examine the actor-partner interdependent effects of social support and parenting self-efficacy on maternal and paternal postpartum depression; and (d) assess the mediating effect of parenting self-efficacy between social support and postpartum depression in both parents.

Methods: A cross-sectional study was carried out in Guangzhou, China, between December 2020 and July 2021, with 309 pairs of parents participating. The Edinburgh Postnatal Depression Scale (EPDS), Social Support Rating Scale (SSRS), Parenting Sense of Competence Scale-Efficacy subscale (PSOC-E), and socio-demographic data form were all completed by both parents.

Results: 20.7 % of mothers and 11.7% of fathers suffered from postpartum depression at six weeks postpartum. The actor-partner interdependence mediation model revealed six actor effects, such as both parents' social support is negatively associated with their own postpartum depression through parenting self-efficacy; one partner effect demonstrated a positive association between maternal social support and paternal parenting self-efficacy, which was mediated by paternal parenting self-efficacy.

Conclusions: Family-centered interventions are necessary, and in particular, increasing mother-centered social support can effectively improve the parenting self-efficacy of both parents to avoid the onset of postpartum depression.

Keywords: Postpartum Depression, Social Support, parenting Self-efficacy, Parents, Actor-partner Interdependence Mediation Model.

Audience Take Away Notes

- 20.7 % of mothers and 11.7% of fathers suffered from postpartum depression at six weeks postpartum
- Maternal social support was negatively associated with paternal postpartum depression mediated by paternal parenting self-efficacy
- The present study provided novel family-based empirical evidence to help healthcare providers make decisions. The emphasis should be on enhancing social support, especially for mothers who experience considerable psychosocial distress, and optimizing the parents' mental health
- Importantly, this study formulated a new conceptual framework for clinical interventions to prevent postpartum depression for the whole family, which can effectively guide mother-centered family intervention strategies, particularly during in the postpartum period

Biography

Miss Zheng is a PhD student in the School of Nursing, Peking University, China. Her research focuses on maternal health promotion and chronic disease management.



Xuelin Zhang*, RN, PhD, Yim Wah Mak, RN, PhD

School of Nursing, The Hong Kong Polytechnic University, Hong Kong

Effects of a family-based self-care intervention using acceptance and commitment therapy on patients with chronic heart failure and their family caregivers: a randomized controlled trial

Background: Chronic Heart Failure (CHF) is a common illness associated with high mortality and increased risk of rehospitalization. Self-care management that provides psychoeducational support to CHF families is an approach to improve patients' Health-Related Quality of Life (HRQOL) by reducing the negative impact of HF and empowering both patients and their Family Caregivers (FCs) to effectively participate in CHF care. This report aimed to evaluate the effectiveness of a family-based self-care intervention using Acceptance and Commitment Therapy (ACT) in improving HRQOL and other related health outcomes in Chinese patients with CHF and their FCs.

Methods: A parallel-group, assessor-blinded, stratified, Randomized Controlled Trial (RCT) was used. The patient-FC dyads were randomly with a 1:1 ratio allocated to intervention and control groups using online-generated randomization. The two groups received four 2-hour videoconferences via smartphone each week. In the intervention group, patient- FC dyads underwent brief HF self-care education and dyad ACT to enhance their understanding of CHF self-care, explore their psychological challenges during CHF care, and develop skills to overcome these obstacles, facilitated by two trained registered nurses. The control group received CHF educational lectures. The primary outcome measured was HRQOL of patients and their FCs. Assessments were conducted via smartphone interview by blinded research assistants at baseline (T0), immediately post-intervention (T1), and at a three-month follow-up (T2). Data analysis followed the intention-to-treat principle and utilized generalized estimating equations.

Results: Between June 3, 2022, and February 23, 2023, 160 CHF patients (mean age 64.71 ± 12.58 years old, 55.0% male) and their FCs (mean age 55.93 ± 14.28 years old, 30.6% males, 65.2% patients' spouses) participated in this study. After intervention, patients with CHF in the intervention group showed significant improvements in disease specific HRQOL measured by the Kansas City Cardiomyopathy Questionnaire (KCCQ) at both T1 ($\eta^2 = 3.87$, $p < .001$; Cohen's $d = 0.51$) and T2 ($\eta^2 = 5.81$, $p < .001$; $d = 0.75$), with medium effect sizes compared to the control group. However, FCs in the intervention group did not show significant positive effects, despite displaying better generic HRQOL as assessed using the EuroQoL five-dimension five-level instrument (EQ-5D-5L) at T1 ($\eta^2 = 0.02$, $p = .070$, $d = 0.21$) and T2 ($\eta^2 = 0.03$, $p = .109$, $d = 0.20$), as well as measured by the EuroQoL visual analogue scale (EQ-VAS) at T1 ($\eta^2 = 3.78$, $p = .088$, $d = 0.18$) and T2 ($\eta^2 = 4.08$, $p = .071$, $d = 0.16$), in comparison to the control group. Additionally, the intervention group demonstrated significant positive effects compared to the control group in patient self-care behaviors ($d = 0.63-0.90$), caregiver burden ($d = 0.30-0.39$), and psychological flexibility ($d = 0.31-0.72$) for both patients and FCs at T1 and T2.

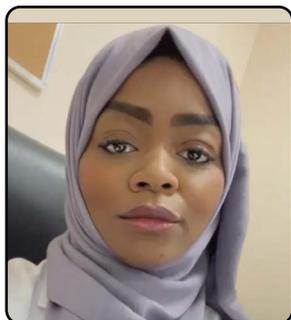
Conclusions: The family-based CHF self-care intervention using ACT delivered through smartphone videoconferencing sessions for the CHF condition was effective at improving the patient HRQOL and HF self-care and enhancing the psychological flexibility for both patients and FCs compared to HF education alone.

Audience Take Away Notes

- This study provides valuable insights that can be applied to clinical practice, nursing education, and nursing research. By combining family-based self-care interventions with psychological approaches, such as ACT, nurses can contribute to the field of chronic disease management that improves HRQOL for patients with chronic disease, especially for those with CHF, reduces the burden on the healthcare system, and advances chronic disease care
- Clinical Practice: Clinical nurses, can use the study's findings to enhance their clinical practice. They may consider incorporating family-based self-care interventions, such as using ACT techniques, into care plans for patients with chronic conditions, especially those with chronic heart failure. By employing psychological approaches such as ACT, healthcare providers can empower patients and their families to better manage chronic HF and achieve a higher quality of life
- Nursing Education: Nursing educators can use research findings to promote nursing education programs. They may consider integrating ACT principles into nursing training programs to better prepare nursing students to deal with the complex healthcare needs of chronically ill patients and their families. This educational approach can equip future nurses with the skills and knowledge necessary to provide holistic care and support to patients with chronic conditions and their families
- Nursing Research: Nursing researchers can find inspiration from this study to conduct further research on family-centered interventions in the context of chronic disease care. The positive and significant effects of a family-based self-care intervention using ACT for HF provide a basis for exploring similar interventions in other chronic disease populations. This study contributes to a deeper understanding of the effectiveness of family-based approaches to health care

Biography

Ms. Xuelin Zhang is a final-year Ph.D. student, under the supervision of Dr. Yim Wah Mak, Associate Professor at the School of Nursing, The Hong Kong Polytechnic University. Ms. Zhang brings practical insights to her academic pursuits with clinical experience as a hospital cardiology ward nurse and a nursing educator in China. Her research interests include cardiac care and the application of acceptance and commitment therapy in health care. She has around 10 research articles published in SCI journals.



Manal F Alharbi¹, PhD, RN, Associate Professor, Aisha F Basheer^{2*}, MSN, RN, Quality Coordinator, Wejdan S Alharbi^{3*}, MSN, RN, Deputy of Nursing Director, Ensherah A Aljohni⁴ MSN, RN, Nursing Director



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²Nursing Administration Department, Maternity and Children Hospital, Ministry of Health, Makkah, Saudi Arabia

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Quality of nursing work life and level of stress across different regions in Saudi Arabia - A cross sectional study

Aim: This study investigates the quality of nursing work life and level of stress at hospitals located in different regions in Saudi Arabia.

Background: Nursing staff are at increased risk of distress and are exposed to a variety of wear- generating elements that may influence the professional quality of work life.

Methods: A quantitative, cross-sectional and snowball sampling was used to collect data (n = 303) among nurses across different regions in Saudi Arabia using an electronic survey.

Results: Most respondents were 26–35 years of age (67.7%), women (90.8%) and staff nurses (61.4%). The total mean Quality of Nurse Work-Life (QNWL) score was 147.9 (SD = 30.0), and the total mean stress score was 14.8 (SD = 6.08). A significant correlation was found between stress score and total quality of nursing work life score and its domains ($p < 0.001$). A higher stress score was associated with older age (>35 years), Saudi nationality and sub-degree education. Better quality of nursing work life scores for nurses working (<30 h) while poor score was associated with working experience in the current unit (<5 years).

Conclusion: Stress negatively affects the quality of nursing work life of nurses. More working experience with shorter working hours improves the quality of nursing work life.

Implications for nursing management: Collaboration with open communication to support nurses through promotion of working condition and psychological well-being for adequate quality of nursing work life is crucial by all management levels.

Audience Take Away Notes

- Implications for nursing management: Collaboration with open communication to support nurses through promotion of working condition and psychological well-being for adequate quality of nursing work life is crucial by all management levels
- Implications for nursing management: Collaboration with open communication to support nurses through promotion of working condition and psychological well-being for adequate quality of nursing work life is crucial by all management levels

Biography

Ms. Aisha Basheer studied General Nursing Health Sciences from Umm AlQura University(U.Q.U.) Makkah, Saudi Arabia in 2010. Then, she studied Bachelor's Degree in General Nursing Health Science from Taibah University, Saudi Arabia in 2018. Aisha studied Master's Degree in Nursing administration from King Saud University, Saudi Arabia in 2021. And She was certified as a senior nursing administration specialist in 2023 by the Saudi Commission of Health Specialists. Aisha joined the research and evidence-based practice council in Makkah Health Cluster in 2022. She is working as a nursing supervisor at a Maternity and Child Hospital in Makkah City Saudi Arabia.

Miss Wejdan Alharbi, a registered nurse has distinguished herself with significant contributions to the nursing field over 8 years of experience. She has demonstrated leadership and expertise in various administrative roles, including Deputy Director of Nursing, Nursing Supervisor, and Head Nurse. Master's degree in Nursing Administration from King Saud University(2021). In addition to a stellar career, she has actively participated in professional organizations: Since July 2023 as member of the Saudi Nurses Association. In 2022, she published a research paper titled "Quality of Nursing Work Life and Stress in Different Regions In Saudi Arabia - A Cross-Sectional"



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Quality of life, fatigue and social support among healthcare professionals during the covid 19 pandemic: A systematic review

With the demanding nature of their work, healthcare professionals often face challenges that can affect their overall well-being. Understanding the factors that affect their quality of life is crucial to developing effective interventions and support systems. The present systematic review investigated the relationship between quality of life, fatigue and social support among healthcare professionals during the COVID 19 pandemic. The search for studies included in the study was performed using four online databases: Pubmed, Embase, Scopus and Web of Science. The search was limited to articles published in English between January 1, 2020 and March 31, 2023. In total, 13 articles were included in the systematic review. The findings of this work showed a negative correlation between fatigue and quality of life in health professionals, as well as a positive correlation between social support and quality of life. Furthermore, it was found that the increased social support of healthcare professionals during the period of COVID 19 is associated with a better quality of their professional life. Finally, the systematic review showed that higher levels of social support are associated with lower levels of anxiety and depression among health professionals.

Biography

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



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Financing efficient healthcare

“Financing Efficient Healthcare” is a core problem in all healthcare systems. Based on the “Ulm Legacy”, we present four pillars that may bear the financial burden of efficient health care. The nursing profession might be an ideally suited profession to take on this central social role of health care.

The “Ulm heritage” goes back to Albert Einstein (*Ulm 1879) and the hochschule für gestaltung hfg ulm (Ulm Academy of Design 1953 - 1968). Einstein admonished, “A problem cannot be solved by the way of thinking that caused it.” The hfg ulm taught the rules of American designers and architects e.g., “Form Follows Function”, and, after the experiences of National Socialism, demanded not only to develop individual but universally valid solutions with socio-political relevance. This “Ulm legacy” provides the methodological guidelines for developing the four pillars necessary to carry the burden of efficient healthcare delivery.

The first pillar includes answers to the three Cochrane Hill questions (Can it work? Does it work? Is it worth it?) that need to be answered before a health intervention is included in the routine profile of daily care. “Can it work” describes the objective “Proof of Principle (PoP)” using experimental Randomized Controlled Trials (RCTs). “Does it work” describes the objective “Real-World Effectiveness (RWE)” using non-experimental “Pragmatic Controlled Trials (PCTs)”, and “Is it worth it” describes the subjective “Value” using various methods of Complete Economics Analyses (CEAs).

The second pillar describes the four thresholds that are essential to avoid overuse of healthcare. It quantifies the threshold a burden of a health problem must exceed to justify treatment and the threshold that separates effective from ineffective treatments. Each of these two thresholds shall be defined by its ‘clinical relevance’ and confirmed by its statistical significance: Not every cold requires hospitalization and not every pill reduces the burden of disease. Without these four thresholds, it is impossible to differentiate between valuable and worthless interventions.

The third pillar explains why RWE's proof is like squaring the circle: To prove the effects of health care under the non-structured conditions of natural supply chaos, care must be offered under these chaotic conditions. However, valid results of care can only be analyzed under structured conditions. This squaring of the circle can be successfully demonstrated by replacing experimental randomization with non-experimental Bayes' statistics. This exchange of methods requires in-depth clinical experience in dealing with suitable endpoints for the detection of different endpoint dimensions and knowledge of endpoint-specific risk profiles of individual patients.

The fourth pillar is a complementary confirmation of the need for the three above pillars. According to the Chinese proverb “Man is the best medicine for man” we are using different examples summarized as “Clinical Economics (CLINECS)” for description of objective (RWE) and subjective values of healthcare of individual and societal perspectives. These examples include misinterpretations of “excess mortality” and results of “Polymerase Chain Reaction (PCR)”, and useful concepts on the “safety loop” and the “Y-nurse concept”. Qualified Y-nurses are asking the very wholesome “why”-questions.

Biography

Franz Porzsolt MD, PhD studied Medicine at Philipps University Marburg/Germany, graduated as MD in 1974. 1975/76 Postdoc Ontario Cancer Institute, Toronto/ ONT. 1976-82 University Hospital Ulm hemato-oncology, 1984 PhD University of Ulm/Germany. 1997-now development of CLINICAL ECONOMICS focusing the value instead of monetary costs to change from a service - (or profit) based [business perspective] to an outcome-(or market) based management of healthcare [national economy perspective]. 2012 IQ-award German section MENSA INTERNATIONAL. 2013 Foundation of non-profit Institute of Clinical Economics e.V. > 500 scientific publications. Focus: Pragmatic Controlled Trials and methods on non-experimental results & tools combining unstructured chaotic care with structured analysis of outcomes.



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A tool nursing promotion evaluation: An upper position candidate evaluation form

Aim: This study was carried out in order to evaluate the use of “Nursing Services Upper Position Candidate Evaluation Form” in objective evaluation in the selection of leader staff.

Method: This study was designed descriptively and retrospectively. The sample of the study consisted of 128 nurses who got promoted in one of the biggest Healthcare Providers in Turkey in 2015. The data were collected by using the 12-item “Nursing Services Upper Position Candidate Evaluation Form” created in accordance with the literature. The data were collected from the human resources archives and hospitals between August, and September 2016. The results of the research were evaluated with the percentage and frequency in SPSS 22.0 program.

Results: In the group where the study was carried out, the highest promotion rate was seen in the group with five years or more professional experience, and among nurses who undertook additional duties before being appointed to an upper position. Besides these nurses more frequently had knowledge of English, and an additional foreign language, and they were highly preferred by their teammates.

Conclusion: As a result, “An Upper Position Candidate Evaluation Form” created in the light of the literature and used as a career guidance form provides an environment that facilitates managers to make more accurate and fair choices and analyze both demographic characteristics and competencies of candidates. Only one-year data of the form has been analyzed and more extensive research is recommended to observe the change in perception of promotion between years.

Audience Take Away Notes

- The most important issue in promotion systems is the determination of the criteria to be used in the promotion processing. The first thing to consider here is the proper job analysis. Accordingly, application criteria and working conditions should be clearly stated in order to place the right personnel in suitable positions. This is important in terms of determining exactly what is requested from the employee and what criteria are required for the position
- It will be helpful for the audience in their job
- This research that other faculty could use to expand their research or teaching
- This provides a practical solution to a problem that could simplify or make a designer's job more efficient
- It improves the accuracy of a design, or provides new information to assist in a design problem
- List all other benefits
 - Nurses, who constitute the largest group numerically in the health sector, should be leaders or people with leadership skills. Therefore, nurses will fulfill the obligations brought by the control mechanisms
 - There is a need for nurse leaders who can prevent situations such as stress and psychological

pressure as much as possible. In addition to all these, nurses with managerial and leadership characteristics should be selected and brought to appropriate managerial positions so that they can take an active role in managerial decisions in the organizations they work for

- o Clearly stating the promotion systems in organizations strengthens the feeling of trust in the employee and ensures that the employee has a purpose. In this study, the promotion system used in the private hospital was evaluated and the importance of making more accurate and fair choices was tried to be revealed

Biography

Nursing Director of Acibadem Health Care Group Ms. Saliha Koc Aslan graduated from Hacettepe School of Nursing in 1990 and received her master degree at Maltepe University. After joining Acibadem Healthcare Group in 2000, she established the nursing services directorate. She presented nearly 18 hospitals opening in her institution and guided thousands of nurses for their education and career journeys. She has also lectured at the collaborating university as a faculty member. Ms. Koc Aslan, who has many books and 23 published researches, more than 70 posters exhibited at the congress, more than 30 panel speakers and more than 50 international congress participants, still works as the Nursing Services Director of Acibadem Healthcare Group.



Dr. Eta Nee Enow Vivian Ayamba*, Fokom Vanessa Meh

Department of Nursing, University of Buea, BP63 Buea, Cameroon

Public perception of nursing profession among inhabitants in Buea, South West region, Cameroon

Background: There have been controversies about public perception of the nursing profession for varied reasons. Survival of nursing as a profession is dependent upon the positive impact it has on consumers.

Objectives: This study aimed at investigating the views of participants regarding nurses and the nursing profession, reasons for their perceptions and measures to enhance the public image of nursing.

Methods: The study adopted a community based cross-sectional survey design. Purposive, convenient and snowball samplings were used to select the study site and enroll participants. The study was conducted in the Bonduma Community, Buea Health District in Fako Division, South West Region of Cameroon. The participants were made up of the inhabitants of the Bonduma Community aged 21 and above. Respondents who met the inclusion criteria and gave their consent to participate in the study were selected. Data was collected using a pre-tested semi-structured questionnaire made up of both open and closed-ended questions. Data collected was entered using a pre-designed EpiData version 21 for analysis.

Results: A total of 140 respondents participated in the study. The study revealed that, 58.58% of the participants had a positive perception of nursing; more males (60.35%) appreciated nursing than females (43.75%), 24.26% participants said they will encourage self and others to become nurses because it involves saving lives, 11.43% said they will not because of low salaries. Preference for old nurses was the most represented (22.86%), reasons being that they are experienced, responsible and understanding, while 20% preferred male nurses. To improve the public image of the profession, 27.86% said good conduct should be rewarded while bad conduct punished and 14.28% said salaries should be increased.

Conclusion: Generally, the public has a positive perception of the nursing profession; however, nurses need to treat all patients with unconditional love and kindness.

Keywords: Perception, Public, Nursing Profession, Nurses.

Audience Take Away Notes

- Overall, the public has a positive perception of the nursing profession
- There is need for nurses to maintain and enhance the positive image of nursing
- Nurses should treat all patients with unconditional love and kindness
- Nurses should always remember the primary aim of nursing; which is to make their patients a priority over any other consideration
- It be a reminder to them of the ethics of the nursing profession
- It could help them to conduct a further research in this area and teachers could use the findings of this research to emphasise the need for nurses to always apply the ethics of the profession in their day to day practice
- It could help in the designing of nursing programmes

- List all other benefits
 - It will help to train ideal nurses who will promote the image of the nursing profession
 - It will help in the training of nurses who will provide safe patient care
 - It will help to train nurses who will provide quality care with high level of patients' satisfaction

Biography

Dr. Eta nee Enow Vivian Ayamba has a Bachelor of Nursing Science Degree, a Master's Degree in Nursing Education and PhD in Special Education. She has worked in the hospital as a Senior Principal Nurse, while teaching on a part time basis. Currently she is a Senior Lecturer of Nursing, University of Buea, Cameroon and the Coordinator for Data Science Center for the Study of Surgery, Injury, and Equity in Africa (D-SINE-Africa). She has supervised and examined many research projects and theses, participated in national and international conferences. She is an author and has published many articles.



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Conflict management and stress dimensions among nurses within and beyond the wards

In recent decades, the growing awareness of the impact of nurses' occupational stress at individual and organizational levels, along with the increasing issue of conflicts and violence in healthcare services, has raised international interest towards prevention and health promotion research and interventions. Yet, since the interplay between work and private lives is rather complex and tangled, research and interventions should consider that perceived sources of stress and conflicts – but also the resources – within the wards can also crossover the healthcare settings, impacting nurses' private lives and viceversa, thus potentially creating vicious circles exacerbating stress, suffering, imbalances and conflicts or, conversely, virtuous circles of psychological and relational wellbeing.

Responding to the need to go in-depth into this complex dynamic to effectively inform current research/interventions, the present study will provide original evidence from a research application of a statistically valid multidimensional and transactional model of stress in nursing, namely the Work-Related Stress and Wellbeing Among Nurses Model.

Data provided evidence-based information which can be used to effectively prevent the maintenance/exacerbation of vicious circles and promote the virtuous circles of individual and relational wellbeing. Specifically, findings highlighted the detrimental impact of the interplay (main and mediating effects) between perceived stress and conflicts within the work domain (i.e., perceived workload; conflicts with physicians, supervisors, and peers; conflicts with patients and with their families; perceived effort-reward imbalance) and beyond the healthcare setting (i.e., perceived work-family conflict and family-work-conflict) not only at the individual level, impairing nurses' psychological health conditions (Anxiety, Depression, Somatization), but also at the relational level, impacting nurses' perceived levels of Hostility and Interpersonal-Sensitivity. Moreover, findings also allowed the identification of specific moderating variables (i.e., job control; social support; job satisfaction) that were able to significantly buffer the negative impact of stress and conflicts, potentially breaking the vicious circles.

The theoretical and practical implications of this study will be discussed in detail. Findings can be used to develop tailored evidence-based interventions – at individual, group, and organizational levels – to prevent stress and the exacerbation of conflicts, to promote individual and relational health conditions among nurses and, overall, to foster the provision of high-quality care relations and wellbeing in healthcare settings.

Audience Take Away Notes

- The audience will acquire tailored knowledge on specific sources of stress and conflicts linked to work and private domains and on the health risks nurses are exposed to, not only at individual levels (anxiety, depression, somatization) but also at relational levels (hostility and interpersonal sensitivity)
- The audience will be provided with a tailored and statically valid model, rigorous methods and

psychometrically valid tools for assessing and monitoring stress, conflicts, and psychological and relational health conditions in healthcare settings

- The audience will acquire evidence-based information on vicious/virtuous circles that should be carefully targeted and addressed in research, teaching practice, and interventions
- Nurses (and healthcare professionals) will achieve the awareness of potential vicious/virtuous circles and this may promote self-reflection and transformative processes at individual, relational and organizational levels
- Nursing Managers, Academics and Researchers in the field could use findings to expand policies, interventions, teaching and research and to implement practices to effectively prevent stress and conflicts and promote psychological and relational wellbeing in healthcare settings

Biography

Federica Vallone, PhD, researcher at the University of Naples Federico II. She received her Doctorate in Human Mind and Gender Studies at the University of Naples Federico II in collaboration with the Centre for Occupational and Health Psychology, Cardiff University. Her research covers the areas of Occupational and Health Psychology in students, teachers, nurses, and partners of infertile couples. As a member of the Dynamic Psychology Laboratory team she was involved in national and international research projects focused on the development and applications of models and tools for the evaluation of stress and wellbeing.

**Elizabeth Coleman, DNP, APRN, FNP-C**

School of Nursing, Minnesota State University, Mankato, MN, United States of America

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Implementing a trauma-informed care approach with children in primary care

Adverse childhood experiences affect children's mental health and well-being, extending into adulthood and increasing the risk of chronic diseases. The pandemic has increased the risk of adverse experiences for children. Trauma-informed care, the framework used to address adverse childhood experiences, decreases the harmful effects of these experiences and is successful in settings such as mental health. Although the benefits of addressing adverse childhood experiences earlier in life with trauma-informed care are evident, it is underutilized in the primary care setting. The pandemic has amplified the need to address children's mental health and well-being in the primary care setting, where many children and families receive their health care. Providers report gaps in knowledge, training, comfort level, and unknown referral resources for the lack of trauma-informed care implementation. A pilot study results led to development of a best practice approach to address these gaps. This presentation will discuss the results and provide a step-by-step approach to address the gaps to successfully implement trauma-informed care in the primary care setting. Addressing adverse childhood experiences through trauma-informed care in primary care will impact more children and families to decrease the harmful effects on mental health and well-being to improve health outcomes.

Audience Take Away Notes

- Discuss adverse childhood experiences long-term effects
- Discuss trauma-informed care and why it is needed in primary care
- Identify the gaps to implementing trauma-informed care
- Present best practices for implementing trauma-informed care in primary care

Biography

Dr. Elizabeth Coleman became a nurse in 2004. She practiced at a critical access rural hospital as an RN until 2012 when she graduated from Minnesota State University, Mankato with her MSN as a Family Nurse Practitioner. Since then, she has practiced in the primary care settings including community health, Veterans Affairs, and family practice as well as specialty clinics in wound care and has recently started an integrative health clinic. She returned to Minnesota State University, Mankato to receive her DNP in 2021. She enjoyed Minnesota State University, Mankato so much, she became an assistant professor in the school of nursing in 2021. She continues to practice in the integrative health clinic one day a week as well.



Joy A. Bliss, Lacy Razor, Jennifer Huerta Bandy

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Evaluation of a medical mission model for remote locations: A study on underserved Hawaiian Islands and Chuuk Micronesia

Background or Introduction: The Medical Mission Model for remote locations is a comprehensive framework designed to address the healthcare challenges faced by underserved populations in remote areas. This study provides an overview of the key components and objectives of the model. The study aimed to evaluate the impact of capacity-building short-term mission service trips to underserved Hawaiian Islands, including Molokai, Lanai, and Chuuk Micronesia, and assess local health education and perspectives. The study focused on the experiences of senior nursing students and their mentors during the mission trips.

Objectives: The primary objectives of the Medical Mission Model are to improve access to healthcare, enhance health outcomes, and empower individuals in remote areas to take control of their own health. The model aims to achieve these objectives through the provision of healthcare services, health education and community engagement.

Methods: The model begins with a needs assessment and planning phase, where the specific healthcare needs of the remote location are identified. Strategic partnerships are established with local stakeholders, and resources are mobilized to support the medical mission. Logistics and operations are carefully coordinated to facilitate the implementation of healthcare services and educational programs. A prospective, mixed-methods study design was employed. Mission trips took place between March 2014 and September 2024, during which nursing students and mentors provided education, medical assessment, and wound treatment on locally selected patient care-related topics. Team members completed knowledge questionnaires and were surveyed or interviewed to assess the impact of the medical mission service and the cultural competence of the mission team members. Cultural competence was evaluated using the Intercultural Effectiveness Scale (IES) and additional surveys.

Results: The implementation of the Medical Mission Model resulted in improved access to healthcare services for the underserved population in remote areas. By providing primary care, preventive services, chronic disease management, and specialized care, the model aims to address the specific health needs of the community. Health education initiatives and community engagement activities contributed to increased awareness and knowledge about preventive measures and healthy lifestyles.

Conclusion: The Medical Mission Model for remote locations offers a structured approach to address the healthcare challenges faced by underserved populations in remote areas. By combining healthcare services, education, community engagement, and cultural sensitivity, the model aims to improve health outcomes and empower individuals to actively participate in their own healthcare. This model serves as a foundation for sustainable healthcare solutions in remote areas and promotes the overall well-being of the underserved communities it serves.

Keywords: Medical missions, health education, underserved populations, community engagement, healthcare access.

Audience Take Away Notes

- Healthcare professionals can learn effective strategies from this study to improve access to healthcare, enhance health outcomes, and empower individuals in remote areas
- The Medical Mission Model provides a practical framework for delivering primary care, preventive services, chronic disease management, and specialized care in underserved populations
- Designers of healthcare systems can draw inspiration from the Medical Mission Model to develop and enhance healthcare programs and initiatives in remote areas
- This study offers practical solutions, knowledge, and insights that can benefit healthcare professionals, educators, and designers in addressing healthcare challenges in remote areas, ultimately improving healthcare access, outcomes, and empowerment for underserved populations

Biography

Joy A. Bliss, PhD, RN, is an Assistant Professor of Nursing at Hawaii Pacific University, Honolulu, Hawaii, USA. With a PhD from Walden University, she has broad experience in primary care, HRSA research grants and working with underserved populations. Dr. Bliss is passionate about mentoring students and designing innovative approaches in nursing education, including Medical/Nursing Missions in underserved populations. She actively collaborates with colleagues to incorporate telehealth simulations into the curriculum, ensuring students are well-equipped for medical missions and providing high-quality care in virtual healthcare settings and remote areas. Her research focuses on the integration of various simulation technologies into nursing education and its impact on student learning outcomes.

Jennifer Huerta Bandy is a 4th year nursing student and Medical Mission leader of the Student Nurses' Association at Hawaii Pacific University in Honolulu. Jennifer strongly believes that nursing experience gained through medical missions and travel is as valuable as, if not more valuable than, what is learned in school. In addition to being a nursing student, she runs her beauty salon in Chicago with her sister. She has traveled to Seville, Spain, where she received medical training and interned as a student nurse, using her native language, Spanish Jennifer organized and assisted in a medical mission to Molokai, Hawaii in the summer of 2023. She and her peers provided medical assistance and free haircuts to the people of Molokai. She enjoys being an active member of her community by hosting events such as a donation drive for the victims of the wildfires in Maui, Hawaii, and being the ambassador of organizations, such as Be the Match.



Kafilat Kelani^{1*}, CNP, Kathleen Meyer¹, CNS, Randa Hamdouneh¹, MBA, Matthew Miller^{1,2}, DO, Silvia Perez-Protto^{1,3}, MD, MS, MBA

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Advance care planning program

Advance Care Planning is defined as a process that supports adults at any age or stage of health in understanding and sharing their values, goals, and preferences regarding future medical care. The goal is to help ensure that people receive medical care that is consistent with their preferences during serious and chronic illness. Operationally, Advance Care Planning at the Cleveland Clinic is defined for all adults to have their surrogate decision maker, and for seriously ill patients to also have goals of care conversations documented in the electronic medical record. The Cleveland Clinic created a specific Advance Care Planning navigator as the single source of truth, which contains Advance Directive documents, or the contact information of the surrogate per state law hierarchy, as well as goals of care discussions as Advance Care Planning notes. Goals of care are voluntary discussions between the seriously ill patient or surrogate, and the clinical team. Goals of care discussions include exploring understanding of current condition, sharing prognosis, exploring what matters most to the patient, and developing a collaborative plan. Early goals of care discussions are associated with better quality of life, reduced use of life-sustaining treatments near death, earlier hospice referrals, and care that is consistent with patient preferences. At the Cleveland Clinic we trained different teams to have advance care planning conversations with patients, however we learnt that it is hard for clinical teams to incorporate these discussions in their busy day. An interdisciplinary team from Clinical Transformation designed an innovative proof-of-concept program implemented by Nurse Practitioners to proactively approach high-risk patients to have advance care planning conversations. This program was implemented in December 2022 at two regional hospitals. Nurse practitioners proactively approach patients admitted to the hospital in the medical service with high-readmission risk or high-prognostication risk scores, or patients older than 65 years old with previous code status orders in the electronic medical record. They also approach patients by primary teams' referrals from geriatric-behavioral unit, surgery, or emergency department. They conduct and document advance care planning conversations, that includes surrogate decision maker documentation helping them to complete advance directives documents if patient desires; exploration of values, wishes and worries; encourage patients to have conversations with surrogates and doctors using "The Conversation Project" tools, and address code status. They also identify which patients would benefit from palliative care consults or hospice referrals using the Palliative Performance Scale and the Clinical Frailty scale.

Audience Take Away Notes

- The definition of advance care planning and how patients benefit from it
- How to identify patients who benefit from advance care planning
- The results of a new advance care planning program

Biography

Kafilat Kelani is a Certified Nurse Practitioner with over a decade of experience in hospital medicine. She studied Nursing at Ohio University, Athens Ohio and graduated with a Master of Science in Nursing. She held multiple positions as a Registered Nurse in telemetry, Medical-surgical, stroke, epilepsy (Cleveland Clinic), long term care, acute rehab and psychiatry setting. She has been practicing as an advanced practice registered nurse for the past 7 years, initially providing hospitalist medicine services (Mercy Hospital) and recently conducting advanced care planning for adults in the inpatient setting at the Cleveland Clinic Hospital.



Dr. Michele L. Lopez

College of Health Professions, Pace University, Pleasantville, United States of America

The importance of health literacy for new nurses

This session will provide a framework identifying key concepts for workshop participants to apply in their own environments which will proactively address potential health literacy deficiencies. It is essential that nursing students become familiar, comfortable, and competent in addressing health literacy with the health care seeking population. Health literacy is an essential component to addressing public health issues. New nurses may not be equipped to manage and address the diverse needs of the health care seeking population due to challenges such as limited clinical experiences and variation in nursing content delivery associated with the COVID crisis.

Audience Take Away Notes

- At the completion of the presentation, workshop participants will be able to
- Describe the role nurses play to promote and improve health literacy
- Identify potential challenges which impair graduate nurses from integrating client health literacy into individualized client treatment plans
- Describe potential strategies and initiatives which will enhance health literacy

Biography

Michele Lopez is a life-long health education practitioner and learner, earning a Bachelor of Science in Nursing from Pace University and a Master of Arts in Nursing Administration, Leadership and Organization from Columbia University, Teacher's College and a Doctorate of Health Education from A.T. Still University, College of Graduate Health Studies. Michele has completed research on incivility and bullying in nursing academia. Michele has been a nurse educator for more than 19 years, teaching LPN, ADN-RN, BS-RN and graduate degree nursing programs in traditional classroom settings and online environments, clinical, and nursing labs. In addition to her years spent as an educator, she has 28 years nursing experience in various specialty areas including mental health nursing, medical surgical nursing, pediatrics, and home health care. Michele has completed course work or holds certificates for clinical simulator education, diabetes management, and nurse education. She has received work study grants for curriculum development, medical math, and infection control. Michele has helped many students succeed in nursing programs. She has dedicated her career to sharing her learning experiences with others. She is a trained member of the LGBTQ Ally program, and a trained Stephens Minister. Michele serves as a mentor to new teachers and graduate students, and is a graduate of Pace University's Come Teach with Us Academy for math and science. Michele has developed and delivered review courses for NCLEX certificate and license exam preparation. She has been called upon to review content material for nursing and health textbooks. Michele was also selected from a group of nurse educators by Assessment Technologies Institute (ATI) to perform NCLEX exam item writing. Michele is an Assistant Professor of Nursing at Pace University, and serves in the Medical Reserve Corp.

**Si Yee Liew**

SL Consulting Ltd., Canada

Empowering women in 21st century - Become a visionary women

The Athena Doctrine research which was a cross cultural study of qualities and traits that we are coded with feminine such as empathy, relatedness, creating success and leading to better decisions at every single level to the point that the creators of that research declared that the feminine qualities be the essential operating system of the 21st century to step into a higher human potential. Our potentials and what is possible for lives are so much greater than we can feel and sense. The problem is that most of us, our expectations and our sense of what is possible is only a fraction of what is possible for us. We tend to see ourselves as very small and not having any influence. This session aims to provide the deepest, most cutting-edge and comprehensive information about identifying the primary barrier to success in life and intervening to breakthrough your glass ceilings to become more authentic confident, contribute your talents and achieve success in your own term.

Objectives: At the end of the training, audiences will have a deeper understanding of the blocks they encounter in life and learn strategies to shatter their glass ceilings. Audience members will walk away with greater clarity on their goals and dreams, feel.

Keywords: Visionary, Blocks, Self Confidence, Create, Fears.

Biography

Si Liew is a bestselling author, speaker, coach, an Occupational Health Nurse for over 20 years and had worked in a variety of industries including healthcare, manufacturing, construction, oil and gas and enforcement law; act as a medical subject matter expert to these corporation Executive Team and leads the employee health and safety programs. She helps develop corporate health a wellness programs and helps people build their businesses and dreams, accelerate their results, and create richer and more fulfilling lives. She has taught thousands of people to discover the truth of who they are and discover their full capabilities. Throughout the years of her clinical practices, she has witnessed countless clients spontaneously heal from diseases and return to perfect health and well-being – simply by understanding and learning how to work with their minds, and inner energy and recognizing their life signals.



Ms. Diane Yeo

Diane Yeo Mindfulness, Canada

Mindfulness for everyday life - Finding peace, calm + balance in a busy world

Transform Your Life by Being Here Now.

Life is filled with change and uncertainty. We can't control what is happening on the outside. We can, however, learn how to increase our resiliency and experience peace, calm and clarity on the inside.

Explore mindfulness.

Join me and learn how mindfulness can help you to quiet your busy mind, calm your body and improve your overall well-being. Learn effective tools you can use from morning to night to release stress, feel more present and grounded, handle day-to-day pressures with more ease, and enjoy your life. The good news is anyone can do this – all that is required is the desire.

Biography

Diane Yeo is Known and appreciated for her clarity, authenticity and compassionate approach to self-discovery, Diane Yeo takes a real-life approach to mindfulness through her coaching, speaking engagements, retreats, and workplace programming. Like so many others, Diane has struggled with anxiety and depression at different times in her life. She longed for peace but had focused all her efforts on fixing herself and searching outside for the answer. It was grace that led her to meditation and changed the course of her life, connecting her to the peace within her all along. Diane has been practicing mindfulness since 1995 and teaching mindfulness since 2006 when she left a busy marketing career to follow her passion. Recognizing the need for mindfulness to be both accessible and inspirational, Diane developed the SimplyPresent™ program to share what she had learned with as many people as possible. After a life-threatening event in October of 2019 reaffirmed Diane's dedication to teaching and being of service, living a life that genuinely encompasses the truth that "all we have is this moment."

**Dr. Kristin Reid, Dr. Nancy Armstrong*, Dr. Dana Todd**

School of Nursing & Health Professions, Murray State University, Murray, Kentucky, United States of America

Exploring the self-care practices and needs of entry-level nursing students: A pilot project

Self-care is often lacking in nursing students worldwide. The objectives for this study were to discover the current self-care practices of one group of entry level undergraduate nursing students, the students' understanding of self-care, and the students' preferences for self-care interventions aimed at improving self-care. Quantitative and quantitative measures were used to measure the students' current self-care practices, needs, and recommendations for interventions to be used in future semesters to improve nursing student self-care. The students were found to generally be deficient in areas related to nutrition, obtaining healthcare information or guidance, pacing themselves to avoid exhaustion, and performing relaxation exercises. They scored well on areas related to psychosocial self-care, such as believing their life has meaning or having meaningful relationships. Several suggestions were made by the students for encouraging nursing student self-care. Due to a common lack of self-care, it is important for nursing programs globally to develop and encourage student self-care.

Audience Take Away Notes

- Understand self-care deficits common to nursing students
- Recognize causes of self-care deficits in nursing students
- Name common areas in which nursing student might be struggling in self-care
- Discover ways to assist nursing students in developing self-care

Biography

Dr. Armstrong studied Nursing at Murray State University and graduated with a BSN in 1995. She graduated in with an MSN focusing on Nursing Education in 2011. She completed a DNP with a focused on Organizational Leadership in 2015. She is currently an Associate Professor of Nursing at Murray State University. Her major areas of research are nursing workplace incivility and nursing education.



Meera Mistry* M.S. and Dr. Panayiota Courelli

Health promotion and disease prevention, University of Southern California, Los Angeles, CA, USA

The timing of menarche

In this presentation, we explore the concept of menarche, its timing, and the significant health implications it carries, emphasizing the role of preventative medicine. Menarche, the onset of a woman's first menstrual period, has been experiencing a declining age trend in the United States. This trend is influenced by a combination of genetic factors such as IGF-2 and NR5A2, childhood obesity, absence of paternal figures, and environmental stress during childhood. The presentation highlights that early menarche can be detrimental, serving as a risk factor for various health issues like adult obesity, high cholesterol, cardiovascular disease, ovarian cancer, and potentially breast cancer. To address these concerns, it's crucial for physicians to take detailed patient histories and establish a strong patient-physician relationship. By doing so, they can provide personalized preventative care and educate young women about the importance of healthy lifestyles, empowering them to take control of their well-being.

In this presentation, we aim to provide a comprehensive understanding of menarche, its timing, and the significant health implications associated with early menarche. Menarche, the onset of a woman's first menstrual period, is a critical transition from childhood to adolescence. Recent trends in the United States show a concerning decrease in the age of menarche. To grasp the complexity of this issue, we explore several contributing factors, including genetics (e.g., IGF-2, NR5A2), childhood obesity, the absence of a paternal figure, and the impact of environmental stress during childhood.

Early menarche is not merely a developmental milestone; it carries risks for various health issues in adulthood, such as adult obesity, high cholesterol, cardiovascular disease, ovarian cancer, and potentially breast cancer. We delve into the genetic and psychosociological influences on early menarche, emphasizing the role of genetics in the timing of menstruation onset and the psychosociological effects of an absent father figure. Furthermore, we discuss the link between early menarche and childhood stress, shedding light on how these factors contribute to its occurrence.

The critical message of this presentation is the pivotal role of preventative medicine in addressing early menarche and its associated health risks. Healthcare providers need to place a stronger focus on gathering detailed patient histories and offering personalized preventative care. Additionally, we emphasize the importance of educational initiatives that empower young women to make informed choices about their health and lifestyles. In this holistic approach, we can address early menarche and its health implications more effectively, ensuring the well-being of women from an early age and throughout their lives.

Audience Take Away Notes

- The definition and significance of menarche in a woman's life.
- Factors contributing to the decreasing age of menarche, including genetics, childhood obesity, paternal figures, and childhood stress.
- The significant health risks associated with early menarche, such as adult obesity, high cholesterol, cardiovascular disease, and cancer.

- The role of genetics and psychosociological factors in influencing the timing of menarche.
- The importance of preventative medicine and the need for healthcare providers to gather detailed patient histories and provide personalized care.
- The significance of educational initiatives in empowering young women to make informed choices about their health and lifestyles.

Biography

Meera Mistry completed her Bachelor of Science degree in Human Biology from the University of Southern California in 2019, demonstrating her dedication to the field of biological sciences. Following this, she furthered her academic pursuits by obtaining a Master of Science in Integrated Anatomical Studies from the Keck School of Medicine in 2020. Meera aspires to pursue a career in medicine and has plans to attend medical school in the future, where her background in human biology and anatomical studies will undoubtedly serve her well in her medical training and practice.

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Chunqin Liu^{1,2*}, Qing Luo¹, Dongyi Luo³, Ying Zhou¹, Xue Feng¹, Zihan Wang¹, Jiajian Xiao⁴, Jiani Chen¹, Qiulin Bi⁵, Graeme Drummond Smith⁶

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Quality of life profiles and its association with predictors amongst older Chinese adults in nursing homes: A latent profile analysis

Purpose: This study aimed to examine self-reported Quality of Life (QoL) profiles in Chinese older adults and explore the association of QoL profiles with demographic and psychosocial characteristics.

Methods: A sample of 354 older adults in nursing homes was recruited from Guangdong Province, China, between November 2020 and January 2021. Latent Profile Analysis (LPA) was conducted to explore QoL profiles using the four WHOQOL-BREF domains as input variables. Multinomial logistic regression was performed to explore the association between latent profiles and demographic and psychosocial characteristics.

Results: LPA identified three distinctive QoL profiles: “low QoL with poor psychological health” (18.1%), “moderate QoL” (46.0%) and “high QoL” (35.9%). Gender, educational level, activity frequency of physical weekly activity and average time spent on physical activity ($P < 0.05$) were statistically significantly different within the three profiles. The activity frequency (≥ 7 times/per week), optimism, gratitude, and social support were associated with the increased likelihood of belonging to the moderate-to-high QoL classes. Furthermore, Class 2 (moderate QoL group, reference) was compared with Class3 (high QoL group), higher frequency of weekly physical activity (≥ 7 times) and spending more time on physical activity (≥ 1 hour) exhibited higher odds of belonging to high QoL class. Older adults with multiple chronic diseases were more likely to belong to the low-to-moderate QoL category. Also, the high QoL group displayed higher levels of optimism and social support.

Conclusion: Using the domains of the WHOQOL-BREF scale, the QoL profiles Chinese older adults can be identified. We found that psychosocial variables and demographic characteristic, including lower level of optimism and gratitude, lack of social support, low frequency of physical activity, shorter activity duration time, and presence of chronic disease, heighten risk for lower levels of QoL. Identifying classification may help focus on those at elevated risk for poor QoL and for developing tailored QoL improvement programs.

Keywords: Quality of Life, Older Adults, Nursing Home, Latent Profile Analysis, Gerontology.

Biography

Chunqin Liu is a PhD candidate under the supervision of Prof. Ying Zhou at the School of Nursing, Guangzhou Medical University. She received the bachelor degree in nursing from Jianggangshan University, China in 2013 and the Master of medicine degree in Nursing from Shandong University, China in 2016. Her academic fields are Geriatric nursing & mental health; Cancer nursing. She has presided two research projects (e.g., Research on Innovating Community Home-based Care Service System) and published 5 SCI articles as the first author and 3 SCI articles as other author (e.g., Optimism and subjective well-being in nursing home older adults: The mediating roles of gratitude and social support). At present, she is working on a survey investigating the symptoms clusters among colorectal cancer.



Lijuan Zhang*, Weiyi Zhu, Beiwen Wu

Department of Nursing, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China

Network analysis of depression and anxiety symptoms in Chinese rheumatoid arthritis patients

Background: Rheumatoid Arthritis (RA) patients are susceptible to comorbid anxiety and depression. From the network model perspective, comorbidity is due to direct interactions between depression and anxiety symptoms. The objective of this study was to assess the network structure of depression and anxiety symptoms in Chinese RA patients and identify the central and bridge symptoms as well as how depression and anxiety symptoms are related to Quality of Life (QoL) in the network.

Methods: A total of 402 Chinese RA patients were included in this study. Depression and anxiety symptoms were measured by the Hospital Anxiety and Depression Scale (HADS). R software was used to estimate the network. Specifically, we computed the predictability, Expected Influence (EI) and Bridge Expected Influence (BEI) for each symptom and showed a flow network of “QoL”.

Results: Our network revealed that the strongest edge was D2 “See the bad side of things”-D3 “Not feeling cheerful” across the whole network. For centrality indices, D3 “Not feeling cheerful” and D6 “Feeling down” had the highest EI values in the network, while A4 “Trouble relaxing” and D6 “Feeling down” had the highest BEI values of their respective community. As to “QoL”, the strongest direct edge related to it was A1 “Nervousness”.

Conclusions: Network analyses highlighted specific associations between symptoms of depression and anxiety in Chinese RA patients. D3 “Not feeling cheerful” and D6 “Feeling down” were the core symptoms in the network; A4 “Trouble relaxing” and D6 “Feeling down” were the most critical bridge symptoms. A1 “Nervousness” was also identified as key priority due to its significant association with QoL. Our study emphasizes the necessity of implications for clinical prevention and intervention based on these symptoms in Chinese RA patients.

Audience Take Away Notes

- It is the first study to explore the network of anxiety and depression symptoms among Chinese RA patients. We estimated the Expected Influence (EI) and Bridge Expected Influence (BEI) indices to find the potential intervention targets for anxiety and depression
- “Feeling down” emerged as both the strongest central symptom and bridge symptom in this network. “Not feeling cheerful” and “Trouble relaxing” are another core symptoms and bridge symptom in the network, respectively. Furthermore, “Nervousness” was identified as key priority due to its significant association with QoL
- These key symptoms, especially “Feeling down” symptom is of great significance in the prevention and treatment of anxiety and depression in Chinese RA patients

Biography

Mrs. Zhang studied nursing at the Shanghai Jiao Tong University, School of Medicine. She then joined the research group of Prof. Wu at the Department of Nursing, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China. She received her MD degree in 2017 at the Nantong University, China. She has published more than 10 research articles in SCI (E) journals.

**Chen-Yuan Hsu**

Department of Nursing, Da-Yeh University/Changhua, Taiwan

Self-aware quality of life of the older people living in long term care

Introduction: The proportion of the Taiwanese older people who living in Long- Term Care (LTC) facilities has increased as the population rapidly, however, it is also resulted to this population losing of their Quality of Life (QOL). The purpose of this study is to understand the self-aware QOL of the older people living in LTC.

Methods: This study uses a cross-section survey for research, based on the population of the LTC facilities in the central of Taiwan. This study uses a survey of data collection self-aware QOL. The scores from 1-5, 5 score is mean greater QOL, 1 score is mean lower QOL. Data analysis will use SPSS 22.0 for Window 2000 to answer questions.

Results: The study found that participants (N=40) pointed out their self-aware QOL at mean 3.18 ± 0.84 . There are 45% participants who living in LTC for one to three years. Following as 27.5% participants living in LTC for three to five years, 20% participants living in LTC for 4-12 months. Mostly, 40% participants have three chronic diseases. Following as 35% participants have two chronic diseases and 12.5% with more over four kinds of chronic diseases.

Conclusion: The results enable to the nursing staff to understand the self-aware QOL of the older people living in LTC, and to expecting by this study provides the research outcomes for nursing staff to have a real understanding, to pay attention for those people on the QOL promotion program in the future, and resulted to improving the self-aware QOL for older people in living in LTC.

Audience Take Away Notes

- To pay attention with self-aware QOL of the older people living in LTC
- The results enable to the nursing staff to understand the self-aware QOL of the older people living in LTC
- This study provides the research outcomes for nursing staff to have a real understanding

Biography

Dr. Chen-Yuan Hsu received PhD degree at Griffith University in Australia, 2013. Then, she works in Da-Yeh University in Taiwan.



Lijuan Zhang*, Weiyi Zhu, Beiwen Wu

Department of Nursing, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China

Determinants of depressive symptoms among patients with rheumatoid arthritis in China: A structural equation model

Background: Depression has long been recognized as the most common mental disorder of Rheumatoid Arthritis (RA) patients. This study aimed to examine how personality traits, social support and clinical features including pain, disease activity, functional status, sleep quality, and fatigue influence on depressive symptoms in Chinese RA patients.

Methods: This cross-sectional study was conducted from November, 2022 to June, 2023 among RA patients in Shanghai, China. The Visual analogue scale pain, Disease Activity Score in 28 joints, Health assessment questionnaire-disability index, 14-item Fatigue Scale, Social Support Rate Scale, Ten Item Personality Inventory, Pittsburgh Sleep Quality Index, and Hospital Depression Scale were used in this study. The following relationships among three hypotheses was analyzed by Structural Equation Model (SEM): H1: clinical features including pain, disease activity, functional status, sleep quality, and fatigue have a direct effect on depressive symptoms in Chinese RA patients; H2: personality traits might work as a mediator between clinical features and depression; H3: social support is related to depressive symptoms, being a direct effect or an indirect effect through clinical features or personality traits.

Results: The prevalence of depressive symptoms among 326 Chinese RA patients was 26.3%. The final model derived from data of 326 patients presented a good fit ($\chi^2=103$, $\chi^2/df=1.69$; GFI=0.96; AGFI=0.93; CFI=0.97; TLI=0.96; RMSEA=0.046). Clinical features had a total effect of 0.59 on depressive symptoms, of which $\beta=0.33$ ($P=0.013$) was an indirect effect through personality traits, indicating a mediating influence between this relationship; moreover, there was a significant direct association between clinical features and depressive symptoms ($\beta=0.26$; $P=0.022$). Personality traits ($\beta=-0.65$; $P<0.001$) had a much stronger relation with depressive symptoms than with clinical features. Social support had a total effect of 0.81 on personality traits, being a direct effect of $\beta=0.52$ ($P<0.001$) and an indirect effect of $\beta=0.29$ ($P<0.001$) through clinical features. The final proposed model explained 77% of the variance of depressive symptoms.

Conclusion: Personality traits had a considerable influence upon depressive symptoms, while social support seemed to have a major effect on personality traits. It is necessary to apply comprehensive assessment and interventions of patients' personality traits, clinical features, as well as social support, which could optimize their mental health.

Keywords: Rheumatoid Arthritis, Depressive Symptoms, Structural Equation Model, Personality Traits.

Audience Take Away Notes

- This is the first study providing a comprehensive model that illustrates the correlations among clinical features (pain, disease activity, functional status, sleep quality, and fatigue), personality traits, social support and depression in Chinese patients with RA
- Our study indicated that personality traits had a considerable influence upon depression, while social support seemed to have a major effect on personality traits among Chinese RA patients

- Personality traits may be another realm of potential intervention towards minimizing the impacts of clinical features on patients' depression
- Positive psychology interventions such as mindfulness interventions, optimistic interventions, strength-building measures, and cognitive behavior interventions may be of paramount importance for improving the individual patient's mental health

Biography

Mrs. Zhang studied nursing at the Shanghai Jiao Tong University, School of Medicine. She then joined the research group of Prof. Wu at the Department of Nursing, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China. She received her MD degree in 2017 at the Nantong University, China. She has published more than 10 research articles in SCI (E) journals.

Budour Alotaibi^{1*}, Dalyal Alosaimi²

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Factors associated with self-care management practices among patients with diabetes mellitus type II in Saudi Arabia

Diabetic patients' self-care management practices help to keep diabetes under control, which includes performing activities such as eating a healthy diet, physical activity in regular patterns, conducting foot care, adhering to medication, and self-monitoring of blood glucose. The aim of the current study is to identify the factors which are associated with self-care management practices among patients with diabetes mellitus Type II in Saudi Arabia. A cross-sectional design was applied in this study among patients with type II DM in the Prince Sultan Military Medical City in Riyadh, in which a convenience sampling technique was applied to recruit the patients, and the total number of samples collected was 377. The summary of Diabetes Self-care Activities (SDSCA) instrument, which was adopted from AlJohani et al. (2016), was used in the current study to collect data. The mean percentage of patients' self-care management practices among type II diabetic patients is 51.29%. A significant association was revealed between self-care management practices and patients' factors such as gender, age, educational level, and income in some domains. There is a need to educate low educated diabetic patients on self-care management and those who have low income. The results of the current study could be attributed to the fact that with an increase in the educational level, the patients become more oriented toward disease and its complication. The dissemination of leaflets that give information to patients and can be shared and read with their families needs to be widely circulated. Health education information that is delivered through TV channels and social media is also required.

Audience Take Away Notes

- The self-care management practices need to maintain the optimal glycemic control for patients with diabetes through a comprehensive lifestyle, medication adherence and monitoring of blood glucose level
- The importance of self-care practices and their role in controlling diabetes mellitus and preventing complications associated with it
- The role of health education to improve diabetic patient's knowledge and raised their awareness

Biography

Mrs. Budour Alotaibi studied master degree in nursing science in King Saud University in 2019, working in prince sultan military medical city in Riyadh for 16 years' experience as nurse supervisor, has health quality management diploma in 2020. Joined Saudi central board for accreditation of healthcare institutions as surveyor. Published 4 articles.



Rita Fernandes*, Susana Rodrigues, Goreti Marques, Sofia Silva

Pediatric nursing, Santa Maria Health School, Porto, Portugal

Cultural approaches to parenting

Societies are in constant change and, consequently, the concept of family and the social role of its members. For this reason, the plurality vision of the parenthood concept is fundamental. Parenthood evolves on a personal level, but also on a collective level with the influence of the different cultures, having Angolan society-specific characteristics that need to be explored, with the finality of culturally competent practice in specialized pediatric nursing. This work intends to get to know the cultural influences in the process of being a mother in the Angolan context. For that, a study of quality approach was realized, transversal and using an ecomap, genogram, and half-structured interview, as data collection instruments. The study included 18 mothers with children aged up to 24 months who went to a private clinic in Angola for child health consultations. Of the 18 mothers interviewed, the average age was 32 years, mostly women with Angolan nationality (67%), married, with rebuilt families (37%), with children from other relationships (33%), with higher education (61%), with work activity (83%), having domestic support to take care of the children in 94% of the families, in which 44% of the nannies slept in the families rooms and with the verbalization of the father's participation in family tasks of 31%. The family support of these mothers is essentially the mothers, mothers-in-law, and domestic servants who perpetuate cultural beliefs and traditions, recognizing in the interviewees' statements a matriarchal and subordinate society in the care of children and family. Mothers who know the importance of conventional medicine are trapped between the knowledge transmitted by health professionals (conventional medicine) and the beliefs (traditional medicine), with cultural practices that interfere with family care. The participants recognize the need for parental involvement, but when they verbalize this participation, it appears that parental participation is limited to watching over the infant, while the woman takes care of domestic and family activities, such as working and sometimes away from home, she needs resorting to elements outside the family, to care for the children and be able to rest. Angolan culture is strongly rooted, not only in health care, but also in family care for children, as well as in the role of the father and the mother with parenting in transformation, but with fears of fragile bonds, overload, and vulnerabilities to the Angolan woman and working mother, in which the role of the nurse specialist in pediatrics may be fundamental, not only in providing support for these vulnerabilities but also in empowering the woman/mother in the family and in the society, with culturally competent practices.

Audience Take Away Notes

- Health contexts present cultural diversities that need to be understood by pediatric nurses, in order to act with culturally competent practices, namely in Angolan families
- Nursing practices need to be contextualized in family cultures, recognizing the decisions of its members in childcare and in the different existing dynamics
- The replication of this research in other cultures could bring benefits to care in the child's and family's cultural practices

Biography

Dr. Rita Fernandes completed her PhD degree in Nursing in 2019 at the Catholic University of Portugal/Institute of Health Sciences Porto, Post-Graduation of Specialization in Child and Pediatric Health Nursing at the Nursing School of Porto in 2019, Master in Educational Sciences - Evaluation in Education in 2007 from the University of Porto. Worked as a nurse for 23 years as a nurse, mostly at the University Hospital Center of São Joao and is currently a professor at Santa Maria Health School – Porto.



Logan L*, Ford L, Paige J, Stranger A, Shelton S, Katsikas S

Spalding University, United States of America

Behavioral health consultant trauma-informed approach when examining child abuse and neglect in a pediatric clinic

According to the Children’s Bureau, child abuse and neglect is any action, whether physical, emotional, sexual or the failure to provide necessities and safety of a child (i.e., food, shelter, clothing, water, medical care, supervision, etc). The unfortunate reality is that many children suffer such conditions, which are often unreported, thus resulting in death. In fact, “an estimated 1,840 children died due to abuse or neglect in the Federal fiscal year 2019” (U.S. Department of Health and Human Services, 2019). While not all cases result in death, the long-term consequences of experiencing abuse or neglect can affect individuals emotionally, mentally, and physically throughout their lifetime.

While pediatric medical staff have training focusing on detecting child abuse and neglect, it can be challenging and difficult to determine (Christian, 2019). A study found that “more than one-quarter of children with severe physical abuse had previous sentinel injuries missed by physicians” (Narang et al., 2018). Behavioral Health Consultants (BHC) will educate pediatric primary care medical staff on a trauma-informed method that is utilized in detecting child abuse and neglect. This approach from a BHC framework will provide staff with a sensitive and evidence-based approach to aid in the prevention of abuse and neglect.

Biography

Lisa Logan is a clinical psychology doctoral candidate from Spalding University. She holds a Bachelors of Science in Psychology from the University of Louisville, Masters of Science in Forensic Psychology from Southern New Hampshire University and a Masters of Arts in Clinical Psychology from Spalding University. Lisa has gained practicum experience across a multitude of settings, including a residential reunification program for families who have open Department of Child Services cases, a local high school with students who have extensive trauma histories, a pediatric health clinic providing brief intervention therapy for children, adolescents, and families and a resource center which focuses on solution-focused therapeutic interventions for individuals experiencing homelessness. She has also been selected to as an Integrated Behavioral Health Scholar as part of Spalding University’s Health Resources and Services Administration (HRSA) grant. Additionally, Lisa has worked at a residential facility as a Counselor for adolescents and children; worked at a birth-to-five Head Start as a Family Service Specialist; and worked in the intake department administering level-of-care assessments at a psychiatric hospital (providing inpatient, partial hospitalization, and intensive outpatient programs for adolescents and adults) for mental health and substance use. She currently works at a medical and surgical hospital as a Harm Reduction Coordinator, working with patients who have a history of substance use. She will be beginning her doctoral internship in July 2023 at the Lexington VA in Kentucky, in which she will be providing mental health and substance use services to United States veterans. Throughout her employment and practicum experiences she has had the opportunity to work with clients and patients across the lifespan with presenting problems, including trauma, learning and behavioral diagnoses, personality disorders, substance use, anxiety, and depression. In addition to her academic and professional pursuits, Lisa is an active member of her community. She volunteers with local organizations that provide support to veterans and works to raise awareness of mental health issues in underserved communities. She has a passion for working with those in underserved communities such as the Severely Mentally Ill (SMI) and substance use populations, homeless individuals, and the Black community. Through her work, Lisa hopes to make a positive impact on the lives of those she serves and to promote mental wellness and resilience in all communities.



Priya Hippolyte, APRN, MSN, PMHNP-BC

Nursing, Regis College, Boston, MA United States of America

A quality improvement project investigating the practice of integrative psychiatry on patients with depression

This cohort-based retrospective chart review examines the integrative and traditional psychiatric approaches and their treatment on depression in the outpatient setting using the PHQ-9 scale. With the various approaches to psychiatry, limited research is available on integrative psychiatry on outcomes when compared to traditional psychiatry practices.

Through an analysis of charts at an integrative and traditional psychiatry clinic between the dates of July 2022 to December 2022, this review investigated current approaches to managing a patient with depression symptoms. We looked at the specific variables of PHQ-9 scores, side effects, tolerability of treatments, and number of medications.

This review emphasizes the need for further research to understand the current treatment of patients in outpatient settings and ways this can be improved to better serve patients and improve patient outcomes. This review contributes to the understanding of the management of depression symptoms in the outpatient setting, and the method in which treatment can be improved for advanced practice nurses and providers working in psychiatry.

Audience Take Away Notes

- The audience will be able to use what they learn to improve the care that is provided to patients with mental health conditions and more specifically depression treatment in the outpatient setting. Current treatment mainly focuses on pharmacological approaches which has risks including side effects, adverse events, remission of symptoms, and the long-term impact on quality of life if not appropriately managed therefore the audience will be able to use what is learned to:
- Develop an understanding of the use of Integrative Psychiatry and its Impact on Depression Treatment: the audience will gain insight into integrative psychiatric approaches versus traditional psychiatry practices in managing depression. This topic will review potential benefits and limitations of using integrative approaches
- Utilizing the PHQ-9 Scale for Depression Assessment: The presentation will discuss the significance of the Patient Health Questionnaire-9 (PHQ-9) scale in assessing depression severity and tracking treatment progress
- Identify Opportunities for Improving Depression Management in Outpatient Settings: This review highlights the current practices in managing patients with depression symptoms in outpatient settings. Nurses will learn about the specific variables studied, such as PHQ-9 scores, side effects, tolerability of treatments, and the number of medications used. This topic will encourage nurses to critically assess existing treatment approaches and explore potential areas for improvement to enhance patient outcomes in their psychiatric practice
- It will helpful for the audience in their job
- This research that other faculty could use to expand their research or teaching

- This provide a practical solution to a problem that could simplify or make a designer's job more efficient
- It improve the accuracy of a design, or provide new information to assist in a design problem
- List all other benefits
 - o Informed Decision-Making: The study explores the effectiveness of integrative and traditional psychiatric approaches in treating depression in the outpatient setting. Nurses can use this information to make more informed decisions when formulating treatment plans for patients
 - o Enhanced Patient Care: By understanding the outcomes of different psychiatric approaches, nurses can tailor treatments to better suit individual patients, leading to improved patient care and potentially better treatment outcomes
 - o Practical Application: The study's emphasis on the outpatient setting provides practical insights that can be directly applied to real-world scenarios. Nurses can adapt the findings into their daily clinical practice, resulting in more effective and patient-centered care
 - o This is researching that other faculty could use to expand their research and teaching. In terms of research integrative psychiatry is an area not extensively studied thus this study can be used as a gateway to further research in this topic. In addition, regarding teaching the findings can be utilized to improve training of APRNs to include an integrative approach to improve patient care and treatment outcomes
 - o This provides a practical solution to a problem through insight into potential problems in care of patients with depression and the way this can be improved. This information can be used to improve the quality of care provided to patients in outpatient psychiatry. By emphasizing the need for further research and understanding of current treatment approaches, this study can stimulate discussions and initiatives to enhance patient outcomes in psychiatric care
 - o At this time results will be available August 2023 and if the research shows positive outcomes for integrative psychiatric approaches, it may lead to greater acceptance and integration of complementary and alternative therapies in mainstream psychiatric practice. Overall, this study offers practical solutions, evidence-based information, and valuable insights to improve patient care, facilitate further research, and enhance teaching for APRNs

Biography

Priya is a Board Certified Psychiatric Mental Health Nurse Practitioner (PMHNP-BC) with 10+ years of experience in healthcare field. She holds a Master of Science in Nursing from Regis College and is pursuing a Doctorate in Nursing which she will obtain in December 2023. Passionate about mental health care, she values a whole-person approach, incorporating medication, therapy, nutrition, exercise, and sleep for overall well-being. Priya actively engages in initiatives to improve mental health care through mentorship, education, conferences, and research. As a mentor and preceptor, she supports and guides new psychiatric nurse practitioners, helping them navigate the early stages of their careers. Priya is dedicated to optimizing mental health and patient well-being.



Claudia S. Hourigan*, MSN, APRN, FNP-C, Tammy Walker-Smith, DNP, MHA, MSN, APRN, FNP-C

Texas A & M University- Corpus Christi College of Nursing and Health Sciences, Corpus Christi, Texas, United States of America

Implementing an evidenced-based tool kit for fall prevention in community-dwelling hispanic elderly

Background: One in four elderly falls, frequently resulting in unintentional injuries and death, causing a health concern and a financial burden. This project identified a Home Health Agency (HHA) with a vulnerable population and unmet fall goals. It recognized nurses had fall knowledge deficits, no single fall identification instrument, and lacked Evidence-Based Practice (EBP) resources.

Objective: Project aims included: implementing an EBP fall prevention Stop Elderly Accidents, Death, and Injury (STEADI) protocol and minimizing elderly injuries and death in a South Texas HHA. Pre and post-intervention comparisons were analyzed for employee STEADI tool kit knowledge and patient screening effectiveness in decreasing Community-Dwelling Hispanic Elderly (CDHE) fall rates.

Methods: The project employed a Quasi-Experimental with a Quality Improvement Initiative. On day one, the nurses (n=8) STEADI trained. Over three months, they applied the STEADI tool kit on CDHE (n=44).

Evaluation and Measurement: Pre-STEADI fall data was the baseline. Quantitative pre-and post-STEADI educational tests, fall data chart review, and feedback surveys were collected and analyzed over three months. Paired sample t-Test compared pre and post-STEADI scores to reveal a significant difference.

Results: All HHA nurses (100%) were STEADI-trained and subsequently screened the CDHE (100%). Post-STEADI, an increase in the nurses' knowledge (36.25, 95% CI) and skills (147.5%, $p = .007$) occurred, and the CDHE fall rates were reduced (71%, $p = .019$).

Conclusion: Adopting policies and procedures, including STEADI in HHA care, to sustain fall monitoring and screening is recommended as STEADI enhanced nurse organizational support, communication, training, and prudence and decreased CDHE falls.

Audience Take Away Notes

- The elderly experience substantial falls that negatively impact their health, independence, and cost
- Educating nurses with EBP fall training increased nurse knowledge and practice and reduced falls over ninety (90) days
- HHA organizations should implement evidenced based fall programs that engage nurses in identifying elderly risk factors, strategies, and assessment tools to minimize fall risk
- This project identified STEADI as an effective fall protocol for current and future home health use which can consistently reinforce nursing practice and facility policy
- There are three main recommendations for fall prevention in home health care: (1) every nurse is recommended to participate in the fall education and prevention process (2) support and compliance all levels, are necessary for project sustainability (3) communication is needed to sustain a project plan

Biography

Claudia Saenz Hourigan studied Nursing at Texas A&M International University, United States where she graduated in 2020 as MS in Advanced Practice Nursing. She also studied at Texas A & M University Corpus Christi, United States where she graduated in 2019 as MS in the Leadership Nursing Program. She is currently studying at the same institution supervised by Dr. Walker-Smith while attending the Doctorate in Nursing Practice Program.



Tawni Mincks, MSN, RN

Department of Nursing, Washington State Community College, Marietta, OH,
United States of America

Improving retention rates of associate degree nursing students using an academic support orientation program

Introduction: Retention rates of students continue to be an issue in higher education, especially the retention rates of students in nursing academic programs. As the nursing shortage continues to increase, the need to replenish the supply of nurses places increased demands on nursing academic programs to increase their number of graduates. However, nurse educators have found that increasing the number of graduate nurses is not as easy as increasing enrollment numbers, offering multiple start dates, and offering accelerated programs. Offering these pathways will not offset the nursing shortage if the nursing academic program cannot retain the students entering them.

Objective: This quality improvement project aimed to implement an orientation program for Associate Degree Nursing students to increase student retention.

Methods: This quality improvement project used a pre/post design. The pre-intervention group included 44 students, and the post-intervention group was 43. The project was conducted at a community college in an Associates Degree Nursing program. Following Jeffreys' Nursing Universal Retention and Success model, an orientation program for Associate Degree Nursing students was developed to improve retention rates. Retention rates were compared between nursing students who completed an academic support new student orientation program and students who did not complete an orientation program. The orientation program included sessions believed to help support students as they prepared to enter their first semester of nursing school, including curriculum, the student handbook, the learning management system, ATI, student support services, utilizing faculty success coaches, peer support, and developing study skills.

Results: The project results show that more students were retained in the ADN program after attending the orientation program (post-intervention) $n = 28$ (65%) compared to students who did not attend the academic support orientation program (pre-intervention) $n = 19$ (43%). Using an adapted version of Jeffreys' Enrichment Program Satisfaction Survey, qualitative and quantitative data were collected to evaluate the student perceptions of the satisfaction and helpfulness of sessions presented at the orientation. Overall, students strongly agree that the sessions offered were helpful as they prepared to start their first semester of nursing school. Student narrative responses provided positive insight into the student's thoughts and feelings regarding the program.

Conclusion: Based on the results, an academic support orientation program can be implemented to improve the retention rates of first-semester nursing students.

Audience Take Away Notes

- Learners will be able to identify the importance of improving nursing student retention rates
- Learners will be able to identify student academic and non-academic barriers for retention
- Learners will be able to identify evidenced-based strategies for improving student retention rates in nursing academic programs

Biography

Miss. Mincks received her MSN from Walsh University in Canton, Ohio, in 2021. She then obtained a position as an Instructor of Nursing at Washington State Community College in Marietta, Ohio. She quickly advanced her work at Washington State Community College to become an Assistant Professor of Nursing/Nursing Success Coach. With her anticipated completion of her Doctor of Nursing Practice (DNP) degree from Walsh University in August 2023 and documented leadership skills, she was promoted to Assistant Program Administrator of Nursing of the Practical Nursing and Associate Degree Nursing programs in July 2023.



Faith Atte, PhD, RN

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Accessibility, availability, and acceptability of mental health services in rural Kenya: A literature review

In 1953, Africans were presented as “the happy savage” with an ‘idle’ frontal lobe protected from psychic conflict that arise from the untamed environment, which made them less susceptible to mental illness. This historical neglect and false depiction of Africans and the need for mental health services have had a ripple effect into the 21st century, such that most of the health care resources and health care providers in many African countries, including Kenya, have focused their efforts in reducing the burden of communicable diseases. Consequently, a non-communicable disease such as mental illness, has taken on a different and new urgency. Evidence suggests that despite the increasingly high prevalence of mental health disorders among Kenyans residing in the rural areas, there remains an extraordinary gap between help seeking behaviors, treatment and availability of mental health services. This literature review seeks to examine the interrelationship of, accessibility, availability and acceptability of mental health services in rural Kenya and its impact in reducing the burden of mental illness. A literature review search of published articles in CINAHL, MEDLINE and PsychInfo database from 2000-2022, was conducted. Additional references were obtained from bibliographies of these articles. Data was analyzed and categorized into broad topics. The healthcare system posed a significant barrier to accessibility of mental health services through the long waiting time, lack of psychiatric medication, and perceived poor healthcare attitudes towards patients. The preference for a traditional healer and the use of complementary medication influenced the lack of urgency to seek professional help. An intense stigmatization of affected individuals and the view of mental illness as an evil spirit or generational curses inhibited the acceptability of mental health challenges and utilization of mental health services. Understanding these factors may provide concrete evidence of the gap created several decades ago in terms of allocation of resources, inform implementation strategy for destigmatizing mental health challenges and develop intervention programs that promote mental health awareness.

Audience Take Away Notes

- This literature review has shed light to the importance of taking a step back to a history of a nation, to reflect and critically examine the myths of the past, and explore past ideas and truths that were either accepted or rejected. The history of the Kenyan people depicted them as less susceptible to mental illness, a false narrative that influenced the allocation of health resources. Understanding history can be an essential instrument that informs our approach to critical issues, appreciating the choices and circumstances that brought us to the present situation
- It will this helpful for the audience in their job
- This research that other faculty could use to expand their research or teaching
- This provide a practical solution to a problem that could simplify or make a designer’s job more efficient
- It improves the accuracy of a design, or provide new information to assist in a design problem

- List all other benefits
 - o There is a wide recognition that mental health is an essential component to one's overall health and wellbeing. Given the potency of globalization and the reality of global interconnectedness – the urgency of global mental health is paramount – thus the need to evaluate the current mental health challenges of people in rural Kenya. Within the literature reviewed, several authors have offered suggestions towards an educative collaboration between the traditional healers and healthcare providers to postulate initiatives that will increase mental health awareness. Other researchers propose a need to have an intervention program that will assist in increasing mental health awareness and enhance care to individuals with mental challenges thus bridging the treatment gap. Future studies should purpose to include interventions that include the traditional leaders and the healthcare professionals as key persons of the study. In addition, longitudinal studies are needed to assess the continued accessibility, availability and acceptability of mental health services. The results of these studies may influence and inform policy changes and increase mental healthcare resource allocation.

Biography

Dr. Atte graduated with a PhD degree in Nursing in 2018 from Villanova University. She then joined William Paterson University of New Jersey as an assistant Professor, currently teaching Mental health. Her research is extensive and is fundamentally based on Mental Health Awareness targeting different population groups. Dr. Atte has presented her studies in different conferences both locally and internationally.



Opal Dy, MSN, RN, CCRN, CMC, CSC

Critical Care Units, Arrowhead Regional Medical Center, Colton Ca United States of America

Reducing standardized utilization ratio for central lines and foley catheters: A multi-faceted approach

Purpose: The primary objective of this initiative was to reduce the Standardized Utilization Ratio (SUR) for central lines and foley catheters to below 1.0, thus enhancing patient safety and minimizing the risk of catheter/line-related complications. These complications, such as Central Line-Associated Bloodstream Infections (CLABSI) and Catheter-Associated Urinary Tract Infections (CAUTI), contribute to increased morbidity, mortality, and healthcare costs.

Description: To achieve this objective, we employed a multifaceted approach, focusing on three key interventions:

1. Revised Charge Nurse Report Sheet: Central lines and foley catheters were visually highlighted, and a drop-down menu was included to indicate the appropriate indication for the central line. This facilitated easy identification and prioritization of patients with central lines and foley catheters.

2. Standardized Charge RN/Manager Rounding System: This system streamlined the assessment and management of central lines and foley catheters through morning and afternoon rounds. Morning rounds involved identifying candidates for device discontinuation based on clinical status and device necessity, while afternoon follow-ups assessed device removal success or documented retention rationale. This approach fostered staff collaboration and communication.

3. Monthly Data Presentation: Data visualization posted around the unit and discussed during staff meetings improved staff awareness of device utilization and outcomes.

Evaluation and Implications for Nursing Practice or Patient Outcomes: The implementation of this standardized project resulted in a significant reduction in central line and foley catheter use within the ICU service line. This demonstrates the effectiveness of raising staff awareness, employing leadership supervision, and adopting a data-driven strategy to optimize device utilization in the ICU service line.

By implementing these three key interventions, the ICU service line observed a decrease in the SUR for central lines and foley catheters. This reduction directly impacts patient outcomes and healthcare efficiency, emphasizing the importance of such initiatives in the nursing practice. The multifaceted approach presented in this study serves as a model for other healthcare facilities seeking to improve patient safety and reduce the risk of catheter/line-related complications.

Audience Take Away Notes

- The significance of reducing device utilization and its impact on patient safety and healthcare efficiency
- The components of the multi-faceted approach to decrease SUR for central lines and foley catheters
- The effectiveness of raising staff awareness, implementing leadership supervision, and adopting a data-driven strategy

Biography

Opal Dy, a Clinical Nurse Specialist at Arrowhead Regional Medical Center (ARMC), has 20+ years of experience in nursing and staff education. Key contributions include establishing the Cardiothoracic Surgery Program at ARMC and serving as a clinical resource in quality assurance, staff engagement, and evidence-based practice. Opal's background includes roles as an ICU Nurse Educator and Charge Nurse at ARMC, focusing on staff development and patient care. With a Master's in Nursing and a BSN, Opal holds CCRN, CMC, and CSC certifications, demonstrating dedication to patient care and safety. His strong communication and compassionate approach make him a vital team member.



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The role of oncology nurses in promoting chemotherapy hair saving therapy

Introduction: Chemotherapy Hair Saving Therapy (CHST) (i.e. scalp cooling or cold capping) is a technology that can be utilized by cancer patients to prevent Chemotherapy Induced Alopecia (CIA).^{1,2} Machine scalp cooling must be available at the institution that the patient receives chemotherapy, while manual cold caps are brought by the patient with dry ice or, more rarely, kept in freezers at the institutions.¹ Scalp cooling requires multidisciplinary support, including from nurses, whom often serve a critical role as a patient advocate and touch point during the process in chemotherapy infusion room.³ Interestingly, in one study, oncology nurses felt important in the process of patients utilizing CHST to prevent CIA, while 93% of oncology nurses agreed that they required additional education regarding CHST.⁴ This survey was conducted to assess oncology nurse perceptions of chemotherapy hair saving therapy and perceived barriers to its use.

Methods: We conducted a cross-sectional survey of oncology nurses comprised of 28 questions. Distribution of the survey was conducted through the Lippincott Williams & Wilkins Nursing Masterfile Email list of Nurses who specialize in oncology and at the Oncology Nursing Society's Signature Congress.

Results: Sixty-nine oncology nurses responded to our survey. Approximately 50% (33/66) of respondents stated they were very familiar with CHST (manual cold caps and machine scalp cooling). Approximately 71% (31/44) of respondents indicated they would support their institution in providing machine scalp cooling system; 85.7% (36/42) indicated they agree that all patients should have the option to use scalp cooling. However, only 5.88% and 23.53% of oncology nurses recommend CHST to patients always or most of the time, respectively. Fifty-six percent (23/41) agreed the effort and cost of chemo hair saving cold therapy are worth the benefit received. The three most common barriers identified to the nurse's interest level in supporting CHST for patients included financial concerns for patients (n=22), staffing constraints (n=17), and efficacy concerns(n=17).

Discussion: Prevention of CIA is effective with chemotherapy hair saving therapy, however patient use remains limited. Up-to-date knowledge about scalp cooling for practitioners, including oncology nurses, may increase patient utilization of this technology. Addressing the barriers highlighted by nurses via education about funding organizations for patients and the efficacy of scalp cooling in addition to the creation of scalp cooling roles/processes within an institution may support the increased recommendation of the technology by oncology nurses.

Audience Take Away Notes

- List all other benefits
 - The audience we will be able to use what they learn from our presentation to better understand nurses' attitudes and opinions toward chemotherapy hair saving therapy
 - This presentation identifies barriers among patient care that hospitals may be able to address in order to improve access and use of a technology that can reduce CIA

- o This research can be used by other faculty to expand research, teaching, and patient care by expanding practitioner awareness of chemotherapy hair saving therapy

Biography

Sarah Shareef is a fourth year medical student at Michigan State University College of Human Medicine. She received her Bachelor of Science from Michigan State University in Human Biology with a minor in Bioethics.



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Respiratory care of music-guided incentive spirometer after thoracic surgery

According to the 2020 Taiwan Health and Welfare Report, 2020 was the 7th consecutive year (2014-2020) in which lung cancer was the number one killer of all cancer types, and thoracoscopic surgery was one of the major treatments for lung cancer. Exercises such as deep breathing and coughing were, clinically, deemed crucial to postoperative respiratory care and pulmonary rehabilitation.

An Incentive Spirometer (IS) can be used to keep the lungs active and, therefore, reduce the risk of developing complications like atelectasis, bronchial obstruction, fever, pneumonia and even respiratory failure, so patients who underwent thoracoscopic surgery were asked to use it so as to restore their lung functions. However, after interviewing patients classified as high risk for pulmonary complications, clinicians found that most patients did not use an IS as long or as frequently as they were instructed to; they also found that some patients considered the repetition boring. In addition, the lack of awareness of the importance of postoperative rehabilitation was another factor in lowering patients' willingness to keep using an IS as recommended. Compared with the traditional rehabilitation mentioned above, a combination of lung physiotherapy and music healthcare appeared to perform better in lowering the risk of relevant complications (Reychler, 201z, Huang et al. 2017, Lai 2021).

Huang et al (2017) combined the implementation of music-assisted thoracic rehabilitation exercises. The integrity of thoracic rehabilitation exercises for ventilator-dependent patients increased 24.2%, and caregivers' satisfaction with thoracic rehabilitation increased 22.5%. Reychler (2015) found that the application of music to the pulmonary rehabilitation of COPD patients has a significant effect. Lai (2021) found music effectively reduce dyspnea and anxiety in COPD patients, and improve sleep quality and physiological parameters in COPD patients.

This subjects of this study are patients after lung surgery in the thoracic department, we will explore the music-assisted using Incentive Spirometer (IS) for respiratory rehabilitation. It has passed the hospital's human research ethics review, and the results will be collected and analyzed for a three-month study.

Keywords: Thoracoscopic Surgery, Incentive Spirometer (IS), Music Healthcare, COVID-19, Rehabilitation Nursing.

Audience Take Away Notes

- Understand the concept of music and healthcare, learn how to use Music-Guided Incentive Spirometer (IS)
- Music assisted rehabilitation nursing of patients after thoracic surgery, and learn the scientific evaluation method of respiratory function, which can be applied to improve the breathing quality of patients in the future

Biography

Prof. Yu-Huei Su was the founder and the director of Research Center for Music, Technology and Health at National Tsing Hua University (NTHU) since 2017. Her research interests include but not limited to music performance anxiety coping strategy, health promotion for music performers, music care for elderly people, music technology in therapeutic and health settings. She promote music, technology and health credit program from 2019 at NTHU. She was the founder and chairwoman of Taiwan Music Health Promotion Association since 2022.



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Factors of medication adherence after stroke in older patients

Background: Medication adherence is key to secondary prevention in patients with stroke. To reduce the global stroke burden, we must consider medication adherence in elderly stroke patients. Few studies to date have examined factors influencing medication adherence and interventions in elderly-centered stroke patients. The aim of this study was to identify adherence factors post-diagnosis and enhance treatment results through early intervention.

Methods: We followed Preferred Reporting Items of Systematic Reviews and Meta-Analysis (PRISMA) guidelines for our literature search. The study covers the period from 2018 to 2023, using relevant Medical Subject Headings (MeSH) terms and key concepts from international databases.

Results: A total of 16 studies were included in the analysis. Factors influencing medication adherence in elderly stroke patients were categorized into social-economic, treatment, disease, patient, and healthcare system related factors. Social & Economic; COVID-19, post-discharge living arrangements, and cohabitation were found to be associated. Treatment- related; Adherence was linked to drug frequency, side effects, necessity recognition, and healthcare contact. Disease- related; Comorbid cardiovascular conditions and the presence of PTSD were associated with medication adherence. Patient-related; Medication adherence was reduced when patients had anxiety, depression, cognitive impairment, and memory deficits. Concerns about prescribed medications and a lack of understanding about medications contributed to lower adherence. Healthcare system-related; The comprehensive healthcare system in Australia, possession of discount cards, and increases in statin medication costs after 2015 were identified as factors influencing medication adherence.

Conclusion: The present study identified factors affecting medication adherence in elderly stroke patients. The findings of this review may help to develop interventions based on the characteristics of elderly stroke patients and the impact of the local healthcare system on medication adherence.

Audience Take Away Notes

According to this scoping review, a multitude of factors appear to exert influence, either positively or negatively or in both directions. Based on our analyses, It will allow us to identify characteristics and healthcare systems of older adults with stroke in Korea that are different from those in other countries and to develop interventions based on factors that influence adherence.

- After discharge, factors influencing medication adherence in elderly stroke patients across different settings (home, community, acute care hospitals, nursing homes) can be analyzed. This includes identifying compliance factors among caregivers and studying patient-related factors interactions.
- To assess adherence factors in elderly stroke patients post-hospital discharge across different locations, we can identify unintentional and intentional adherence factors among caregivers and investigate their interaction with patient factors.
- This review may also help those who conduct research on the relationship between depression and medication adherence in elderly stroke patients and investigate influencing factors. Furthermore, there is potential to develop tools for measuring and screening post-stroke depression in the elderly.

Biography

Ms. Sumin is majoring in Nursing at Chosun University Medical School, Republic of Korea in 2020 and is currently studying her master's degree at Yonsei University. After graduating with a bachelor's degree, Ms. Sumin has been working at Chosun University Hospital in the Neurology Department for approximately four years. Her primary area of interest is symptom management in stroke and neurological disorder patients.

**Ying Cai**

School of Nursing, Chongqing Medical University, Chongqing, China

The future directions for the development of nursing

Nursing, as a discipline closely related to human health and disease, its development direction is linked to the future of healthcare systems. With the continuous advancement of medical technology and the trend of population aging, nursing is facing many new challenges and opportunities, urgently needing to explore and determine its future development direction. Firstly, interdisciplinary collaboration and teamwork. With the continuous advancements in medical technology and medical knowledge, nursing will increasingly require collaboration with other disciplines such as medicine, pharmacy, sociology, psychology, bioinformatics, materials science, and psychology, among others. Interdisciplinary collaboration strengthens the role of nurses within healthcare teams, enhancing the comprehensiveness and professionalism of nursing practice. Additionally, through collaborative healthcare models that involve nurses, physicians, and other allied health professionals, effective communication and shared decision-making are promoted to improve patient treatment outcomes. Secondly, diversification of nursing practice. As patient demands evolve and the healthcare landscape undergoes changes, nursing practice must demonstrate adaptability to different contexts and needs. In the future, nursing practice will encompass a range of modalities including home care, community care, and telehealth. A heightened emphasis will be placed on the patient-centered care model, which attends to individual needs and overall health. This paradigm shift will involve the provision of comprehensive and personalized nursing services throughout the lifespan. Furthermore, it is important to emphasize the significance of cultural sensitivity and diversity, as well as to acquire the ability to respect. Thirdly, technology integration. The rapid development of modern healthcare technology has presented nursing with new opportunities and challenges. In the future, nursing will be seamlessly combined with advanced technologies to enhance the quality of care, patient experience, and treatment outcomes. It is crucial to actively embrace and effectively utilize emerging technologies such as artificial intelligence, big data, virtual reality, and telemedicine in nursing practice. This integration will elevate the capabilities in diagnosis, treatment, and patient monitoring, while promoting efficient communication and decision-making processes. Finally, the future development of nursing requires a simultaneous focus on strengthening nursing education and enhancing the practical abilities of nursing professionals. Furthermore, promoting nursing research and academic growth, as well as improving nursing management and policy levels, can facilitate the ongoing development and innovation within the field of nursing. By doing so, a greater contribution can be made to providing improved nursing services and ensuring human health.

Audience Take Away Notes

- Proposing new directions for the development of nursing.
- Understanding the important domains of nursing development trends and research.

Biography

Ying Cai studied Internal medicine at Chongqing Medical University (CQMU), China and graduated as MS in 2013. She then worked at Department of Intensive Care Medicine, the Second affiliated hospital of CQMU (Attending physician of internal medicine). Then joined the research group of Prof. Ailong Huang at the Key Laboratory of Molecular Biology

for Infectious Diseases (Ministry of Education) of CQMU and received her PhD degree in 2019. After three years post-doctoral fellowship supervised by Prof. Ailong Huang at the same institution, she obtained the position of an Associate Professor at School of Nursing in CQMU, and is mainly responsible for the construction of nursing disciplines.

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