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conferenceseries.com 716<sup>th</sup> Conference



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# Scientific Program

*Nursing Congress 2016*

08:00-08:30 Registrations

Westminster Ball Room

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08:30-09:00

# Opening Ceremony

## Keynote Forum

### Introduction

09:00-09:30 **Title: Understanding the impact of antipsychotic medication and associated side effects on peoples' lives**  
**Paul Morrison**, Murdoch University, Australia

09:30-10:00 **Title: A quantitative, descriptive, pilot study on chief nursing officer perceptions of the usefulness of the Schmidt model of differentiated practice in acute nursing care delivery**  
**Kristin Schmidt**, Desert Regional Medical Center, USA

### Sessions:

**Nursing Education | Nursing Management | Nursing Practice | Risk Factors in Nursing and Healthcare professionals | Nutrition and Health | Cardiovascular Nursing**

Session Introduction

**Session Chair: Alison Burton Shepherd, Care Quality Commission Specialist Advisor, UK**

**Session Co-chair: Marlene M Rosenkoetter, Augusta University, USA**

10:00-10:20 **Title: Identifying changes in comfort and worry among pediatric nursing students following clinical rotations**  
**Madeline Lassche**, Sharifa Al-Qaaydeh, University of Utah, USA

10:20-10:40 **Title: Integrating animal-assisted interventions in nursing curriculum**  
**Juliann Perdue**, California Baptist University, USA

### Group Photo

Networking & Refreshment Break: 10:40-11:00 @ Foyer

11:00-11:20 **Title: The relationship between and factors influencing, the staff nurses' perception of nurse manager caring and their perceived exposure to workplace bullying within multiple healthcare settings**  
**Lynda Olender**, Hunter Bellevue School of Nursing, USA

11:20-11:40 **Title: Enhancing understanding of poverty through simulation**  
**Sandra Kundrik Leh**, Cedar Crest College, USA

11:40-12:00 **Title: A unique educational model in transitional care of congestive heart failure patients**  
**Nan Smith-Blair**, University of Arkansas, USA

12:00-12:20 **Title: Combating chronic obstructive pulmonary/lung disease (COPD/COLD) by early recognition of risk factors**  
**Kathy Blair**, University of Colorado, USA

12:20-12:40 **Title: New-Brunswick nurses' views on nursing research and factors influencing their research activities in clinical practice**  
**Sylvie Robichaud-Ekstrand**, University of Moncton, Canada

12:40-13:00 **Title: Polymer delivery systems augment polyphenol efficacy, for treating schizophrenia**  
**Wendy Laupu**, James Cook University, Australia

Lunch Break: 13:00-13:50 @ Restaurant

Session Introduction

**Session Chair: Anita Hunter, Washington State University, USA**

**Session Co-chair: Lynda Olender, Hunter Bellevue School of Nursing, USA**

13:50-14:10 **Title: "Face in the crowd" Loneliness and isolation in the elderly, impact and prevention**  
**Alison Burton Shepherd**, Care Quality Commission Specialist Advisor, UK

14:10-14:30 **Title: Challenges of global nurse migration: Issues and mediators**  
**Marlene M Rosenkoetter**, Augusta University, USA

14:30-14:50 **Title: Health-related quality of life after primary percutaneous coronary intervention for ST-Elevation myocardial infarction: An age comparison study**  
**Soo Hoo Soon Yeng**, University of Technology Sydney, Australia

- 14:50-15:10** **Title: How mentors use feedback on student performance to inform practice assessment in pre-registration nursing programs in Scotland**  
Christine Pollock, Edinburgh Napier University, UK
- 15:10-15:30** **Title: Regaining familiarity with own body after treatment for operable lung cancer – A qualitative longitudinal exploration**  
Malene Missel, Copenhagen University Hospital, Denmark
- 15:30-15:50** **Title: Emotional intelligence and empathy of nursing students in an immersive capstone clinical course**  
Michelle Finch, Middle Tennessee State University, USA

Networking & Refreshment Break: 15:50-16:10 @ Foyer

- 16:10-16:30** **Title: Grasping the dynamics of suicidal behavior: Combining time-geographic life charting and COPE ratings**  
Charlotta Sunnqvist, Malmo University, Sweden
- 16:30-16:50** **Title: Nursing is hard emotional labor-time to care for the carers?**  
Yvonne Sawbridge, University of Birmingham, UK
- 16:50-17:10** **Title: Skin cancer screening in primary care: A challenge to advance practice nurses**  
Beth DeKoninck, Indiana Wesleyan University, USA
- 17:10-17:30** **Title: The effect of structured education provided to multiple sclerosis patients on self-care agency**  
Magfired Kasikci, Ataturk University, Turkey
- 17:30-17:50** **Title: How to develop an innovative nursing practice culture, when working in a hospital setting with a battlefield of competing rationales**  
Mette Kjerholt, Roskilde Hospital, Denmark
- 17:50-18:10** **Title: Coping self-efficacy predicting stage transition and fat reduction dietary habits in coronary artery disease and diabetic outpatients**  
Sylvie Robichaud-Ekstrand, University of Moncton, Canada

Panel Discussion

October 04 2016 | Day 2

Westminster Ball Room

### Keynote Forum

- 09:00-09:30** **Title: Internationally-educated nurses and the clinical transition program: Assessing the impact upon patient satisfaction**  
Jennifer Elton David, Avant Healthcare Professionals Ltd, USA
- 09:30-10:00** **Title: Pediatric lead exposure intervention: Official statements vs. scientific review**  
Howard W Mielke, Tulane University School of Medicine, USA

Sessions:

Health care and management | Paediatric Nursing | Psychiatric and Mental Health Nursing | Women health nursing | Gerontological Nursing

Session Introduction

Session Chair: Fang Yang, Zhejiang University, China

Session Co-Chair: Nan Smith-Blair, University of Arkansas, USA

Young Research Forums

- 10:00-10:15** **Title: "The character rests heavily within me" drama students as standardized patients in simulated-base learning**  
Amanda Jacobs, University of the Free State, South Africa
- 10:15-10:30** **Title: A framework resulting from implementing high-fidelity simulation in South Africa**  
Maria Phillips, University of the Free State, South Africa
- 10:30-10:45** **Title: Health literacy as a strategy to improve communication with patients**  
Reezena H. Malaska, Chamberlain College of Nursing, USA

Networking & Refreshment Break: 10:45-11:05 @ Foyer

- 11:05-11:20 **Title: "Why should I think like a researcher with wound care?"**  
Eman Al Thaher, Tawam Hospital, UAE
- 11:20-11:35 **Title: Exploring the experiences of indigenous nursing student mentees**  
Brianna Krekoski, University of Ottawa, Canada
- 11:35-11:50 **Title: Clinical outcome and patient perspectives on opiate maintenance treatment for opiate dependence**  
Emma Pagels Mardhed, Lund University, Sweden
- 11:50-12:05 **Title: Patterns for acute postoperative pain management in the national referral hospitals in asmara, eritrea**  
Tekleweini Kidane, Eritrean Nurses Association (ERINA), Eritrea

#### General Session

- 12:05-12:25 **Title: The lived experience of nurses transitioning to electronic medical records usage: A phenomenological inquiry**  
Leesuk Ferencsik, Adventist University of Health Sciences, USA
- 12:25-12:45 **Title: Structure of working time of pediatric nurses in Poland**  
Ewa Smoleń, Medical University of Lublin, Poland
- 12:45-13:05 **Title: The elderly's community needs in China: A survey promoting aging in place**  
Mei Juan Cao, Hangzhou Normal University, China

Lunch Break: 13:05-13:55 @ Restaurant

**Session Chair: Juliann Perdue, California Baptist University, USA**

**Session Co-Chair: Sevgi Ozkan, Pamukkale University, Turkey**

- 13:55-14:15 **Title: Healthcare innovation and its impact on quality of services in pakistan**  
Hifsa Altaf, Maries Stopes Society, Pakistan
- 14:15-14:35 **Title: Measurement of resilience in Chinese older people**  
Fang Yang, Zhejiang University, China
- 14:35-14:55 **Title: The lived experience of breast cancer in the surveillance phase of recovery: A liminal process**  
Amado Patricia Kathryn, University of Miami, USA
- 14:55-15:15 **Title: Febrile neutropenia risk assessment- An Irish perspective**  
Catherine O'Brien, St James's Hospital, Dublin, Ireland
- 15:15-15:35 **Title: Using Participant Action Research (PAR) to assess special care nursery nurses' attitudes toward caring for bubble continuous positive airway pressure (BCPAP) patients**  
Ming-Huei Lu, MacKay Children's Hospital, Taiwan
- 15:35-15:55 **Title: Personal resilience and post-traumatic stress symptoms in families of patients admitted to the intensive care unit in Japan**  
Miyuki Komachi, International University of Health and Welfare, Japan
- 15:55-16:15 **Title: Family presence during invasive procedures in the emergency department**  
Renaë Lynn Dougal, Saint Alphonsus Regional Medical Center, USA

#### Pannel Discussion

Networking & Refreshment Break: 16:15-16:35 @ Foyer

Poster Session 16:15-17:15 @ Foyer

**Poster Judge: Soo Hoo Soon Yeng, University of Technology Sydney, Australia**

**Poster Judge: Magfired Kasikci, Ataturk University, Turkey**

- NC 101 **Title: Urinary incontinence and life quality of women living in nursing homes in the Mediterranean region**  
Sinem Göral Türkcü, Pamukkale University, Turkey
- NC 102 **Title: Doctor-patient relationship and value co-creation: An empirical study of service-dominant logic**  
Yu-Hua Yan, Tainan Municipal Hospital, Taiwan ROC
- NC 103 **Title: Detecting health warning signs of people with intellectual disability (ID) having difficulty in expressing symptoms in the community: An interview survey**  
Sooja Kim, Kanagawa University, Japan

- NC 104** Title: **The marked lines to prevent sucked accident of metallic ventilators in the magnetic resonance imaging examination**  
**Shu-Chen Hsing**, Chi-Mei Medical Center, Taiwan
- NC 105** Title: **The study on the quality of hospital under National Health Insurance -A patients' satisfaction approach**  
**Yu-Hsia Wang**, Tainan Municipal Hospital, Taiwan
- NC 106** Title: **The effect of Tele-counseling on postpartum women**  
**Sinem Göral Türkcü**, Pamukkale University, Turkey
- NC 107** Title: **Cervical cancer screening knowledge and practice among women at Adeoyo teaching hospital in Nigeria: A prevention tool for cervical cancer**  
**Adetule O O**, Nigeria
- NC 108** Title: **The educational needs of nurses with staff development roles in hospitals**  
**Mami Onishi**, Juntendo University, Japan
- NC 109** Title: **Competency elements in the roles of certified wound, ostomy and continence nurses in Japan**  
**Mayumi Chikubu**, Kyushu University, Japan
- NC 110** Title: **Can pictures of the nature influence anxiety and well-being during elective surgery in local anesthesia?**  
**Elinor Nielsen**, Vrinnevisjukhuset Hospital, Sweden
- NC 111** Title: **Can pictures of the nature influence anxiety and well-being during elective surgery in local anesthesia?**  
**Gunilla Hollman Frisman**, Linköping University, Sweden
- NC 112** Title: **The exploration of medical resources utilization among inguinal hernia repair in Tw-DRGs**  
**Yu-Hua Yan**, Tainan Municipal Hospital, Taiwan ROC
- NC 113** Title: **Adolescents' experiences of undergoing scoliosis surgery, psychological aspects and the trajectory of self-reported pain**  
**Anna-Clara Rullander**, Umea University, Sweden
- NC 114** Title: **Environmental factors related with students` Menarche (aged 11-14)**  
**Sedighe Paksresht**, Guilan University of Medical Sciences, Iran

October 05 2016 | Day 3

## Westminster Ball Room

### Keynote Forum

- 09:00-09:30** Title: **Inter-professional education and collaborative practice: Nursing's place at the table**  
**Kimberly Adams Tufts**, Old Dominion University, USA
- 09:30-10:00** Title: **A correlational study on the cultural awareness among graduating associate degree nursing students**  
**Renee Martin**, Riverside City College, USA

Sessions:

**Critical care and Emergency Nursing | Midwifery Nursing | Types of nursing | Cancer and tumour nursing | Nursing Practice**

Session Introduction

**Session Chair: Sandra Kundrik Leh, Cedar Crest College, USA**  
**Session Co-Chair: Ewa Smoleń, Medical University of Lublin, Poland**

- 10:00-10:20** Title: **Social work in the emergency department-implementation of a domestic and family violence screening program**  
**Debbie McCarthy**, Flinders University, South Australia
- 10:20-10:40** Title: **Heavy metal consumption and the effect on the child-bearing health of women and the development of their children**  
**Anita Hunter**, Washington State University, USA

Networking & Refreshment Break:10:40-11:00 @ Foyer

- 11:00-11:20 **Title: Moving on in life after intensive care - partners' experience of group-communication**  
**Mona Ahlberg**, Vrinnevisjukhuset, Sweden
- 11:20-11:40 **Title: Recognizing intimate partner violence**  
**Terri Sullivan**, Emory University Hospital, USA
- 11:40-12:00 **Title: Implementation of a midwifery group practice continuity of care model for aboriginal and Torres strait islander women and their families at the royal Brisbane and women's hospital, Brisbane, Australia**  
**Janine Farquharson**, Royal Brisbane and Women's Hospital, Australia
- 12:00-12:20 **Title: Fathers' functional status during pregnancy and the early postnatal period**  
**Sevgi Ozkan**, Pamukkale University, Turkey
- 12:20-12:40 **Title: Competences in oncology clinical trials for nurses: A twenty year practice perspective**  
**Julio-Cesar de la Torre-Montero**, Comillas Pontifical University, Spain
- 12:40-13:00 **Title: Social determinants of healthcare outcomes revisited: The continuing persistence of disparities in communities of color**  
**Rena Boss-Victoria**, Bowie State University, USA

Lunch Break : 13:00-13:50 @ Restaurant

Pannel Discussion

Thanks Giving & Closing Ceremony



**Bookmark Your Dates**

# 30<sup>th</sup> Nursing & Healthcare Congress

August 14-16, 2017 Toronto, Canada

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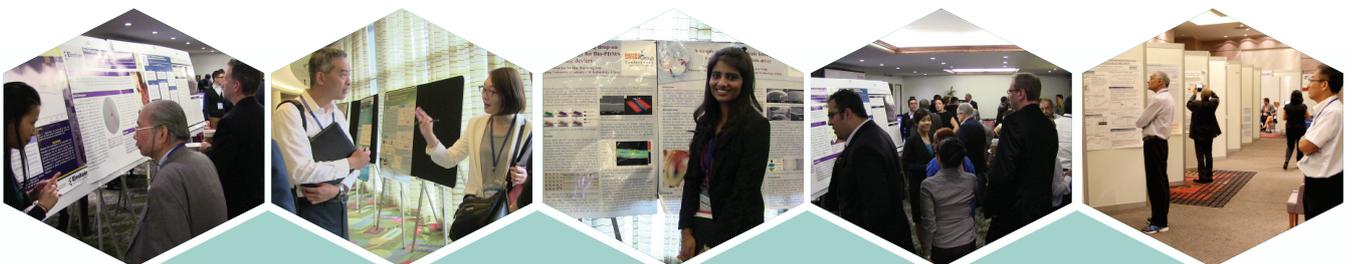
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# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Exhibitor





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# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Keynote Forum (Day 1)



# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada



**Paul Morrison**

*Murdoch University, Australia*

## Understanding the impact of antipsychotic medication and associated side effects on peoples' lives

Antipsychotic medication plays an important role in the treatment of people experiencing severe mental health problems. However, antipsychotic medication often produces troubling side effects. Severe side effects commonly occur, and include Parkinsonism, akathisia, tardive dyskinesia, and substantial metabolic effects. Less severe side effects include sedation, insomnia, sexual dysfunction, dry mouth, constipation, urinary problems, and dizziness. Many consumers experience numerous side effects concurrently, which can be more debilitating than the symptoms of severe mental illness. Understanding consumers lived experience of antipsychotic medication side effects could enable health professionals to work more closely with consumers and informal carers to manage adverse effects. This paper draws on the findings of three studies, in which in-depth interviews were conducted with 18 informal carers, 10 mental health consumers, and 9 case managers. The transcribed interviews were examined by using content analysis. This resulted in a series of rich, diverse themes that detailed key issues such as: nurses' lack of knowledge about antipsychotic medication side effects; the belief that a lack of consumer insight was responsible for non-adherence; and a lack of systematic approach to the assessment of side effects. In contrast consumers emphasized the "zombie" like state they had to live with; and how they used varied management strategies to limit the impact of the side effects on their lives. The differing perspectives explored will provide a more in-depth understanding of the lives of consumers and carers and highlight significant challenges for nurses and other health professionals in caring for people who take antipsychotic medication.

### Biography

Paul Morrison completed studies in nursing, psychology, education and counselling and has a long-standing interest in mental health issues and the education of health professionals. Before taking up his present position at Murdoch University, he worked in a range of health care settings as a general and mental health nurse (UK and Queensland); in universities as a lecturer, senior lecturer (Cardiff), Associate Professor (Brisbane) and Professor (Canberra & Perth) and in private practice as a psychologist. He is an experienced teacher, researcher, practitioner and writer with over 100 publications. Some of his books have been translated into German, Norwegian and Indonesian.

[P.Morrison@murdoch.edu.au](mailto:P.Morrison@murdoch.edu.au)

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada



## Kristin Schmidt

Desert Regional Medical Center, USA

### A quantitative, descriptive, pilot study on chief nursing officer perceptions of the usefulness of the Schmidt model of differentiated practice in acute nursing care delivery

The current model of hospital nursing care delivery requires the RN, regardless of education level, to provide direct care to patients. Utilizing the RN for direct care functions is ineffective and not sustainable due to the impending nursing shortage, the aging population, and the recent changes in hospital reimbursement. The professional knowledge and expertise of the RN to focus on utilization, care management, quality, and satisfaction imperatives is critical for success under the current reimbursement structure. This study investigated the usefulness of the Schmidt Model of Differentiated Practice through the perceptions of Chief Nursing Officers (CNOs). Unlike the differentiated practice models noted in the literature, the Schmidt Model of Differentiated Practice is an alternative to current models of hospital nursing care delivery because it integrates and utilizes the different education levels of not only the registered nurse (RN) but all other licensed and unlicensed assistive personnel thereby, tackling the current challenges of low cost, high quality care.

#### Biography

Kristin Schmidt is the Chief Nursing Officer at Desert Regional Medical Center in Palm Springs, California. She holds a Bachelor's degree in Nursing from Arizona State University, a Master's degree in business administration from Keller Graduate School and a Doctorate in nursing leadership from American Sentinel University. She has been in various executive leadership roles from CEO, COO and CNO and is online faculty for the University of Phoenix teaching organizational leadership and management courses. She maintains many professional affiliations including AONE, ACHE, and NAHQ. She is a founding board member of the Chi Alpha Chapter of Sigma Theta Tau and has published various articles on leadership in healthcare.

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## Scientific Tracks & Abstracts (Day 1)



## Major Sessions:

Day 1 October 03, 2016

**Nursing Education | Nursing Management | Nursing Practice | Risk Factors in Nursing and Healthcare professionals | Nutrition and Health | Cardiovascular Nursing**

### Session Chair

**Alison Burton Shepherd**

Care Quality Commission Specialist Advisor, UK

### Session Co-chair

**Marlene M Rosenkoetter**

Augusta University, USA

#### Session Introduction

**Title: Identifying changes in comfort and worry among pediatric nursing students following clinical rotations**

**Madeline Lassche**, Sharifa Al-Qaaydeh, University of Utah, USA

**Title: Integrating animal-assisted interventions in nursing curriculum**

**Juliann Perdue**, California Baptist University, USA

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**Title: Polymer delivery systems augment polyphenol efficacy, for treating schizophrenia**

**Wendy Laupu**, James Cook University, Australia

# 12<sup>th</sup> Nursing and Healthcare Congress

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## Identifying changes in comfort and worry among pediatric nursing students following clinical rotations

**Madeline Lassche**

University of Utah, USA

**Background & Purpose:** Pediatric clinical settings are stressful and anxiety-provoking environments. Previous studies indicate the greatest worry for students is causing a child pain. This study aims to replicate previous results using three different nursing programs to determine if initial results are generalizable to a greater population.

**Methods:** This quantitative descriptive study utilized pre-post design. The “Pediatric Nursing Student Clinical Comfort and Worry Assessment Tool” assesses students’ perceptions regarding their clinical experiences with children, and evaluates common worries associated with pediatric rotations. Acceptable initial validity and internal consistency with Cronbach’s alpha of .806 for comfort and .766 for worry were obtained. Data were reviewed for missing values and outliers before analysis. Changes in subscale results were assessed using paired t-tests. A total of 250 students consented to participate with a total of 206 participants completed both pre/posttests.

**Results:** Significant ( $p < 0.05$ ) improvement among participants from pre-test to post-test in all areas except “helping families/children cope with painful procedures”. Clinical comfort increased while worry decreased. Correlations between study variables, age and the number of children did not have strong relationships with clinical comfort or clinical worry. However, how often students worked with children and their comfort with children did have stronger correlations with both factors.

**Conclusion:** The results of this study suggest student worries are often present but also manageable. Faculty can tailor post-conferences and clinical learning opportunities to address identified areas of worry and increase clinical confidence, most notably with painful procedures. These conclusions are consistent with previous research.

### Biography

Madeline Lassche teaches primarily in pediatrics and is considered an expert on pediatric respiratory and cardiovascular issues. Madeline also has expertise in writing simulation scenarios for the University of Utah, College of Nursing and Elsevier publishing. She has presented numerous times at national and international simulation conferences and is currently working with Intermountain Healthcare to deliver a local simulation facilitator course.

Madeline.Lassche@nurs.utah.edu

### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Integrating animal-assisted interventions in nursing curriculum

Juliann Perdue

California Baptist University, USA

People love their animals. Sixty-two percent of U.S. homes have pets and 75% of homes with children have at least one pet (Fine, 2010). The human-animal bond (HAB) is strong and affects the health status of patients across the lifespan. Nurses are quintessential in the assessment of the human-animal bond and implementation of animal-assisted interventions (AAI) in healthcare institutions. Complementary and alternative therapies, which include AAI, have been incorporated in the AACN Essentials of Baccalaureate Education for Professional Nursing Practice and are also part of the NCLEX blueprint. However, few nursing programs address AAI in the nursing curriculum. Curricular analysis shows three of the 26 nursing courses in the undergraduate BSN program at California Baptist University discuss AAI, and only one, Mental Health, includes theoretical content with learning activities and evaluation methods. The integrated curriculum approach suggested by Manor (1991) provides guidelines for incorporating AAI in both theoretical content and clinical application. This method was used to thread AAI throughout the nursing program in core nursing courses at each level of the program. Faculty created learning activities and evaluation methods building on critical thinking skills. A vital component of the process was to have a certified human-animal intervention specialist and trained therapy animal on staff at the School of Nursing. As a result, AAI was integrated at all levels of the nursing program.

### Biography

Juliann Perdue has completed her Doctor in Nursing Practice (DNP) from Western University of Health Sciences in 2012. She is the Undergraduate Nursing Program Director, at California Baptist University in Riverside, California. She has specialized in animal-assisted therapy and is a certified human-animal bond intervention specialist (CHAIS). She has also peer reviewed numerous articles on complementary and alternative therapies.

jperdue@calbaptist.edu

### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

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## The relationship between and factors influencing, the staff nurses' perception of nurse manager caring and their perceived exposure to workplace bullying within multiple healthcare settings

Lynda Olender

Hunter Bellevue School of Nursing, USA

**Objective:** To examine the relationship between, and factors influencing, the staff nurses' perception of nurse manager caring and their perceived exposure to workplace bullying within multiple healthcare settings.

**Background:** This study was based on Watson's theoretical position (1979, 2008) that caring is reciprocal in nature and promotes caring and healing for and among each other (and including within an administrative context).

**Methods:** A descriptive correlational design was employed to assess staff nurses self report of nurse manager caring (using the Caring Factor Survey-Caring of the Manager, Nelson, 2010) and their perception of being exposed to negative acts meeting the definition of workplace bullying, among 156 staff nurses working within multiple healthcare settings in a large metropolitan area within the United States.

**Results:** Results confirmed a significant inverse relationship between nurse manager caring and exposure to workplace bullying in the nursing workplace ( $r = .534$ ,  $p .001$ ) meaning that as staff nurses' perceptions of their nurse manager caring increases, their perception of exposure to negative acts (meeting the definition of workplace bullying) significantly decreases. Study findings also indicated that gender and workload negatively influenced these findings. Further, data analysis revealed that staff nurses who were females and those who worked in Medical/Surgical settings were significantly more likely to perceive their managers as caring ( $p < .05$  respectively) and that a high workload significantly influenced the staff nurses perception of exposure to bullying ( $p < .05$ ) in the workplace.

**Conclusions/Clinical Relevance:** In consideration of the 2025 prediction of severe nursing shortages as baby-boomer nurses retire at the same time the demand for health care will increase (AACN, 2009), study findings highlight the importance of caring leadership to ensure the health and availability of our nursing workforce. Study findings also suggest the need for shifting nurse manager work priorities to optimize their time and availability to staff at the point of care. Further, empirical findings lend support for the design and implementation of caring curriculum and related competencies for nursing leaders both within the clinical and academic work settings.

### Biography

Lynda Olender has completed her PhD from Seton Hall University, NJ. She is the author of numerous articles and book chapters primarily focused on the concepts of caring, incivility and workplace bullying within nursing. She is currently a Distinguished Lecturer and Graduate Program Director at Hunter College. She is also the Co-Principle Investigator on two research initiatives: 1) a qualitative study to record the life stories of female veterans, and, 2) the impact of implementing shared governance and a professional practice model on select inpatient and ambulatory care units within a tertiary medical center.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Enhancing understanding of poverty through simulation

**Sandra Kundrik Leh**  
Cedar Crest College, USA

Teaching complex concepts such as poverty can be a daunting and challenging task for nurse educators. However, it is imperative that nursing students understand the health care challenges that face vulnerable populations. Textbook readings alone may not capture the depth of the issues and struggles faced by those living in poverty. Low fidelity simulation experiences, in addition to traditional teaching strategies, have shown to be effective in giving students the opportunity to gain a new level of empathy for families who struggle with few resources. Participants are compelled to examine their own attitudes, biases, and beliefs about poverty during the simulation session. By increasing students' understanding of the complexities and challenges faced by low income families on a daily basis, they will be better positioned to provide more meaningful and effective health care. By enabling students to examine poverty from various perspectives, they can then recognize and discuss the potential for change in their local communities. This session presents an overview of an interdisciplinary-based low fidelity poverty simulation used in an undergraduate community health nursing course. The planning, implementation, and evaluation phases of the simulation experience are discussed.

### Biography

Sandra Kundrik Leh earned her MSN in Community Health Nursing from West Chester University and a PhD in Nursing from Widener University. She is an Associate Professor at Cedar Crest College in Allentown, PA. She is a Certified Nurse Educator and member of several professional organizations. She has published and presented in the US and abroad on a variety of topics related to nursing education, global health and community health nursing.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## A unique educational model in transitional care of congestive heart failure patients

**Nan Smith-Blair**

University of Arkansas, USA

Health-related quality of life (HRQOL) in individuals with congestive heart failure (CHF) is frequently compromised and associated with increased readmissions to the hospital and use of healthcare resources. Evidence supports use of various transitional care programs has been to effectively reduce hospital readmission rates explored. This project's uses a unique approach that has not to our knowledge been implemented elsewhere. This novel approach to providing transitional care is comprised of nursing, social work, exercise physiology and nutrition students serving as a vehicle to transcend and bridging e the gap between hospital, home and clinic. It is consistent with the IOMs Future of Nursing: Leading Change, Advancing Health (2011) recommendation to prepare competent and skilled nurses to practice in the future healthcare system. This project demonstrates an innovative academic and practice collaboration model providing students with learning experiences in a patient-centered environment spanning the care continuum. Leveraging students and faculty with the expertise and resources in both academic and practice settings focus on overcoming individual, environmental and structural barriers to help the CHF patient achieve effective self-care management. This project is also evaluating the impact of this educational model on improved patient care outcomes. This project is a collaboration between an urban hospital, clinic based CHF clinic, and the University and the CHF patient and family. Students provide telephone and home visits to NYHA Class II and III CHF patients recently discharged from the hospital. Weekly transitional care team meetings are held to review patients and discuss appropriate plans of care. Formative and summative evaluations from students demonstrated a high degree of satisfaction. Moreover, the project was deemed successful by the hospital, CHF clinic and school of nursing in terms of student learning and patient outcomes with a decreased rate of emergency department visits and re hospitalizations.

### Biography

Nan Smith-Blair completed her PhD from the University of Kansas in 2000. She is an Associate Professor in Nursing at the University of Arkansas whose primary duties include working with Honors students and conducting research. She has previously worked in the healthcare system at all levels of management including hospital administration. She has published more than 20 papers. She was elected as a Distinguished Fellow in the National Academies of Practice in 2014. She currently serves as President of the Southern Nurses Research Society and on the Leadership Council of the Council for the Advancement of Nursing Science.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Combating chronic obstructive pulmonary/lung disease (COPD/COLD) by early recognition of risk factors

**Kathryn A. Blair**

University of Colorado Colorado Springs, USA

COPD is the fourth leading cause of death worldwide and some speculate COPD will reach the 3<sup>rd</sup> leading cause of death by 2020. Smoking and environmental pollution is well known to contribute to the development of COPD however, there are many other risk factors that are less well known and poorly understood. If health care providers are to facilitate a reduction in COPD deaths, it is imperative that providers recognize those at risk and intervene early. This presentation will discuss the lesser known risk factors for COPD such as alpha1 antitrypsin deficiency, prematurity, occupational hazards and others. Additionally, a discussion regarding vulnerable populations will be addressed. A summary of the results of a survey exploring Colorado advanced practice nurses (nurse practitioners) awareness of risk factors will be presented.

### Biography

Kathryn A. Blair is a professor at UCCS has been an educator and practicing advanced practice nurse (family nurse practitioner) for over 25 years. Dr. Blair had written 17 refereed journal articles, book chapters, serves on several editorial boards and is active in many professional nursing organizations.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## New-Brunswick nurses' views on nursing research and factors influencing their research activities in clinical practice

Sylvie Robichaud-Ekstrand  
University of Moncton, Canada

New-Brunswick became the first province in Canada to require a baccalaureate degree in nursing as the entry to practice, yet, nursing research activities in hospital settings remain quite low. The main objective of the study was to (a) examine nurses' views on nursing research; exploring their value, role, interest, experience, perceived support for nursing research, and their utilization of health information technologies, and (b) to determine if age, level of education, number of years working as a nurse, and employment position were contributing factors to the research-practice gap in clinical practice. This descriptive cross-sectional multicenter study involved 1 081 nurses (65%) working in the Francophone Regional Health Authority Vitalité in New-Brunswick. Nurses valued nursing research at 82.3%. They were very keen in identifying nursing care problems to improve patient care (92.9%), to find ways to solve nursing care problems (93.8%), to be involved in collecting data on research projects. But without research supervision, few had engaged in basic research activities such as identifying a problem that led to a research project (24.5%), or presenting at a conference (6.9%). Younger, more educated nurses, and Nurse Managers and educators participated more readily in research activities, and were more competent with information technologies. Creating a collaborative clinical-academic research network is a strategy recommended for sharing research infrastructures, academic-research and clinical expertise, and patients. Concrete actions presented intend to build clinical nursing research capacity and to sustain a nursing research culture in clinical settings in New-Brunswick.

### Biography

Sylvie Robichaud-Ekstrand has completed her PhD from Montreal University and Post-doctoral studies from the Montreal Heart Institute Cardiac Rehabilitation Center, Canada. From 2005 to 2012, she was the Moncton University School of Nursing Network Director. In 2013, she became the Vice-dean of the Faculty of Health Sciences at the University of Moncton; the only French-speaking university in Atlantic Canada. As the Canadian Health Services Research Foundation Scientific Officer for nursing (1999-2001), she acquired experience with multi jurisdictional and national research dealing with health services. From 2004 to 2009, she was on the CIHR Nutrition, Metabolism and Diabetes Institute Advisory Board.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Polymer delivery systems augment polyphenol efficacy, for treating schizophrenia

Wendy Laupu

James Cook University, Australia

The incorporation of drug delivery technologies appears to enhance the potential of polyphenols; to advance the field of nutritional neurobiology. Pre-clinical in vivo and in vitro evidence suggests that polyphenols may modulate brain functioning; germane to mental illness. A literary review examined the available evidence for efficacy of polyphenols, to achieve this claim. Studies whose design enabled the reporting of efficacy were considered. Randomized controlled trials or open-labeled studies were assessed. A pooled response demonstrated a positive signal for the use of bioavailable polyphenols to treat mental illness; beyond the effect size of current antipsychotic drugs. However, a very large effect size was achieved for a pilot study examining the efficacy of mangosteen extract in schizophrenia. This mangosteen extract is presumed to have crossed the blood brain barrier to modify clinical symptom domains and afford neuroprotection. This large effect size is incongruent with the expected low bioavailability of mangosteen extract; given its large molecular size and water solubility. We can speculate the enhanced bioavailability stems from the use of polymer technology during the spray drying process; used to preserve the active ingredient, alpha-mangostin. If this is so, the use of polymer technology to deliver polyphenol treatments has the potential to treat afflictions beyond schizophrenia. Mental illnesses and potentially degenerative, acquired and neurodevelopmental brain disorders (including Downs' syndrome) may benefit in some way from the use of this technology. However, much work is required to translate this potential to clinical outcomes.

### Biography

Wendy Laupu has completed her PhD from James Cook University. She is an adjunct Research Fellow in the Centre for Nursing and Midwifery Research at James Cook University. She is interested in non-pharmacological approaches for treating brain disorders.

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### Notes:

## Major Sessions:

Day 1 October 03, 2016

**Nursing Education | Nursing Management | Nursing Practice | Risk Factors in Nursing and Healthcare professionals | Nutrition and Health | Cardiovascular Nursing**

### Session Chair

**Anita Hunter**

Washington State University, USA

### Session Co-chair

**Lynda Olender**

Hunter Bellevue School of Nursing, USA

#### Session Introduction

**Title: "Face in the crowd" Loneliness and isolation in the elderly, impact and prevention**

**Alison Burton Shepherd**, Care Quality Commission Specialist Advisor, UK

**Title: Challenges of global nurse migration: Issues and mediators**

**Marlene M Rosenkoetter**, Augusta University, USA

**Title: Health-related quality of life after primary percutaneous coronary intervention for ST-Elevation myocardial infarction: An age comparison study**

**Soo Hoo Soon Yeng**, University of Technology Sydney, Australia

**Title: How mentors use feedback on student performance to inform practice assessment in pre-registration nursing programs in Scotland**

**Christine Pollock**, Edinburgh Napier University, UK

**Title: Regaining familiarity with own body after treatment for operable lung cancer – A qualitative longitudinal exploration**

**Malene Missel**, Copenhagen University Hospital, Denmark

**Title: Emotional intelligence and empathy of nursing students in an immersive capstone clinical course**

**Michelle Finch**, Middle Tennessee State University, USA

**Title: Grasping the dynamics of suicidal behavior: Combining time-geographic life charting and COPE ratings**

**Charlotta Sunnqvist**, Malmö University, Sweden

**Title: Nursing is hard emotional labor-time to care for the carers?**

**Yvonne Sawbridge**, University of Birmingham, UK

**Title: Skin cancer screening in primary care: A challenge to advance practice nurses**

**Beth DeKoninck**, Indiana Wesleyan University, USA

**Title: The effect of structured education provided to multiple sclerosis patients on self-care agency**

**Magfired Kasikci**, Ataturk University, Turkey

**Title: How to develop an innovative nursing practice culture, when working in a hospital setting with a battlefield of competing rationales**

**Mette Kjerholt**, Roskilde Hospital, Denmark

**Title: Coping self-efficacy predicting stage transition and fat reduction dietary habits in coronary artery disease and diabetic outpatients**

**Sylvie Robichaud-Ekstrand**, University of Moncton, Canada

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## “Face in the crowd” loneliness and isolation in the elderly, impact and prevention

**Alison Burton Shepherd**

Care Quality Commission Specialist Advisor, UK

Loneliness and social isolation are two subjective complex terms with no standardized definition within the literature. Whilst loneliness can affect both young and old, older people are considered to be more vulnerable to both loneliness and isolation particularly after; suffering personal loss of friends and family, reduced mobility, or limited income (Burton-Shepherd 2015). In 2010 A meta-analysis from Holt-Lunstad et al identified that the effects of loneliness and isolation may exceed the mortality rates from disease such as obesity and may also equate to mortality rates seen from smoking 15 cigarettes per day. Furthermore Cacioppo (2014) argues that the effect of loneliness on physical health carries twice the health risks of obesity alone. However a poll of UK GP's suggested that 36% of doctors did not believe that loneliness made a significant contribution to early mortality (Age UK 2011). This is somewhat controversial and therefore the aim of this presentation is to highlight the importance of loneliness in the elderly and provide practical suggestions as to how nurses may intervene.

### Biography

Alison Burton Shepherd works as a Nurse Practitioner/Non-Medical Prescriber for an Independent Walk in Centre. She is also a Specialist Advisor (nursing) for the Care Quality Commission. She is also a Qualified Nurse Teacher and a Teaching Fellow for the Higher Education Academy. As a Registered Nutritionist, she also has an interest in obesity and malnutrition management.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Challenges of global nurse migration: Issues and mediators

**Marlene M Rosenkoetter**  
Augusta University, USA

Internationally educated nurses (IENs) are RNs whose initial nursing education took place outside of the United States or in the U.S. territories (formerly termed foreign-trained or foreign-educated nurses). They represent a larger percentage of the U.S. nursing workforce in recent years, comprising 5.1 percent of RNs licensed before 2004, compared with 8.1 percent since then. The Philippines continued to dominate as the source country of the IEN workforce (50 percent), followed by Canada at nearly 12 percent. India supplied 9.6 percent and the United Kingdom provided 6 percent, with the contributions from India accelerating and surpassing those from the United Kingdom among recent licensees. Approximately one-quarter of IENs lived in California in 2008, with New York, Florida, and Texas each home to 10 to 12 percent of IENs. When migrated nurses begin employment in a new setting, they need an enculturation process and orientation to their new environment. This includes not only nursing approaches but medical interventions and an immersion in new technologies. This process should involve changes in their roles, their responsibilities, and the use as well as the structure of their time. They need to acquire new support groups and have opportunities to build their own self-esteem. This paper proposes a process to achieve these goals.

### Biography

Marlene M Rosenkoetter has over 30 years experience in nursing administration, teaching, and research. She is a recognized authority on global nursing and health care. She has numerous publications as well as national and international presentations, and has been a Fellow of the American Academy of Nursing for 25 years.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Health-related quality of life after primary percutaneous coronary intervention for ST-Elevation myocardial infarction: An age comparison study

Soo Hoo Soon Yeng

University of Technology Sydney, Australia

Health-related quality of life (HRQOL) is an important measure of cardiovascular health status for patients with ST-Elevation myocardial infarction (STEMI) after primary percutaneous coronary intervention (PPCI). With an aging global population, it is important to determine what predicts physical and mental HRQOL outcomes during recovery following PPCI. A sample of 246 consecutive STEMI patients completed both the SF-12 and the Seattle Angina Questionnaires (SAQ) at 4 weeks and 6 months after the index PPCI. Using a comparative, descriptive and repeated measures design, baseline demographics and HRQOL were compared by age  $\geq 70$  years or more and  $< 70$  years during PPCI recovery in order to determine the impact of age and the predictors of HRQOL outcomes. All aspects of HRQOL improved across age groups and over time, except for angina frequency and mental health. Older people aged  $\geq 70$  years had worse physical HRQOL (SF-12 and SAQ) but higher angina frequency and QOL (SAQ) scores including better mental health during recovery. Angina stability was the only HRQOL domain that showed a large interaction effect (0.316) between age and time ( $F=0.15$ ,  $df=1$ ,  $p=0.02$ ). Age, length of hospital stay, gender, partnership status and number of stents deployed were independent predictors of HRQOL after PPCI for STEMI cohorts. Apart from the mortality and morbidity benefits of rapid PPCI, HRQOL assessment for STEMI patients during recovery is less investigated, particularly for older patients aged 70 years or more.

### Biography

Soo Hoo Soon is a final stage PhD student at the Faculty of Health, University of Technology Sydney. She is currently working in the Department of Cardiology, Royal North Shore Hospital, Sydney, as a clinical research nurse and co-investigator for studies in cardiovascular health and interventional cardiology. She has recently published in international journals and the results from her research on Health-related quality of life in patients with ST-elevation myocardial Infarction (STEMI), on cardiac rehabilitation and rapid Field Triage of STEMI patients.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## How mentors use feedback on student performance to inform practice assessment in pre-registration nursing programs in Scotland

**Christine Pollock**

Edinburgh Napier University, UK

**Aim:** The aim of the presentation was to identify 'How mentors use feedback on student performance to inform practice assessment in pre-registration nursing programs in Scotland.' This will include feedback from members of the inter-professional (IP) team, patients and carers.

**Objectives:** Present the key themes from the literature reviews; Identify how mentors elicit the Inter-professional team, and patients and carers views of student performance in practice assessment within pre-registration nursing programs; Present the findings of the study and Identify recommendations for mentor preparation programs in Scotland based on the project findings.

**Results:** Thematic analysis revealed the topics of relationships, timing, and formal versus informal methods of gathering data about student nurses' performance in practice and achieving their competencies.

### Biography

Christine Pollock is a Senior Lecturer at Edinburgh Napier University. She is currently undertaking Doctoral Studies with the University of Durham, School of Education. Her research interests are in nursing education and the effectiveness of social media in education.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Regaining familiarity with own body after treatment for operable lung cancer – A qualitative longitudinal exploration

**Malene Missel**

Copenhagen University Hospital, Denmark

Little is known about the experiences of operable lung cancer patients during treatment in a clinical setting based on fast-track surgery. The study aimed to explore (1) the embodied meaning of illness in patients with operable lung cancer during treatment to 4 months after surgery and (2) patterns of change over time that may affect the patients' daily lives. Twenty patients referred for lung cancer surgery were interviewed three times, corresponding to potential critical transition points following surgery: hospitalization; hospital-to-home transition; and resumption of daily life activities. Data collection, analysis and interpretation followed a phenomenological hermeneutical approach inspired by Ricoeur and the theoretical framework was grounded in Merleau-Ponty's phenomenology of perception. The findings reveal the process patients went through in regaining familiarity with their own body after lung cancer treatment. Through the post-operative trajectory the patients' resumption of daily activities involved adjusting to a new awareness of everyday life, physical restrictions and their perception of themselves. The findings are expressed in four sub-themes: (1) perceptions of embodied alterations; (2) transformation of embodied structures in the transition from hospital to home was unexpectedly challenging; (3) embodied perceptions of the inter-subjective world; and (4) transforming embodied disruptions into bodily awareness. Patients experienced a smooth treatment trajectory regarding physical consequences of illness and treatment which might be due to the fast-track surgery. Clinicians should be aware of patients' experiences of illness to facilitate patient reconstitution of own identity.

### Biography

Malene Missel has a Masters in Nursing and has completed her PhD in March 2016 from faculty of health and medical sciences, Copenhagen University Denmark. She is working as a clinical nurse specialist at the department of thoracic surgery with care, nursing and rehabilitation for patients with operable lung cancer.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Emotional intelligence and empathy of nursing students in an immersive capstone clinical course

Michelle Finch

Middle Tennessee State University, USA

The purpose of the study is to determine if there is a change in levels of Emotional Intelligence (EI) and empathy in senior students who complete an immersive capstone clinical practice experience in the final semester of a generic baccalaureate nursing program. Nursing education must address EI and empathy education in its curriculum. A suggested starting point is in the clinical setting. Incorporating EI and empathy as students care for patients in the immersive capstone clinical experience is hypothesized to increase those levels which can be effective. Students must learn how to understand and manage emotions in themselves and others and there is no more appropriate environment to learn those skills than in an immersive clinical capstone course.

**Hypothesis 1:** There is a difference between scores in Emotional Intelligence and empathy among senior generic BSN nursing students before and after completing a capstone clinical practice experience in the final semester of a baccalaureate nursing program.

**Hypothesis 2:** There is a difference in scores of emotional intelligence and empathy related to gender among senior generic BSN nursing students who experienced a capstone clinical.

**Hypothesis 3:** There is a difference in scores of emotional intelligence and empathy among generic BSN students with prior healthcare experience who complete a capstone clinical. Statistical tests will be run to assess student's performance on the EI tool and presented at conference.

### Biography

Michelle L Finch will complete her PhD in Nursing Education in August 2016 from Nova Southeastern University in Ft. Lauderdale, FL. She is Assistant Professor at Middle Tennessee State University since August 2010. She is a Certified Pediatric Nurse for 11 years. For the past three years she has been the School of Nursing Faculty Senate Representative. She is active in faculty committees as well as teaching, service, and community activities. She has published one article in 2014.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Grasping the dynamics of suicidal behavior: Combining time-geographic life charting and COPE ratings

**Charlotta Sunnqvist**

Malmö University, Sweden

A variety of factors have been identified as being risk factors for suicidal behavior. One of them is the way a person deals with stressful situations. It is not the stressor alone that leads to a serious outcome, but rather the way in which the person perceives and responds to it. The aim of this study was to explore whether a time-geographic life charting, combined with a survey of a person's coping capacities over time, elucidates the pathway to suicidal behavior, and therefore could be useful in suicide prevention. Twenty-three patients were recruited shortly after a suicide attempt. The time geographic life charting was drawn together with the patient and COPE inventory ratings were used separately and in combination. According to COPE ratings, the participants could be divided into three groups using different coping strategies: (1) adaptive, (2) maladaptive, and (3) both adaptive and maladaptive coping. Within these subgroups, three different pathways to suicidal behavior were described and illustrated. We conclude that time-geographic life charting used in combination with the pattern of coping strategies may be helpful when assessing risk of suicidal behavior. It seems that the combination catch all relevant factors and strengthens the comprehensive picture of the patient's life situation.

### Biography

Charlotta Sunnqvist has been working as nurse for 20 years and completed her PhD 2009 from Lund University and pursuing her Post-doctoral studies from Malmö University. She is the senior lecturer of Malmö University and works with Nurse Specialist Program in Psychiatric care at advance level. She has published more than approximately 15 publications and one book chapter in Oxford Textbook of Suicidology and Suicide Prevention.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Nursing is hard emotional labor-time to care for the carers?

Yvonne Sawbridge and Alistair Hewison  
University of Birmingham, UK

Poor nursing care has been the subject of considerable debate in the UK following The Francis report which provided a stark account of poor care in a large NHS Hospital. There were many factors that contributed to this organizational failure. One aspect that is often overlooked is the need to care for staff despite the growing evidence base. West (2012) stated “When we care for staff, they can fulfill their calling of providing outstanding professional care for patients”. Nursing involves emotional work and the concept of emotional labor provides a means of making this element of caring more visible and enables appropriate action to be taken to mitigate against the negative impact of unsupported emotional laborers. The challenges associated with implementing support systems were identified by two action research studies in a range of organizations. Based on this experience and the evidence relating to other approaches an ‘Improvement Lab’ method was utilized, as service improvement methodologies. Key stakeholders were invited to a workshop and provided with an introduction to and the evidence behind a number of existing support systems, to help them decide which would have the best ‘fit’ for their organization. The process enables them to develop a deeper understanding of the various models of support, and then consider how they might begin to implement this in their organization. This paper will present an analysis of the process, and make recommendations for nursing management, focused on how organizations can better support nursing staff in practice.

### Biography

Yvonne Sawbridge is a nurse by profession, and worked in a variety of senior posts, latterly as a Director in the NHS, for many years prior to joining the University of Birmingham as a Senior Fellow. She has a Masters degree in Healthcare Policy and Management and has published numerous articles in practice and peer-reviewed journals since becoming an academic. She is currently co-editing a nursing text book on compassion due to be published in 2016.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Skin cancer screening in primary care: A challenge to advance practice nurses

**Beth DeKoninck**

Indiana Wesleyan University, USA

Based on current literature, melanoma rates are increasing in both men and women in Canada, while other cancer types have been decreasing in prevalence. The importance of early recognition is an important healthcare discussion as the 5 year survival rate of a Stage I melanoma is 95-100% as compared to Stage IV melanoma survival rates of 16%. This podium presentation will inform Advance Practice Nurses of the need for skin cancer screening in their patient population through the use of total body skin exams. Information on the prevalence of melanoma and non-melanoma skin cancers will be discussed, along with the associated morbidity and mortality which exists. Skin cancer screening as compared to other cancer screening exams will be reviewed and attention will be given to patient perceptions of TBSE as well as potential barriers to screening. The performance of a total body skin exam will be discussed along with a brief mention of identification and triage of worrisome lesions. Finally, an example of a skin screening program implemented for the medically underserved will be presented.

### Biography

Beth DeKoninck completed her DNP at Vanderbilt University and has practiced as a family nurse practitioner for 20 years. Her research is published in JAANP and has been presented at Advanced Practice Nurse/Advance Nursing Practice Congress in Germany, Coalition of Advanced Practice Nurses of Indiana, and other APN conferences. She has spoken on healthcare topics in Nigeria, at Mayo Clinic and the Medforum Seminar in China. While maintaining a clinical practice, she is faculty at Indiana Wesleyan University and Adjunct Faculty at Vanderbilt University. She enjoys medical missions abroad to Nigeria, Haiti, Myanmar, Sri Lanka and Sierra Leone.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## The effect of structured education provided to multiple sclerosis patients on self-care agency

Magfiret Kasikci<sup>2</sup> and Seval Agacdiken Alkan<sup>1</sup>

<sup>1</sup>Ondokuz Mayıs University, Turkey

<sup>2</sup>Ataturk University, Turkey

**Aim:** The aim of this study is to determine the effect of structured education with self-care deficit theory that is provided for multiple sclerosis patients on self care agency.

**Materials & Method:** The study was conducted between June 2013 and March 2016. The study included 400 volunteer patients who are registered in Neurology Policlinics in Ondokuz Mayıs University Health and Research Center between August 2012 and August 2015. The patients randomly were divided into two groups as interference and control group. There were 30 patients on in each group. In addition to their routine policlinic pursue the patients who were in interference group received education which was structured according to Orem's Self-Care inefficiency theory and pursued 4 weeks either by phone or meeting face to face. The control group patients however were applied routine policlinic pursues and talked with them once in a month on the phone or face to face when the patient requested. "Patient introduction form", "Bartle Index", "Brief Disability Questionnaire" and "Exercise of Self Care Agency Scale" were used to collect the data. Patient introduction form, "Bartle Index", "Brief Disability Questionnaire" was used when met with the patients first time and "Self - Care Agency Scale" was applied at the end of 6th month.

**Findings:** Exercise of Self Care Agency Scale pretest point average of the interference group patients was defined as 94.53+17.34 and final test average was defined as 112.56+15.57. When the pretest and final test results among the group were compared it has been confirmed that the statistical difference is very meaningful ( $p<0.001$ ). Exercise of Self Care Agency Scale pretest average was defined as 99.33+18.54 and final test average was defined as 108.76+16.14. When the pretest and final test results among the group were compared it has been confirmed that the statistical difference is very meaningful ( $p<0.05$ ). However in the evaluation among groups it was determined that the difference between experiment and control was not statistically meaningful ( $112.56+15.57, p>0.05$ ).

**Conclusion:** At the end of the research it was determined that the education structured with Orem's Self-Care Deficit Theory is efficient on the Multiple Sclerosis patients self-care agency.

### Biography

Magfiret Kara Kaşıkçı obtained her PhD from University of İstanbul. Currently, she is a Professor at the Faculty of Nursing University of Atatürk. Her research interests include care of chronic illness, nursing education, nursing ethics and nursing theories. She has published numerous publications in reputed journals as well as national and international presentations. She is involved in several research projects and a reviewer in many nursing journals.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## How to develop an innovative nursing practice culture, when working in a hospital setting with a battlefield of competing rationales

**Mette Kjerholt**

Roskilde Hospital, Denmark

In my PhD project I investigated how health care professionals communicated about older chronically ill patients in and across sectors according to secure continuity and the patients' own perspective in the trajectories. The research design was action research and research methods were field studies. The results showed that the participants were aware of how to ensure continuity and integration of the patients' own perspective, but they rarely pursued them in practice. Overall hindering factors were organizational values and lack of time. They felt caught in a value conflict between nursing professional values and system value, which caused a feeling of powerlessness and maintaining status quo in their practice. After dissemination of my PhD, I was employed as post.doc in a department of hematology, and due to the results of my PhD project, me and the head nurse wanted to develop an innovative person-centered nursing practice culture, where the staff felt empowered to develop and change their practice according to nursing professional values. A participatory approach to developing clinical practice was chosen, as it is collaborative, contributes to personal and organizational development and advances professional practice knowledge. After 4 years we can document, that the participatory approach has increased the quality of patient care, the patient satisfaction and the nurse's satisfaction in the department. The approach has furthermore positively changed the nurse's mindset towards a feeling of empowerment and influence of their clinical practice.

### Biography

Mette Kjerholt was trained as RN in 1984 and has a Diploma in leadership in health care, a Master degree in Learning and changing processes and in Nursing Science and obtained her PhD degree in Health Science from University of Southern Denmark in 2011. She was employed as clinical nurse specialist Post-doc in Department of Hematology, Roskilde hospital. In January 2015, she became Research leader of Unit of Nursing Research, and clinical nurse specialist in the department.

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# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Coping self-efficacy predicting stage transition and fat reduction dietary habits in coronary artery disease and diabetic outpatients

Sylvie Robichaud-Ekstrand  
University of Moncton, Canada

To delay cardiovascular complications in Coronary Artery Disease (CAD) and diabetic patients, dietary management is crucial, and requires dietary changes in food contents, food habits, and meal patterns. Behavior change used to be regarded as a two-stage process, from unhealthy to healthy behavior, until more social, emotional, and cognitive factors were found to interact in the course of behavioral change. Using three coping self-efficacy factors at baseline, a predictive correlational study was designed to project stage transition and dietary fat reduction habits at six months. Coping self-efficacy included negative affective, positive social and difficult situations. Dietary fat reduction habits consisted of substituting high- to low-fat foods, modifying meat to decrease fat content, avoiding frying foods, replacing high-fat foods with fruits or vegetables, and avoiding fat as a spread or flavoring. Coronary Artery Disease (n=333) and diabetic (n=208) patients completed the Dietary Habits Questionnaire, Stage of Change scale, and Coping Self-efficacy Dietary Habit scale at baseline and at six months. Higher self-efficacy when feeling emotionally vulnerable, and during inconvenient situations which make eating low-fat foods difficult were, respectively, 1.222 and 1.302 times more likely to predict forward stage transitioning or remaining in the maintenance stage. Higher self-efficacy during inconvenient situations, and stage transition, were 2.097 times and 2.805 more likely, respectively, to predict substituting foods, modifying meat, and avoiding frying. Low coping self-efficacy individuals, especially when feeling emotionally vulnerable, would benefit from strategic interventions aimed at substituting high- to low-fat foods, modifying meats, and avoiding frying.

### Biography

Sylvie Robichaud-Ekstrand has completed her PhD from Montreal University and Post-doctoral studies from the Montreal Heart Institute Cardiac Rehabilitation Center, Canada. From 2005 to 2012, she was the Moncton University School of Nursing Network Director. In 2013, she became the Vice-dean of the Faculty of Health Sciences at the University of Moncton; the only French-speaking university in Atlantic Canada. As the Canadian Health Services Research Foundation Scientific Officer for nursing (1999-2001), she acquired experience with multi jurisdictional and national research dealing with health services. From 2004 to 2009, she was on the CIHR Nutrition, Metabolism and Diabetes Institute Advisory Board.

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October 03-05, 2016 Vancouver, Canada

## Keynote Forum (Day 2)



# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada



## Jennifer Elton David

Avant Healthcare Professionals Ltd, USA

### Internationally-educated nurses and the clinical transition program: Assessing the impact upon patient satisfaction

No two countries have the exact same professional practice standards, communication expectations, and/or clinical environments. Patient satisfaction as a result of quality of care, therefore can vary from country to country. Evidence suggests that patient satisfaction levels and quality of care within a host country may be influenced by internationally-educated nurses. Avant Healthcare Professionals specializes in international recruitment and the placement of healthcare professionals within the U.S. healthcare system. Part of their efforts include the implementation of the Clinical Transition Program, which aims to educate and support internationally-educated nurses. The primary goal of the Clinical Transition Program is to empower the internationally-educated nurse to practice safely and effectively as a professional nurse in the U.S. In order to assess patient satisfaction and its possible link with the performance of internationally-educated nurses who have participated in the Clinical Transition Program, an electronic 45-item questionnaire was distributed to clinical nurse managers in facilities who staffed Avant nurses. The questionnaire surveyed Avant nurse performance, patient satisfaction, and patient accolades. Further, the following themes were explored: professionalism, cultural adjustment, nurse-patient interaction (overall communication, pain management, medication communication, and responsiveness), nurse-physician interaction, and HCAHPS scores. The survey was completed by 33 clinical nurse managers across the nation. The results suggest a positive association between the performance of internationally-educated nurses who have participated in the Clinical Transition Program and patient satisfaction variables. This presentation explores ways to ensure the success of internationally-educated nurses and the satisfaction of their patients.

### Biography

Jennifer Elton David has a distinguished 38 year career in nursing which includes several leadership roles. She is the Vice President of Clinical Operations for Avant Healthcare Professionals and manages the Clinical Transition Program. She has a BSN from the University of South Florida and a MHA from the University of St. Francis.

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# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada



## Howard W Mielke

Tulane University School of Medicine, USA

### Pediatric lead exposure intervention: Official statements vs. scientific review

**Background:** Human morbidity is strongly influenced by lead exposure. If blood lead (BLL) is equal or above 5 mcg/dL then medical intervention occurs based on CDC's statement protocols: "The most common highly concentrated source of lead for children is lead paint." Accordingly, education and household dust cleanup is conducted to reduce exposure. Cochrane Collaboration review reveals that education and household dust cleanup is ineffective at reducing children's BLL. A critical question concerns the role of soil Pb in exposing children.

**Objective:** Exploiting the 2005 Hurricane Katrina-related flooding of New Orleans as a defining environmental event, New Orleans spatial-temporal dynamics of clinical blood lead levels were evaluated before and after the storm surge.

**Design/Methods:** Hurricane Katrina flooded eighty percent of New Orleans. The before and after Katrina BLL results were provided by the Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program for 2000-2005 and 2011-2015. The results are organized temporally and spatially by Census Tracts (CTs).

**Results:** There were profound reductions in BLL in all areas post-Katrina with large disparities between Orleans and outlying areas. The effectiveness of soil Pb intervention as a method for reducing clinical blood lead levels of young children was similar to results described in 1997.

**Conclusions:** Reductions in children's Pb exposure occurred in Metropolitan New Orleans after the Hurricane Katrina flood. Soil Pb intervention complements home cleaning in reducing clinical BLL in young children.

### Biography

Howard W Mielke teaches and researches in Pharmacology on the topic of Environmental Signaling in Medicine. His work focuses on the "metabolism" of cities which concerns the inputs, transformation and outputs of materials and energy and their influence on human health in urban environments. He conducted his first soil lead study in Baltimore, Maryland in 1976. His early studies assisted with Congressional action for the January 1, 1986 rapid phase-down of lead additives in US vehicle fuels. He began a series of studies in New Orleans as a faculty member of Xavier University of Louisiana and joined the faculty of Tulane University after Hurricane Katrina.

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## Scientific Tracks & Abstracts (Day 2)



# Major Sessions:

Day 2 October 04 2016

## Health Care and Management | Paediatric Nursing | Psychiatric and Mental Health Nursing Women Health Nursing | Gerontological Nursing

### Session Chair

**Fang Yang**  
Zhejiang University, China

### Session Co-chair

**Nan Smith-Blair**  
University of Arkansas, USA

#### Session Introduction

- Title: "The character rests heavily within me" drama students as standardized patients in simulated-base learning**  
**Amanda Jacobs**, University of the Free State, South Africa
- Title: A framework resulting from implementing high-fidelity simulation in South Africa**  
**Maria Phillips**, University of the Free State, South Africa
- Title: Health literacy as a strategy to improve communication with patients**  
**Reezena H. Malaska**, Chamberlain College of Nursing, USA
- Title: "Why should I think like a researcher with wound care?"**  
**Eman Al Thaher**, Tawam Hospital, UAE
- Title: Exploring the experiences of indigenous nursing student mentees**  
**Brianna Krekoski**, University of Ottawa, Canada
- Title: Clinical outcome and patient perspectives on opiate maintenance treatment for opiate dependence**  
**Emma Pagels Mardhed**, Lund University, Sweden
- Title: Patterns for Acute Postoperative Pain Management in the National Referral Hospitals in Asmara, Eritrea**  
**Tekleweini Kidane**, Eritrean Nurses Association (ERINA), Eritrea
- Title: The lived experience of nurses transitioning to electronic medical records usage: A phenomenological inquiry**  
**Leesuk Ferencsik**, Adventist University of Health Sciences, USA
- Title: Structure of working time of pediatric nurses in Poland**  
**Ewa Smoleń**, Medical University of Lublin, Poland
- Title: The elderly's community needs in China: A survey promoting aging in place**  
**Mei Juan Cao**, Hangzhou Normal University, China

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## “The character rests heavily within me” drama students as standardized patients in simulated-base learning

Amanda Jacobs and Deirdre van Jaarsveldt

University of the Free State, South Africa

Standardized patient (SP) simulation has proven effective in enhancing nursing students' competencies necessary for mental health practice. A deeper exploration of the process from the perspective of the SP is required to enrich the authenticity of these learning experiences. The aim of this article is therefore to explore and describe the experiences of 11 drama students engaged in mental health simulations for nursing students, including how it affected them. A qualitative approach was taken and data were gathered using various techniques. Content analysis revealed that these SPs negotiated three roles during this interdisciplinary learning experience, namely of a facilitator of learning, a drama student and the person within. The drama students participating in this study revealed a sense of responsibility towards facilitating learning for the nursing students and made invaluable contributions in this regard. The study provided valuable insight into the world of an SP for the enrichment of future simulated practice learning endeavors and the professional development of all involved in the process. Feedback to the nursing students and their educators on their personal experiences during the simulation was found to be crucial in increasing understanding of nurse-patient interaction from the perspective of a patient with a mental health issue, thus enhancing future practice. Having been alerted to the personal investment required and possible risks related to character portrayal of a patient with a mental health issue, however, the nurse educators are challenged to give careful consideration to the welfare of the SPs in future endeavors.

### Biography

Amanda Jacobs is currently employed by the University of the Free State, South Africa, as a lecturer of Child Psychiatric Nursing at the School of Nursing. She has 5 years' experience of Standardized Patient Simulation as a learning strategy. Amanda holds a Master degree in Child Psychiatric Nursing and is currently busy with PhD studies.

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## A framework resulting from implementing high-fidelity simulation in South Africa

**Maria Phillips**

University of the Free State, South Africa

Seven years ago, the implementation of high-fidelity simulation (HFS) was only a dream at schools of nursing at both university and college level. A philanthropic grant enabled the School of Nursing at the University of the Free State, South Africa, to establish a HFS laboratory. This process proved to be a disruptive learning experience for nurse educators. The study explored the learning experiences of nurse educators implementing HFS for the first time. An interpretative phenomenology analysis was employed to study the experiences of seven nurse educators implementing HFS in their programs. Data collection involved individual and dyadic, in-depth, semi-structured interviews, reflective journals, summaries of experiences and researcher reflective notes. Five super-ordinate themes transpired from the data, namely: frames of reference before HFPS; new world of HFPS; critical reflection; critical self-reflection and transformation in action. An unexpected outcome of the study was the emergence of a pattern whereby educators were developing as simulation educators. The learning experiences of the educators were resonant of transformative learning described by Jack Mezirow. The educators experienced simulation as a new world with its own culture, language and community. Educators' new learning included the: management of technology and related software; pedagogy of simulation; planning and implementation of scenarios; acquisition of debriefing skills and development of other educators to implement HFS. As a result, educators reflected deeply on their frames of reference regarding educators' roles in student learning. An adaption of strategies even reached into classroom practices to allow more student-directed learning.

### Biography

Maria Phillips is currently employed by the University of the Free State, South Africa, as coordinator for high fidelity simulation at the School of Nursing. She has 7 years' experience of high fidelity simulation and is a consultant to establish simulation laboratories as a learning strategy. Maria holds a Master degree in Nursing, and is qualified in critical care nursing, traumatology and has been a critical care nurse educator for 15 years. She is currently busy with PhD studies.

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## Health literacy as a strategy to improve communication with patients

Reezena H Malaska

Chamberlain College of Nursing, USA

Health literacy (HL), clear communication, collaborative practice, a culture of safety, culture of enquiry, promoting evidence-based practices, and patient centered care are among many recommendations made by the Institute of Medicine (IOM), regulatory agencies and experts (2010). HL, a fairly new concept, is an integral part of clear effective communication and has been recognized as having a significant impact on the “health and wellbeing,” patient outcomes, and healthcare costs. The cost of healthcare expenditures due to low HL is an additional \$73 billion annually. Consider that only 12 percent of adults in the United States (US) have the necessary skills to navigate the complexities of the nation’s health care system (Agency for Healthcare Research and Quality [AHRQ], 2016). Oftentimes, patients misunderstand health instructions and are perceived as non-compliant. Adding to the complexities of caring for these populations are the social determinants of health (culture, families, communities, socio-economic status, habits, and lifestyle choices). HL is defined as “the capacity to obtain, process and understand basic health information and services, to make appropriate health care decisions or act on health information, and the ability to access or navigate the healthcare system” (AHRQ, 2015, p.2). HL applies to everyone, every health care organization and a much bigger problem than is recognized. HL is more than just about patients not understanding medical vocabulary, it is about the patient’s ability to understand health instructions, diagnosis, medications, to actively participate in their treatment, care, and informed decision-making during and after hospitalization whether sick or healthy. It is imperative that nurses, healthcare providers know how to assess each patient’s HL level prior to, and incorporate principles of HL in communication and patient teaching. If patients do not understand the healthcare instructions they will be returning to the hospital quickly after discharge. Clear, effective communication decreases medical errors, length of stays, readmission, and improves quality, safety, and outcomes.

### Biography

Reezena H Malaska is going to complete her Doctor of Nursing Practice degree, DNP in December 2016 from Chamberlain College of Nursing. She is a graduate of the RGN program from Oxford Brookes University, MSN from American Sentinel University, BSN from Deaconness College of Nursing and critical care certification (CCRN) from American Association of Critical Care Nursing. She is a Trauma Critical Care RN works prn for St.Vincent Charity Medical Centre & Adjunct Clinical Instructor for the BSN and ADN programs. She had published 2 publications with a peer reviewed journal and eradio blog publications on various topics and issues in nursing in 2015.

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## “Why should I think like a researcher with wound care?”

**Eman Al Thaher**  
Tawam Hospital, UAE

**Background:** Wound Care Quality Improvement Project was initiated due to low compliance of proper usage of wound care product (dressing) to patients by health care providers as shown in the initial audits done 47.5% staff using new methods and 52.5% staff using old methods. The goal to achieve is to provide proper wound management and to reduce the number of referral and re-admission to the hospital due to wound complication by adhering to policy and procedure related (PPG's) of proper wound assessment and using appropriate wound dressing materials.

**Objective:** To educate the staff regarding proper wound care management and utilizing different types of wound dressing. In addition; involving patient and families in their plan of care. Moreover, to motivate all staff to update their knowledge in current trends of wound care by attending workshops, seminar and lecture related to wound care management. Last but not least, familiarize the staff of the availability of latest dressing materials. And finally, to collect, analyze and evaluate outcomes within specific time frame e.g. every 3 months' time.

**Data Collection:** Firstly, we formed a multidisciplinary team composed of Nurses, Assistant Nurses and doctors. Secondly, audit the type of dressing being used and the progress of the healing process. Furthermore, to create a tool to be used in conducting a survey that will reflect the reasons of compliance and non-compliance. Next, perform a pilot study by selecting 2 cases and follow it up within 2 weeks' time. Together with educating and involving patients regarding their plan of care by demonstration and explanation and document in CERNER (electronic patient files) and lastly; to involve the wound care specialist and Purchasing department regarding the availability of dressing materials. Data Analysis includes conducting a survey. Also, conducting result of pilot study where it was found that, from the 29 patients audited for the month, 45% did not adhere to the appropriate use of the new wound care products. Further, from the 25 patients audited for the following month, 60% did not adhere to the appropriate use of the new wound care products. Therefore, it is a must that the audit cycle should be repeated monthly for 6 months then quarterly until 100% compliance. Criteria of audit are the compliance of staff to use the new wound care products, monthly.

### Biography

Eman Al Thaher is a nurse with extensive experience in healthcare management. Most recently she leads the operational healthcare center in the United Arab Emirates. Her specific areas of experience are healthcare leadership, quality improvement, and conflict resolution and staff management. In addition, she has an outstanding occupational and environmental healthcare, customer services and project management. She was promoted from being a registered nurse to senior charge nurse for her efforts on helping the Palestinian refugees through her work with UNRWA. She was also promoted to an operational health leader through her work in the United Arab Emirates. She graduated from The University of Jordan with the Bachelor degree in nursing and during her work she was able to get her master degree in business and healthcare administration from The University of Atlanta. She will also complete her Doctorate degree in business administration from Swiss Business School within few months.

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October 03-05, 2016 Vancouver, Canada

## Exploring the experiences of indigenous nursing student mentees

Josephine Etowa, Brianna Krekoski and Michele Parent-Bergeron  
University of Ottawa, Canada

In response to a growing body of knowledge about Indigenous health and the recently released Truth and Reconciliation Commission's report, many Canadian health professions education programs have begun to develop programs to enhance the recruitment and retention of Indigenous students. This paper will present the recent findings of a qualitative study that examined the barriers and facilitators to Indigenous nursing student success in a Canadian undergraduate nursing program. Indigenous students and Indigenous nurse mentors were interviewed using semi-structured interviews and focus groups to understand the nature of their experiences using a descriptive qualitative research approach. Thematic analysis method was used to analyze and interpret data, revealing 5 main themes, namely; 1) Adapting to a new environment; 2) Building local social environments; 3) Lack of cultural pedagogy; 4) Racism at multiple levels; and 5) Mobilizing social supports. This paper will present these five major themes including a discussion of the effects of colonialism and the inaccurate depiction of Indigenous communities in education and how the organizational culture of academic institutions continues to undermine positive efforts made to enhance the success of Indigenous students. Participants of this study described a paucity of accessible institutional support for Indigenous nursing students, which fostered personal tenacity and community resourcefulness to succeed. The paper will conclude with the proposal of a way forward for Schools of Nursing in Canada to foster a climate of cultural safety and support for the success of Indigenous nursing students.

### Biography

Josephine B Etowa is a Full Professor and Loyer-DaSilva Research Chair in Public Health Nursing in the Faculty of Health Sciences at the University of Ottawa. Her program of research which is grounded in over twenty-five years of clinical practice in the areas of maternal-newborn and child health (MNCH) and in public health nursing include studies that examine the work life experiences of nurses from various social locations. She has published studies on mentoring as a resource for Aboriginal nurses and currently leads University of Ottawa, Aboriginal nursing students' recruitment and retention initiative.

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October 03-05, 2016 Vancouver, Canada

## Clinical outcome and patient perspectives on opiate maintenance treatment for opiate dependence

**Emma Pagels Mardhed**  
Lund University, Sweden

Opioid Maintenance Treatment (OMT) with Methadone or Buprenorphine is a well-documented and successful treatment in opiate dependence. A new aspect on OMT is the patients' own experience of the treatment. Earlier on, the efficiency of the treatment (OMT) has been measured with more "hard data" such as mortality, drug overdoses and criminality. There is an increasing focus on evaluating the effects of OMT on quality of life, and voices are being raised to evaluate the content of the treatment from the patients' own perspective. This study aims to investigate the patient satisfaction and its importance in OMT, both in out-patient treatment and in in-patient withdrawal treatment of individuals with an opiate dependence, and its potential impact on treatment outcome. Four different surveys are being used, three in the out-patient setting, investigating the satisfaction with OMT in general one investigating the satisfaction with the actual medication and one in the in-patient setting, investigating the satisfaction of their in-patient withdrawal treatment. In addition to this, baseline-data as well as follow-up data will be collected to study potential correlations of the patients' satisfaction with the course of the treatment.

### Biography

Emma Pagels Mardhed is a registered Psychiatric Nurse with a Master Degree in Nursing. She is a PhD candidate at the Faculty of Medicine at Lunds University since Mars 2015.

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## Patterns for acute postoperative pain management in the national referral hospitals in Asmara, Eritrea

Tekleweini Welday Kidane

Eritrean Nurses Association (ERINA), Eritrea

**Objectives:** The aim of this study was to evaluate the current practice of acute postoperative pain management in the 3 major referral hospitals of Asmara, Eritrea.

**Methods:** Cross sectional survey of 50 (out 70) medical professionals who care for postoperative patients by means of a questionnaire. The questionnaire included 16 questions in the following categories: availability of analgesic drugs, pain assessment, prescribing pattern of analgesics for postoperative pain management, tools, equipment, techniques, and judgment about adequacy of analgesia, causes of inadequacy, documentation of pain and consequent treatment and continuing medical education regarding pain management. The 50 postoperative care providers were 12 surgeons, 13 nurse anesthetist, 5 nurses and 20 health assistants.

**Results:** None of the participants reported the use of regional analgesia, transdermal patches or multimodal approach. The majority (75%) of the participants preferred NSAID as a sole analgesic (Diclofenac i.m.) followed by Pethidine i.m. Analgesia was reported to be inadequate by majority (52%). Poor documentation was observed as eighty percent of nurses and health assistants don't document any patient complaints and/or consequent interventions. The major constraint reported was lack of continuing medical education after graduation (92%). Other problems were unavailability of analgesic drugs (68%), improper prescription of the analgesia (58%) and underutilization of Physician service to manage pain (52%).

**Conclusion:** There is a major need for improving the overall approach to postoperative pain by continuing medical education in postoperative pain management for all postoperative care providers. Standard guidelines for postoperative pain management have to be installed by a multidisciplinary team including clear prescription of multimodal treatment, guidelines on pain assessment/ documentation and resulting treatment. Permanent availability of drugs included in the guidelines and physicians/ anesthetists to revise treatment if necessary have to be assured.

### Biography

Tekleweini Welday Kidane has completed his bachelor of science in general nursing from University of Asmara in 2006, and his postgraduate study in Nurse Anesthesia from Asmara College of Health Sciences in 2010. Since postgraduate study completion, he has been working as a lecturer and deputy head of anesthesia department in Asmara College of Health Sciences and consultant nurse anesthetist in Orotta National Referral Hospital. He has done several clinical researches and has been working as a member of research and ethical committee in Asmara College of Health sciences.

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## The lived experience of nurses transitioning to electronic medical records usage: A phenomenological inquiry

Leesuk Ferencsik

Adventist University of Health Sciences, USA

**Background:** One of the most pressing global issues in health care settings is patients' safety. In an effort to decrease medical errors and improve the quality of patient care, many health care organizations have adopted an electronic medical record (EMR) system. However, to date, the lived experience of the nurses transitioning to EMR is not clearly understood.

**Purpose:** The purpose of this study was to explore the lived experience of nurses transitioning to EMR usage.

**Philosophical Underpinnings:** This qualitative study followed van Manen's phenomenological perspectives under the naturalistic (constructivist) paradigm with the research question, "What is the experience of nurses transitioning to electronic medical records (EMRs) usage?"

**Methods:** A qualitative phenomenological methodology was used for this study. A purposive sample of 15 nurses who have experienced transitioning to the EMR usage was selected. Data collection occurred with in-depth, semi-structured interviews using open-ended questions. Data analysis was guided by Max van Manen's (1990) phenomenological method, which includes describing, interpreting, textual writing and rewriting.

**Results:** Four core themes *Doubting*, *Struggling*, *Accomplishing*, and *Embracing* emerged. Three subthemes: *Balancing time between computer and patients* and *Increasing workloads and responsibility*, which are subthemes of *Struggling*, and *Leaving human interaction behind*, a subtheme of *Accomplishing* emerged from this qualitative, phenomenological investigation. These themes illuminated the lived experience of 15 nurses transitioning to EMR usage. Thomas Kuhn's (1996) process of scientific inquiry provided a framework to gain a deeper understanding of this phenomenon.

**Conclusions:** This study explored the lived experience of nurses transitioning to EMR usage in hospital settings. The results of the inquiry highlighted the essence of participants' experience by revealing their doubt about the EMR's functionality, struggle with transitioning and using the new EMR system, accomplishment of successful transition to the EMR system, and finally acceptance of technology in their daily work practice.

### Biography

Leesuk Ferencsik is a registered nurse (RN), an Assistant Professor at Adventist University of Health Sciences (ADU), Orlando, Florida. She has been a RN since 1989 and worked in both South Korea and the United States on long-term care facility, health clinic and all three levels of care: medical surgical unit, progressive care unit (PCU), and intensive care unit (ICU) in various acute care hospitals. Before she became a nursing faculty at ADU, she worked as a clinical nurse educator for a multisystem ICU, Surgical PCU, and Transplant Unit. She has a passion for teaching and learning. She was very pleased when she became a nursing faculty at ADU where she can do both: learning and teaching. She earned a Bachelor of Science in Nursing from the Korea Open University, South Korea, Master's degree in Nursing Education from the University of Phoenix, and nursing PhD from Barry University, College of Nursing and Health Sciences, Miami, Florida.

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# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Structure of working time of pediatric nurses in Poland

Ewa Smoleń and Anna Ksykiewicz-Dorota  
Medical University of Lublin, Poland

**Introduction:** Effective time management is an important element in the process of the management of health care management. Recognition of the structure of activities performed by nurses allows better working time management and, simultaneously, conditions the improvement of the quality of services within the health care system. The objective of the study was the determination of the structure of working time of pediatric nurses.

**Materials & Method:** The study was conducted during 2012-2014 in six wards of three levels of reference in Poland. Consent for the study was obtained from the Bioethics Committee at the Medical University in Lublin. The study was conducted using working time measurement methods, continuous observation and snap-shot observation techniques. Data was collected by standardized research instruments; 24 continuous observations and 6,830 snap-shot observations were performed. The p values  $p < 0.05$  were considered statistically significant.

**Results:** Indirect nursing constituted the highest percentage of working time of pediatric nurses, while direct nursing occupied one-third of working time. The lowest percentage in the structure of working time of pediatric nurses was observed with respect to the fractions – coordination and organization of work. This fraction constituted the lowest percentage in hospital wards of the second and third level of reference. Statistically, the fraction: non-duty activities and breaks at work were more often observed in hospital wards of the first level of reference, compared to the second and third levels. In the structure of working time in the ward in a pediatric hospital, on the day and night shifts, significant differences were found related with performance of particular activities. On the day shift prevailed direct nursing, as well as coordination and organization of working time. On the night shift dominated activities associated with indirect nursing and breaks at work.

**Conclusions:** In the structure of working time of pediatric nurses, indirect nursing constituted the highest percentage of working time (48.2%). One-third of working time was devoted to direct nursing (30.3%). Pediatric nurses devoted the lowest percentage of their working time to the fractions-coordination and organization of work. The fraction – non-duty activities and breaks at work constituted 12.8% of working time.

### Biography

Ewa Smoleń completed her Doctoral studies in distinction. She is the Chair and Department of Management in Nursing, Faculty of Health Sciences, Medical University, Lublin, II Faculty of Medicine with English Language Division; she worked as an instructor, Chair of Nursing, at Pomeranian Pedagogical Academy, Slupsk from 2003 to 2004. Currently she is working as an Assistant at Medical Institute, Department of Nursing, Jan Grodek State Higher Vocational School, Sanok.

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## The elderly's community needs in China: A survey promoting aging in place

Mei Juan Cao

Hangzhou Normal University, China

**Background:** Globally demographic changes are creating an urgent task to promote aging in place strategy and it is imperative to determine the older people's needs to support aging in place.

**Aim:** To investigate older people's needs to provide reference for promoting the aging in place practice.

**Methods:** A total of 568 elderly people in Xiacheng district, Hangzhou, China, were recruited by stratified sampling in this cross-sectional survey in 2009-2011. A questionnaire from an Idaho study, the US, was adopted.

**Results:** We found that 88.9% of the elderly were satisfied with their community and 97.2% satisfied with their life quality. Health problems and difficulties in seeking health care increased with age and were serious in the past 12 months. In daily living, house repairing and housework services were the top 2 troubling things. It was also found that the social and health promoting service needs were high in the elderly and varied in different age groups.

**Limitations:** The adaptation of questionnaire could have been influenced by distinctive socioeconomic and cultural factors, so further validation is needed. The disabled who were bed-ridden and those who could not verbally communicate were excluded, which might have affected the findings.

**Conclusion:** A majority of the elderly surveyed lived in a healthy life while aging at home, but they needed more supportive health insurance to take care of their long term health problems, assistant programs to help with heavy house chores, and more recreational programs to maintain their health. The culturally-adapted questionnaire might have objectively and comprehensively identified the community services needs of the local elderly and thus could be referred to for other studies.

### Biography

Cao Mei Juan has completed her PhD from The Second Military Medical University of P.R China. She is the vice dean of Hangzhou Normal University School of Medicine, a professor of nursing science. She has published more than 80 papers in reputed journals and has been serving as an editorial board member of reputed.

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### Notes:

## Major Sessions:

Day 2 October 04 2016

**Health Care and Management | Paediatric Nursing | Psychiatric and Mental Health Nursing  
Women Health Nursing | Gerontological Nursing**

### Session Chair

**Juliann Perdue**  
California Baptist University, USA

### Session Co-chair

**Sevgi Ozkan**  
Pamukkale University, Turkey

#### Session Introduction

**Title: Healthcare innovation and its impact on Quality of Services in Pakistan**

**Hifsa Altaf**, Maries Stopes Society, Pakistan

**Title: Measurement of resilience in Chinese older people**

**Fang Yang**, Zhejiang University, China

**Title: The lived experience of breast cancer in the surveillance phase of recovery: A liminal process**

**Amado Patricia Kathryn**, University of Miami, USA

**Title: Febrile neutropenia risk assessment- An Irish perspective**

**Catherine O'Brien**, St James's Hospital, Dublin, Ireland

**Title: Using Participant Action Research (PAR) to assess special care nursery nurses' attitudes toward caring for bubble continuous positive airway pressure (BCPAP) patients**

**Ming-Huei Lu**, MacKay Children's Hospital, Taiwan

**Title: Personal resilience and post-traumatic stress symptoms in families of patients admitted to the intensive care unit in Japan**

**Miyuki Komachi**, International University of Health and Welfare, Japan

**Title: Family presence during invasive procedures in the emergency department**

**Renaë Lynn Dougal**, Saint Alphonsus Regional Medical Center, USA

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Healthcare innovation and its impact on Quality of Services in Pakistan

**Hifsa Altaf**

Marie Stopes Society, Pakistan

The players in Healthcare System of Pakistan comprise public, private, formal, non-formal, traditional, and modern with traditional, faith based and NGOs. The health seeking behavior depends on factors like cost, access, gender, trust, literacy and perceived quality. Quality Healthcare has remained questionable even with the qualified healthcare providers, especially in case of, reproductive health and ambulatory services. Private medical sector in Pakistan is currently providing 35% of total ambulatory out of pocket services; yet, quality is well below standards. Social franchising has emerged as an increasingly popular method of private sector healthcare service delivery across the developing countries. Social Franchise is a partnership system with private local healthcare providers to increase awareness, demand, access, choices and quality healthcare services to under-served poor communities. A research was conducted to see the impact of this network on provision of medical, emergency & reproductive health services in 20 remote areas of Sindh (Karachi, Hyderabad, Sukkur) and Punjab (Multan) where either the services were limited or non-existent. A sample 120 private healthcare providers was selected from both urban and rural Pakistan. Pretest, intervention and post-test method were used to compare a trained control group of service providers with un-trained one. The performance was assessed on two indicators i.e. knowledge and counseling skills as per the standard checklists. It revealed that training had marked improvement of 32% in both the skills of service providers. Client feedback revealed improvement in quality of healthcare services in terms of service delivery which was easy, affordable, safe, timely, friendly, and with dignity. Thus the training and social franchise set-up had positive impact on the quality of health services to the target population with improved ambulatory services and reduced mortality & morbidity ratios in reproductive health in Pakistan.

### Biography

Hifsa Altaf is a public health professional with over 14 years of experience providing expertise in family planning and reproductive, maternal and community health. She has international field experience, primarily in Asian countries, working with leading reproductive health & family planning organization "Marie Stopes Society (MSS) Pakistan". As a General Manager she leads the quality component of the MSS Pakistan program along with supporting programs in London and other Asian countries. She has been a speaker at numerous international health forums such as the Urban Health Conference in San Francisco, USA and has been acknowledged for her contributions by organizations such as the WHO and Pakistan Nursing Council.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Measurement of resilience in Chinese older people

Fang Yang<sup>1,2</sup>

<sup>1</sup>Zhejiang University, China

<sup>2</sup>Edinburgh Napier University, UK

The increasing number of older people in the Chinese population poses additional healthy problems to those faced in the Western world. Resilience has been identified as a personal construct which may contribute to the process of healthy ageing in older people. To date, no measurement instrument has been tested in to evaluate resilience in Chinese older people. A descriptive cross sectional study was then designed and made implementation which aims to examine the psychometric testing and clinical application of the Chinese version of the Resilience Scale (RS) in Chinese older people by forwarding and backwarding translation procedures used to obtain semantic equivalence of the original English version of the Resilience Scale. Content validity was examined by identified experts, followed by exploratory factor analysis, item-to-total correlation, Cronbach's alpha co-efficients and test-retest reliability. Then the 25-item Chinese version Resilience Scale (RS-CN) was completed by 461 Chinese older people. Result is shown that Cronbach's alpha for the total Chinese version of the Revised Resilience Scale was 0.947, with a range of 0.848-0.893 for the subscales. Item to total correlation coefficients ranged from 0.505-0.746 and items were excluded with item to total correlations coefficients lower than 0.4. The test-retest reliability of the total scale was 0.799, subscale test-retest reliability ranged from 0.605-0.620. The exploratory principal components analysis with varimax rotation revealed RS-CN to have a four factor structure. It is concluded from the study that the RS-CN is a valid and reliable instrument for the measurement of the concept of resilience in Chinese older people. Also the results of this study provide cross-cultural evidence for the potential application of this scale in Chinese older people. Measurement of resilience in older people will potentially allow clinical nurses to provide appropriate psychological care for older people.

### Biography

Fang Yang has completed her PhD from the Second Military Medical University and Post-doctoral studies from University of Edinburgh School of Nursing. She is now been as the Professor of Nursing as well as Associate Dean of School of Nursing of Zhejiang University City College, China. Also she is employed visiting professor of School of Nursing, Midwifery & Social Care of Edinburgh Napier University, UK from 2014 till now. She has published more than 50 papers in reputed journals and has been serving as 6 Editorial Board Member of repute including 2 international journals.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## The lived experience of breast cancer in the surveillance phase of recovery: A liminal process

Amado Patricia Kathryn  
University of Miami, USA

**Background:** Breast cancer is one of the most prevalent types of cancer today among women of all ages. Many women are being diagnosed each year and learning to cope with a chronic illness. Accompanying the victory of survivorship, however, are challenges in the surveillance phase of recovery. Surveillance is the time after surgery, chemotherapy and /or radiation is complete and the patient is continues to be receiving regular scheduled check-ups by the oncologist. Breast cancer survivors face many fears during this period of time, including fear of recurrence, loss of health, or fear of dying from the disease to name a few.

**Purpose:** The purpose of this study was to illuminate the lived experience of women after they have undergone their treatment regime for breast cancer and have entered the surveillance phase of recovery. This study gave a voice to the women's experience through their life story and the resiliency they demonstrated while transitioning to a new life within the context of illness.

**Methods:** A purposive sample of 13 women ages 25-75 years old from survivorship clinics in south Florida was selected to explore the question: What is the lived experience of women with breast cancer in the surveillance phase of recovery? Data collection was gathered with one-hour semi-structured interviews and was audio- taped, transcribed for verification, and member checked by the researcher. Data analysis included interpretation and description of textual writing guided by van Manen's (1990) six activities of research methodology.

**Results:** The themes that arose from the study were transience, transition, and acceptance. Liminality was the foundational essence of the themes in this study and was paramount in creating a pathway to moving forward as well as understanding the ambiguity and uncertainty experienced by women affected by breast cancer.

**Conclusion:** This research study exposed the complexities of the health challenges confronting women living with breast cancer while in the surveillance phase of recovery. A significant element of this lived experience understood the threshold between wellness and illness which the women unreservedly shared. Gaps in current literature highlight the need for additional research to understand the utility of liminality in all stages in the survivorship trajectory.

### Biography

Amado Patricia Kathryn received her undergraduate nursing degree from DeSales University (BSN), her Master's degree in Nursing Education MS(Ed), from Florida Atlantic University and her PhD from Barry University. She is currently enrolled in a FNP program to enhance her clinical expertise. Her areas of teaching include undergraduate and graduate courses across the curriculum as well as under graduate student advisement and mentorship. Her research is focused on areas of breast cancer and creating healthy transition post treatment. She is also recognized as a speaker in the nursing profession. She has spoken at international conferences and schools of nursing regarding her creation of luminal pathways in transitioning through chronic illness. Her research formed the basis of a concept analysis framework which she is developing to advance nursing practice. Her past and present positions include Sigma Theta Tau, Delta Epsilon Iota International Honor Society and are an active member of the NLN and the ISNCC.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Febrile neutropenia risk assessment- An Irish perspective

Catherine O'Brien

St James's Hospital, Dublin, Ireland

**Purpose/ Objectives:** To develop, implement and evaluate the effectiveness of a nurse-led risk assessment tool to reduce the incidence of febrile neutropenia (FN) in adult cancer patients receiving myelo-suppressive chemotherapy.

**Design:** A comparative prospective observational study was conducted in a hospital-based oncology unit.

**Sample:** Clinical data was collected from 459 patients' charts; 233 patients (50.8%) in phase one had no intervention and 226 patients (49.2%) in phase two had a risk assessment carried out by the nurse, prior to each cycle of chemotherapy. The main outcomes captured were febrile neutropenia, dose reductions, treatment delays and hospitalization days.

**Methods:** International evidence-based guidelines and published nursing studies were used to develop and implement a risk assessment tool. The tool assessed the risk associated with the chemotherapy regimen and 25 patients-, treatment- and disease-related FN risk factors. Identification of one or more risk factors indicated that patients were at risk of developing FN and Growth Colony Stimulating Factor (G-CSF) should be considered. Clinical outcomes pre and post implementation were used to evaluate the risk assessment tool.

**Findings:** There were significant reductions in the incidence of FN (15.5% vs. 7.5%) and the number of hospital days (267 vs. 131) following the introduction of the risk assessment tool. Incidence of dose reduction and treatment delays resulting from FN were lower in the second phase. There was an increase of 12.5% in the use of G-CSF in phase one (40%) versus phase two (45%). Social factors were found to have no impact on the risk of developing FN.

**Conclusions:** Through consistent risk assessment, nurses could determine which patients were at higher risk of developing FN, leading to the more appropriate proactive use of prophylactic G-CSF use in a target population. This led to a significant reduction in life-threatening infections, hospitalizations, dose reductions and delays.

### Biography

Catherine O'Brien has an experience of over 20 years as an Oncology / Hematology nurse incorporating Bone Marrow Transplantation, Palliative care and Medical Oncology (both inpatient and daycare) in hospitals both in Ireland and United Kingdom. She has been based in St James's Hospital, Dublin since 2001 working in both clinical and managerial positions. She completed her MSc in Clinical Practice in 2011 in University College Dublin, during which time she completed this research piece and published 2 articles. In her current position as Lead Cancer Nurse she is responsible for clinical leadership. This incorporates staff education & development at post-graduate university and clinical level; clinical practice development; clinical research. She is clinically based at least one day per week which involves providing nurse-led chemotherapy clinics.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

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## Using Participant Action Research (PAR) to assess special care nursery nurses' attitudes toward caring for bubble continuous positive airway pressure (BCPAP) patients

Ming-Huei Lu<sup>1</sup>, I-chuan Li<sup>2</sup> and Daiwei Lo<sup>3</sup>

<sup>1</sup>MacKay Children's Hospital, Taiwan

<sup>2</sup>National Yang Ming University, Taiwan

<sup>3</sup>Nationwide Children's Hospital, USA

**Purpose:** The Special Care Nursery (SCN) in the study hospital is starting to use BCPAP. The SCN nurses have had little prior BCPAP experience. It is important to understand the attitudes and experiences of the SCN nurses before providing appropriate training. This study used PAR to assess the attitudes of SCN nurses who cared for BCPAP patients.

**Method:** The PAR method was used because it emphasizes and applies concepts of empowerment, participation, and trust during the study to understand nurses' needs in exploring their experiences caring for BCPAP patients. Through the use of PAR nurses can be motivated and actively involved in activities to improve their knowledge and skills to care for BCPAP patients. SCN nurses were invited to participate in this study through focus group interviews. The interviews were conducted once in a two-week period. Each interview lasted about one and one half hours. The interview questions assessed the SCN nurses' experiences and attitudes caring for BCPAP patients, and the resources that were important to relieve the stress of caring for these patients. All interviews were recorded and transcribed immediately after each interview.

**Result:** Participants considered BCPAP patient care to be complex and stressful because of their lack of training about BCPAP. Participants doubted whether patients were appropriately treated with BCPAP compared with other alternatives, and whether premature infants treated with BCPAP had suitable resources. Participants stated that SCN nurses did not have as much physician oversight as neonatal intensive care nurses. Participants requested more training in BCPAP techniques. Participants suggested that BCPAP patients should be placed in a special unit managed by neonatal physicians instead of placing them in regular pediatric units.

**Conclusion:** This study identified training needs for SCNs who care for BCPAP patients. Increased cooperation is needed between neonatal intensive care nurses and neonatal physicians to ensure that optimal care is given to BCPAP patients admitted to an SCN. This is important information for quality improvements in the care of BCPAP patients in an SCN.

### Biography

Ming-Huei Lu started working at the Newborn Center of the Mackay Memorial Hospital in 1986 after graduation from the Nursing Department of the Kaohsiung Medical University, Kaohsiung, Taiwan. Two years later, she was promoted to the position of Associate head nurse of the Newborn Intensive Care Unit due to her performance. Four years after that, she was further promoted as head nurse of the Pediatric Ward. In 2000, she was appointed as the Surgery Supervisor of the department as a result of her continuous hard work for the hospital. During the 8 years prior to that, she spent two years working on and completed her Master's degree on nursing administration at Taipei Medical University, Taipei. As of today, she served as Surgery Supervisor for 5 years and Pediatric Supervisor and Director for 9 years. In 2010, she went to Nationwide Children's Hospital in USA for being a visiting scholar. She provided leadership in working effectively and cordially with my colleagues to upgrade the quality of nursing services for the hospital. Currently, she is a Doctoral candidate of National Yang-Ming University.

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### Notes:

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## Personal resilience and post-traumatic stress symptoms in families of patients admitted to the intensive care unit in Japan

Miyuki Komachi<sup>1</sup> and Kiyoko Kamibeppu<sup>2</sup>

<sup>1</sup>International University of Health and Welfare, Japan

<sup>2</sup>University of Tokyo, Japan

**Objectives:** Families of patients in the intensive care unit (ICU) often experience severe stress such as post-traumatic stress symptoms (PTSS). Little is known about the experience of families of patients admitted to the ICU. This study is to examine the association between personal resilience and PTSS in families of ICU patients in Japan.

**Methods:** In this cross-sectional study, all families (N=144) at two teaching and advanced treatment hospitals were recruited at early ICU admission, and 77 of them completed a questionnaire (response rate, 53.5%). Family members provided demographic data and clinical characteristics of patients, and completed the Impact of Event Scale-Revised (IES-R) and the Conner-Davidson Resilience Scale (CD-RISC).

**Results:** The ratio of family members whose IES-R scores were above 25 was 29.9% (23 of 77) of total participants, and CD-RISC mean score was 48.5 (SD=±16.1). A significant negative relationship was observed between personal resilience and PTSS. In logistic regression analysis, variables correlated with the CD-RISC were sex (female) of participant and experienced loss of a family member.

**Conclusions:** Low personal resilience predicted PTSS among family members of ICU patients. This result may indicate that personal resilience reduces the onset of PTSS.

### Biography

Miyuki Komachi received her PhD from the University of Tokyo in 2013. She is currently a lecturer at the Graduate School of Health and Welfare Sciences, International University of Health and Welfare, Japan. Her research interest includes post-traumatic stress symptoms among nurses working in hospitals and families of patient admitted to a hospital. She has published 2 papers in reputed journals.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Family presence during invasive procedures in the emergency department

**Renaë Lynn Dougal**

Saint Alphonsus Regional Medical Center, USA

The purpose of the study is to evaluate experiences, attitudes, and stress of healthcare personnel, patients, and family who were present during resuscitation and/or invasive procedures performed on adult patients in the emergency department (ED). A need was identified for a policy regarding family presence (FP) during these procedures. A literature review was completed, evidence critiqued and leveled. Several publications focused on pediatric settings, fewer focused on adult patients in specialty areas. A study by Duran, et al. (2007) found no completed studies about FP during resuscitation and/or invasive procedures performed in the ED. A family member is described as a person with an established relationship with the patient; this may include a relative, significant other, legal guardian, caregiver, or friend. The ED healthcare team is mainly composed of nurses, trauma surgeons, physicians, respiratory technicians, social workers, and chaplaincy. Presence is being with a patient in an authentic relationship promoting mutual respect, honesty, and dignity. A quantitative non-experimental design was used. Likert-style surveys were adapted with permission from a survey by Duran, et al. (2007). Three versions of the survey were created for patients, family members present during the event, and the ED healthcare team. Anticipate that findings will show nurses have a more receptive attitude than other healthcare personnel to family member(s)' presence during resuscitation and/or invasive procedures, and family member(s)' and patients have decreased stress and positive attitudes regarding family member(s)' presence during a resuscitation and/or invasive procedure performed in the ED.

### Biography

Renaë Lynn Dougal completed her Master's Degree from Gonzaga University. She is a Nursing Research and Education Specialist at Saint Alphonsus Regional Medical Center (Trinity Health System), Clinical Instructor for the School of Nursing, Accelerated Program, Idaho State University, and adjunct instructor for Gonzaga University.

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## Keynote Forum (Day 3)



# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada



## Kimberly Adams Tufts

Old Dominion University, USA

### Inter-professional education and collaborative practice: Nursing's place at the table

Collaboration, teamwork, effective communication and ethical decision-making are essential to effective inter-professional collaborative practice (IPCP). IPCP has been associated with better individual and population health outcomes. Engaging patients, families, and communities in mutual goal-setting around health, quality of life, and enhanced viability is foundational to IPCP. However, health professionals' ability to engage in the inter-professional collaborative practice and to transforming health care systems is dependent upon their being exposed to and engaged in an inter-professional culture during their formative professional years. Inter-professional education (IPE) is the method for engaging students in IPCP during their formative years. Notably, Nursing has a well-established history of valuing the voices of others and of collaboration with other health professionals and patients/families. Therefore, the profession has the potential to assume a leadership role in an environment wherein educational institutions, health systems, professional organizations, and policy makers coalesce around issues of how best to integrate IPE into established educational programs and how to support the integration of IPCP into systems of care. Hence, it is essential that Nursing faculty strategically a) engage in professional development efforts to enhance our capacity for using IPE methodologies to teach nursing and other health professions students, b) lead curricula transformation efforts on our respective campuses, and c) work externally to shape educational policy and accreditation standards that support the integration of IPE across curricula. Moving forth quickly with this agenda will secure Nursing's place at the health care transformation table and solidify our continued legacy of success.

### Biography

Kimberly Adams Tufts is Professor and Assistant Dean for inter-professional education at the College of Health Sciences. She is a nurse and specializes in women's health care. She has a solid history of working in policy arena to secure accessible and available quality health care for vulnerable populations including children, unserved urban dwelling persons, and the elderly and ethnic minorities. She also has more than two decades of experience in higher education administration and has held faculty roles in both school of nursing and medicine.

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# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada



**Renee Martin**

Riverside City College, USA

## A correlational study on the cultural awareness among graduating associate degree nursing students

Researchers have developed strategies used in nursing programs to promote cultural awareness. Minimal research has focused on the graduating associate degree-nursing students to determine if a relationship existed between the use of an integrated cultural curriculum and the nursing student's level of cultural awareness. The associate degree-nursing program accreditation, statistical, and benchmark reports mandated the integration of diversity content, local, national, and worldwide perspectives in the curricula (NLN, 2008). Additionally societal and cultural patterns must be integrated across the entire nursing school curricula. A correlational approach was implemented to determine if relationships existed between the integrated cultural curriculum and level of cultural awareness in graduating associate degree nursing students in a large metropolitan area, such as in Los Angeles. The Cultural Awareness Scale (CAS) was used to survey the participants. Based on the findings of the 51 participants surveyed in this study, the cultural awareness level may be attributed to several factors, including the integrated cultural curricula. The nursing students learning style, perception of faculty, personal experiences, and cultural encounters may also contribute to the cultural awareness level. Analysis of variance results revealed no statistically significant difference on the CAS total or subscale scores based on gender, age, and ethnicity. The outcome of this study may encourage academic affairs leaders to emphasize cultural awareness as a significant student-learning outcome for nursing educational programs.

### Biography

Renee Martin is a tenure-track nursing Professor at the College of the Desert. She holds Master degrees in nursing and health care management. She obtained her PhD from University of Phoenix-School of Advanced Studies in 2014. She has 28 years of nursing experience, which includes 3 years as an Officer in the Army Nurse Corps. She maintains California Board of Registered Nursing instructor approvals in the following subjects: Obstetrics, Pediatrics, Gerontology, and Medical/Surgical. She presented the topic of "Cultural Competence in Nursing" to the California Vocational Nursing Educators in 2010. Her research interests include health disparities, maternal-child issues, cultural awareness, transcultural nursing, nursing education, and simulation in nursing.

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October 03-05, 2016 Vancouver, Canada

## Scientific Tracks & Abstracts (Day 3)



## Major Sessions:

Day 3 October 05, 2016

### Critical Care and Emergency Nursing | Midwifery Nursing | Types of Nursing | Cancer and Tumour Nursing | Nursing Practice

**Session Chair**  
**Sandra Kundrik Leh**  
Cedar Crest College, USA

**Session Co-chair**  
**Ewa Smoleń**  
Medical University of Lublin, Poland

#### Session Introduction

**Title: Social work in the emergency department-implementation of a domestic and family violence screening program**

**Debbie McCarthy**, Flinders University, South Australia

**Title: Heavy metal consumption and the effect on the child-bearing health of women and the development of their children**

**Anita Hunter**, Washington State University, USA

**Title: Moving on in life after intensive care - partners' experience of group-communication**

**Mona Ahlberg**, Vrinnevisjukhuset, Sweden

**Title: Recognizing intimate partner violence**

**Terri Sullivan**, Emory University Hospital, USA

**Title: Implementation of a midwifery group practice continuity of care model for aboriginal and Torres strait islander women and their families at the royal Brisbane and women's hospital, Brisbane, Australia**

**Janine Farquharson**, Royal Brisbane and Women's Hospital, Australia

**Title: Fathers' functional status during pregnancy and the early postnatal period**

**Sevgi Ozkan**, Pamukkale University, Turkey

**Title: Competences in oncology clinical trials for nurses: A twenty year practice perspective**

**Julio-Cesar de la Torre-Montero**, Comillas Pontifical University, Spain

**Title: Social determinants of healthcare outcomes revisited: The continuing persistence of disparities in communities of color**

**Rena Boss-Victoria**, Bowie State University, USA

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October 03-05, 2016 Vancouver, Canada

## Social work in the emergency department-implementation of a domestic and family violence screening program

Debbie McCarthy and Charmine Power

Flinders University, South Australia

Women who have experienced domestic and family violence use health services more frequently than women who have not. Early identification and intervention by the health system may reduce health problems associated with domestic and family violence and lead to saving for the health sector. This study aimed to evaluate the impact of a new domestic and family violence screening program, which was based on an ecological model and introduced by a social work team in the Emergency Department of a major metropolitan hospital. The evaluation method included an audit of social work case files to access the effect on referral rates and a survey of Emergency Department staff to obtain perceptions of the impact of the program on the staff and clients. In the 3 month period following the introduction of the program, the rate of referral to social work increased by 213%. Staff agreed that the Emergency Department is an appropriate place to ask about domestic and family violence, under certain conditions. Findings suggest that an ecological social work model provides an approach to screening for domestic and family violence that not only contributes to increased identification and supportive client interventions but may also contribute to more sustainable systemic change.

### Biography

Debbie McCarthy completed the Bachelor of Social Work in year 2000, prior to this she was an enrolled nurse for 15yrs, during this period working in residential care facilities, palliative care and a brain injury unit. As a social worker she has been employed as a counselor for Human Services Task Force in tissue retention, has worked in various inpatient wards. She has worked as the Flinders Medical Centre Emergency Department Social Work Team Coordinator for 12yrs, having extensive experience in crisis intervention and trauma counseling; she has also designed a number of resources for consumers and staff. She established a training program for staff in the Emergency Department and Post-graduate nursing program and has been a guest speaker at various workshops in Adelaide. She is on a state-wide advisory group regarding domestic violence for education and clinical procedures. She has recently won the Excellence in Allied Health Award for the Southern Adelaide Local Health Network for her work in domestic violence.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Heavy metal consumption and the effect on the child-bearing health of women and the development of their children

Anita Hunter

Washington State University, USA

**Problem:** Research has found that heavy metal ingestion through drinking and/or cooking with water contaminated by such elements as lead, arsenic, fluoride, selenium, cadmium, and others cause significant health problems such as cancers, cardiovascular problems, neurological damage, pulmonary, and other organ deficits in women of child-bearing age as the elements cross the placental barrier and affect fetal development; as well as in the maturing child who often incurs developmental problems and cognitive deficits.

**Research question:** What is the relationship between malnutrition and excretion of heavy metals in the urine on the child-bearing health of women, the physical health and developmental achievements of their children ages birth through age 12 in Uganda?

**Methods:** Sample size: women N=200; children birth-age 12 N=200; villages where research conducted: N=5 (3 supplied by government water sources; 2 obtained water from ground sources)

**Preliminary findings:** Government supplied water was evaluated by the water quality experts on the team and found to be safe from bacteria and heavy metals; water from the ground sources found to be highly contaminated by bacteria and toxic levels of heavy metals-fluoride, lead, arsenic. Participants consuming water from the ground sources were found to have significantly more pregnancy-related problems, fetal deaths, premature births, and children with developmental delays than women and children using the government water source. Final statistical analysis is still in progress.

**Conclusions:** Preliminary findings support current research on the effect of heavy metals on the health and well-being of child-bearing women and their children. In order for the governments of developing nations to take action on supplying clean, safe water to their constituents, hard data is essential for them to see the extent of the effects. This research is ongoing.

### Biography

Anita Hunter completed her PhD from University of Connecticut in 1994. She has been involved in global health for over 20 years in Africa, Mexico, Dominican Republic, Belfast, and Taiwan. She is a full professor and Associate Director of Nursing Programs at WSU-Vancouver Campus; as well as the Medical Director for the Holy Innocents Children's Hospital Uganda Charitable Foundation. She has published more than 35 papers in reputed journals and over 50 professional presentations on her research across the globe.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Moving on in life after intensive care - partners' experience of group-communication

**Mona Ahlberg**

Vrinnevisjukhuset, Sweden

Partners have a burdensome time during and after a partners' intensive care period. They may appear to be coping well outwardly but inside feel vulnerable and lost. Evaluated interventions for partners are limited. The aim of this study was to describe the experience of participating in group-communication with other partners of former intensive care patients. The study has a descriptive intervention based design where group-communication for partners of former, surviving ICU-patients, was evaluated. Two group-communication sessions was held the partners afterwards wrote, in a notebook, about their feelings of participating in group-communications. To deepen the understanding of the impact of the sessions six of the partners were interviewed. Three categories were identified: 1) Emotional impact, the partners felt togetherness and experienced worries and gratitude, 2) Confirmation, consciousness through insight and reflection, 3) Partners of an intensive care patient are on a journey, constantly trying to adapt to the new situation and find new strategies to ever changing circumstances. Group-communications contributed to togetherness and confirmation. To share experiences with others is one way for partners to be able to move forward in life. Relevance to clinical practice: Group-communication with other patients' partners eases the process of going through the burden of being a partner to an intensive care patient. Group-communications needs to be further developed and evaluated, to obtain consensus and evidence for the best practice.

### Biography

Mona Ahlberg has been working as an intensive care nurse for five years and has published one paper in a reputed journal.

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### Notes:

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October 03-05, 2016 Vancouver, Canada

## Recognizing intimate partner violence

Terri Sullivan

Emory University Hospital, USA

Domestic violence screening is a required element of emergency nursing care. Research has been conducted revealing that only 15% of patients cared for in the emergency departments are actually screened for this violence by nurses. The studied nurses identify patient presentation as a determining factor of whether or not screening will be completed and site time constraints and privacy issues as barriers to completion. Opportunities exist to save lives by screening all patients for potential domestic abuse. There is no typical victim, and many will be seen multiple times before domestic abuse is unveiled. It is important for providers to know how to assess for violence and what to do if it is disclosed.

### Biography

Terri Sullivan is a staff nurse in the emergency department at Emory University Hospital in Atlanta, Georgia. Since graduating from Castleton State College in Castleton, Vermont she has been a nurse for over 25 years including 15 in various intensive care units. A certified emergency nurse since 2007, she has served on several state and national committees with the Emergency Nurses Association and remains active in the Metro Atlanta chapter. She is currently continuing her education with Villanova University in Villanova, Pennsylvania. Her interest in domestic violence began upon learning of an assaulted pregnant patient who had been seen many times prior at the facility she worked at who had been thought of as a "frequent flier." The situation left her committed to preventing something like this from happening again. She has sought experts in the field to learn from and has published her findings in the November 2015 *Journal of Emergency Nursing*.

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### Notes:

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October 03-05, 2016 Vancouver, Canada

## Implementation of a midwifery group practice continuity of care model for aboriginal and Torres strait islander women and their families at the royal Brisbane and women's hospital, Brisbane, Australia

**Janine Farquharson**

Royal Brisbane and Women's Hospital, Australia

The Ngarrama Royal Midwifery Group Practice (NRMGP) was introduced to provide continuity of care/r for Aboriginal and Torres Strait Islander (A&TSI) women throughout the continuum of pregnancy, irrespective of their pregnancy risk. The aim of this initiative is to improve the health outcomes of this group of women, their babies and their families. This is in keeping with the government initiative to close the gap in health outcomes of Aboriginal and / or Torres Strait Islander women and their families (Closing the Gap: National Partnership Agreement on Indigenous early Childhood Development). In April 2011 the Royal Brisbane and Women's Hospital (RBWH) Aboriginal and Torres Strait Islander Maternity Service commenced providing antenatal and postnatal care only. A combination of client feedback, increasing client numbers, and available published evidence resulted in the introduction of an All Risk Midwifery Group Practice continuity of care model for the Aboriginal community. The NRMGP Continuity of Care Model was launched on the 5th of January 2015. Data shows that 88% of women engaged with the NRMGP are attending eight or more antenatal visits, compared to 60% for non-Ngarrama A&TSI clients. The birth of low birth weight babies less than 2500g is now on par with the non-indigenous population (non-indigenous 12.06%, Ngarrama MGP 12.43%, non-Ngarrama A&TSI 53.33%). The average length of stay (ALOS) for this group of women has fallen by 1.4 days (NRMGP ALOS 2.00 days, non-Ngarrama A&TSI ALOS 3.4 days). 93% of NRMGP women have their NRMGP midwife attend them in labour.

### Biography

Janine Martha Farquharson has been a qualified Registered Nurse and Midwife since 1978 and has since obtained a Bachelor on Nursing, a Graduate Certificate in Youth and Child Health Nursing and completed a Master of Midwifery in 2011. She was involved in a publication involving a change in practice for Category 1 Caesarean Sections.

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# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Fathers' functional status during pregnancy and the early postnatal period

Sevgi Ozkan

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**Objective:** To determine the functional status of fathers whose wives were pregnant or in the early postnatal period.

**Sample & Setting:** The research population comprised 3750 fathers whose wives were pregnant or in the early postnatal period, and who were registered at a primary health clinic in the province centre. The research sample comprised 275 husbands of women who were registered at these clinics and who were in at least their 28th week of a normal (not at-risk) pregnancy with a single fetus, or who were in the early postnatal period (6-8 weeks postnatal) following birth of a single baby between the 38th and 42nd week without complications. Due to fathers declining to participate in the study or unable to participate because of busy work schedules, the research was completed with 155 fathers-to-be and 93 fathers; in total, 90% of the target sample was reached. A socio-demographic survey and the Inventory of Functional Status-Fathers were used for data collection and to describe the functional abilities of fathers-to-be and fathers.

**Findings:** No statistically significant differences were found in functional status between the husbands of pregnant women and the husbands of women in the early postnatal period. Number of pregnancies was not significantly related to any of the seven subscales of fathers' functional status; age of husband, length of marriage and occupation of wife were significantly related to one subscale; occupation of husband and health insurance were significantly related to two subscales; income status of husband and educational level of wife were significantly related to three subscales; and educational level of husband was significantly related to four subscales.

**Conclusion:** Although there was no significant difference in functional status for the husbands of pregnant women and the husbands of postnatal women, socio-demographic factors were found to have an effect.

### Biography

Sevgi Ozkan has completed her Master and PhD at the Ege University, Faculty of Nursing. She became Associate Professor for the department of Obstetrics and Gynecologic Nursing in 2010. She is the head of the nursing department at Faculty of Health Science in Pamukkale University. She has published more than 25 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Competences in oncology clinical trials for nurses: A twenty year practice perspective

Julio-Cesar de la Torre-Montero, Paloma Huerta Cebrian, Yolanda Ortega-Latorre, Carlos Valencia-Rodriguez, Juan Arribas-Marin and Rosa-Maria Fernandez-Ayuso

Comillas Pontifical University, Spain

Clinical trials in nursing have special requests that need attention and specific training. From a clinical training perspective, they provide us with an extensive experience along with theoretical knowledge. In order to achieve the competences that will allow us to become experts, we need to combine the experience in the academics and clinical field. We gathered a team of experts (three nurses, two pharmacists, one physician) with clinical experience as well as an extensive trajectory as college professors in order to define several competences (general, specific, and some of them particularly designed) to be applied in a nurse study in an Oncology Clinical Trial. We named and classified these competences in several categories such as: to know the competence, to know how to design the competence and to know how to perform such competence. To describe the competences of a study nurse, we must point out that study nurses take place in a multidisciplinary team, working with proper and delegated tasks. They do not just provide nursing care such as vital signs registration and administration of the prescribed medication. Along with that, they provide health education and assessment on treatment adherence. They are also responsible for the performance of complementary techniques including: providing assistance with the quality of life questionnaire-completion, EKG recording and blood extraction (that will be necessary to determine the phase I-II kinetics, pharmacogenomics, circulating tumor cells and basic blood work). They should also be ready to respond to adverse events and reactions coming from the prescribed treatments. Related to the above mentioned skills, it is important to know not only how to perform these techniques correctly, but to know why as well as the way how to approach the patient's needs.

### Biography

Julio-Cesar de la Torre-Montero teaches Oncologic Nursing Care and Palliative Care along with Ethic and Research Methodology at Comillas Pontifical University since 2014. Before starting his full-time teaching in college, he worked at Hospital Clinico San Carlos in Madrid, Spain, being an active researcher in clinical trials. His clinical experience in the onco-hematological field spends over more than twenty years. In Europe, he has worked in primary care, implementing health education programs (Skeletal Care Academy) for patients, in order to improve their quality of life and to promote a healthy lifestyle. Overseas, he has designed and implemented Health Programs in Africa.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Social determinants of healthcare outcomes revisited: The continuing persistence of disparities in communities of color

**Rena Boss-Victoria**

Bowie State University, USA

Over the last few two decades, a plethora of studies have documented disparities in healthcare outcomes in communities of color. Consequently, a crescendo of knowledge about, symptoms of and potential solutions to close the gaps healthcare outcomes between communities of color as other communities who consistently experience higher healthcare outcomes has exponentially grown. Moreover, efforts of government and private agencies have grown significantly. The enactment of the American Affordable Care Act by the Congress of United States of American and signed in to federal law by President Barrack M Obama represented a very important set of changes in the healthcare delivery system in the U.S. The policy changes mandated by that law are still unfolding today. Unfortunately, identified gaps that were identified long ago still persist. In fact, in some cases, identified gaps have actually increased. The current paper is focused on an analysis of three major elements regarding healthcare outcomes with the context of social determinants of healthcare and disabilities outcomes. Those elements are: Activities of Daily Living Deficit (ADLD), Service Expectation Deficit (SED), and Confidence in Service Deficit (CISD).

### Biography

Rena Boss-Victoria has completed her DrPH and MPH from University of Texas School of Public Health and postdoctoral studies from University of Alabama School of Public Health Injury Control Center. She is the director/Chair of the Nursing Department at the first recognized Historical Black Colleges/Universities (HBCUs) in the Eastern Region of USA. She has built her professional career on a trajectory through practice to education to research to policy. The targeted outcomes were population health improvement and increased community capacity. Much of the work focused on increased access to quality health services for populations facing disparities. She has published and presented numerous papers and has been serving as an Editorial Board Chair.

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# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Posters



# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Urinary incontinence and life quality of women living in nursing homes in the Mediterranean region

Sinem Göral Türkcü<sup>1</sup> and Kamile Kabukcuoğlu<sup>2</sup>

<sup>1</sup>Pamukkale University, Turkey

<sup>2</sup>Akdeniz University, Turkey

**Aim:** This study was conducted to determine the effect of urinary incontinence on the life quality of women living in nursing homes in the Mediterranean region.

**Materials and Methods:** The study was conducted on 95 women living in nursing homes in the Mediterranean region. Data were collected by using a questionnaire to gather socio-demographic characteristics, the Urinary Incontinence Quality of Life Scale (I-QOL) to evaluate women's life quality, the Index of Activities of Daily Living to evaluate the dependence of patients while performing their daily living activities, and the International Consultation on Incontinence Questionnaire short form to determine the urinary incontinence type.

**Results:** Quality of life of those who did not consider urinary incontinence a health problem was significantly higher than that of those who considered otherwise. Mixed urinary incontinence was the most common urinary incontinence type among the women living in nursing homes with a rate of 31.7%. According to the overall mean scores of the I-QOL scale, life quality was the most affected among women who had nocturnal incontinence. Life quality was followed by the mixed type, stress type, and urge type of incontinence.

**Conclusion:** Early diagnosis and treatment of urinary incontinence could be conducted through trainings provided by health personnel who have a unique role in changing the perception in society. Identifying this problem and determining and preventing the risk factors are important to enhance the quality of life of women.

### Biography

Sinem Göral Türkcü works as a Research Assistant in Pamukkale University, Faculty of Health Sciences, Department of Obstetrics Gynecology Nursing in Denizli, Turkey. She is a PhD student at the same university.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Doctor-patient relationship and value co-creation: An empirical study of service-dominant logic

Yu-Hua Yan and Kuo-Mou Chung

Tainan Municipal Hospital, Taiwan ROC

**Purpose:** This study aims to explore the relevance among interaction, trust, co-decision-making, information disclosure and value co-creation from the perspective of service-dominant logic.

**Method:** Questionnaires were given to the hospitalized patients of a regional hospital. A total of 232 questionnaires were received. The statistical software of the least squares method was used to examine the applicability of measurement patterns.

**Result:** “Interaction” ( $\beta=0.197$ ,  $p<0.001$ ), “trust” ( $\beta=0.248$ ,  $p<0.001$ ) and “co-decision-making” ( $\beta=0.143$ ,  $p<0.05$ ) positively affect value co-creation while “information disclosure” ( $\beta=-0.079$ ) does not have a significant effect.

**Conclusion:** Service-dominant logic is the interaction and value co-creation between the service provider and receiver, and it is thus suggested that the interaction and trust building between doctors and patients and the provision of patient-centered service be encouraged. In the medical service value network, the interaction, trust and co-decision-making of doctors and patients are established with an aim of integrating medical service resources in order to fulfill the service-dominant logic purpose of value co-creation.

### Biography

Yu-Hua Yan is a PhD in Graduate Institute of Management from the National Kaohsiung First University of Science and Technology, Taiwan, R. O. C. She is the Senior Specialist at Tainan Municipal Hospital, Tainan County, Taiwan, R. O. C. Her research interests include watermarking, health care industry and management performance. Most academic work is published in *Health Policy*, *Journal of Nursing Research*, *Asia-Pacific Journal of Clinical Oncology*, *Asian Pacific Journal of Cancer Prevention* and other Journals.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Detecting health warning signs of people with intellectual disability (ID) having difficulty in expressing symptoms in the community: An interview survey

**Sooja Kim**

Kanagawa University, Japan

**Aim:** The first phase of this interview survey was conducted to detect health warning signs of people with ID having difficulty of expressing their symptoms by their family in the community.

**Method:** A metropolitan area was chosen (Area Z) in which the ID population ratio was similar to the national average. Following consent from seven parents of two workplaces for people with ID in Area Z, their interviews were analyzed using qualitative inductive analysis.

**Results:** The subjects' families with ID were five males and two females in the 20's to 50 are, with ID ranging from mild to severe. The parents noticed only slight differences in the usual health states of their family members with ID in their complexions, facial expressions, appetite, appearance of listlessness, and their unusual silence. The signs easily observed as health warning by the parents were cough, runny nose, extreme body temperatures, and frequency of toilet use, diarrhea, and vomiting. It was difficult for the families to detect where the individuals with ID felt pain, or to assess the degree of the pain, or to forecast sudden vomiting, or to observe excrement prior to their flushing the toilet.

**Conclusion:** Not only do we need to focus on how to detect unnoticeable health warning signs of individuals with ID, but also further focus on how to communicate the subtle nuances that can help distinguish abnormalities in the usual state of health.

### Biography

Sooja Kim has completed her PhD from Kawasaki University of Medical Welfare. She is an Associated Professor of Kanagawa University of Human Services, School of Nursing.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## The marked lines to prevent sucked accident of metallic ventilators in the magnetic resonance imaging examination

Shu-Chen Hsing<sup>1</sup>, Yu-Hsia Wang<sup>2</sup> and Chien-Chien Wu<sup>1</sup>

<sup>1</sup>Chi-Mei Medical Center, Taiwan

<sup>2</sup>Tainan Municipal Hospital, Taiwan

**Background:** Magnetic resonance imaging (MRI) is a very common examination for the patients in critical illness with mechanical ventilation, however, non-metallic equipment allow of these patients was instructed to prevent sucked accident of the metallic equipment into the magnetic bore of MRI scanner.

**Aim:** For patient's safety, the interaction between the MRIs magnetic force and metal ventilators were investigated, and a safety area was confirmed by two marked lines to prevent the sucked accident of ventilators.

**Materials & Methods:** The strength of a magnetic field of MRI scanner is measured in Gauss Units (Gs). Two MRI instrument; one is from Siemens 1.5T MRI, Germany, and the other from General Electric Company (GE) 3.0T MRI 2 (USA). Two Ventilator; one is traditional SERVO VENTILATOR 900C (900C), the other is MAQUET SERVO-i MR Environment (SERVO-i). The magnetic force of MRIs were detected and the colored tapes were used to mark for the prohibited, alerted, and safety areas.

**Results:** Traditional metallic Servo 900C is not recommended for the patients with mechanical ventilation to perform the 1.5 T MRI exam, however, some reports showed that it can be set up in an area less than 20Gs magnetic force. Therefore, a marked line for a "prohibited area" that more than 20Gs magnetic force was detected to exclude the metallic equipment parking. Another marked line for an alert area with magnetic force between 10-20 Gs, where the metallic equipment should be placed with great carefully. Also a "safety area" with less than 10Gs magnetic force was confirmed, where the metallic ventilator can be placed safety. After enter the 1.5T MRI room, the Servo 900C should be placed inside the safety frame initially, than process the power supply and setting up. On the other hand, traditional Servo 900C can't place even enter in the new 3T MRI room, according the instruction of 3T MRI operation, a certified MRI compatible ventilator (SERVO-i) is recommend for patients with respiratory failure, also a prohibited line with 200Gs should be marked. According to the instruction of operation of 3T MRI, a safety area beyond the prohibited line with less 200 Gs magnetic force may consider to be safety without sucked accident to place the SERVO-I (Figure 2). However, according to the operative guidelines of SERVO-1, an area with less than 50Gs should be considered complete safety for a patient under Servo-1 ventilation, thus whether a safety area to place the SERVO-I beyond the line of 200Gs or 50 Gs is depended on requirement of each MRI center.

**Conclusion:** When setting up a mechanical ventilator for a patient to perform the MRI study, be sure to obey the operative guidelines of MRI scanners. The marked line for a safety area and a safety frame to place the ventilators is very important to prevent the sucked accident for the metallic equipment. These lines may promote the patient safety for clinicians.

### Biography

Shu-Chen Hsing was born in Kaohsiung, Taiwan, R.O.C. She is a Master Graduate Institute of Department of Hospital and Health Care Administration Chia-Nan University of Pharmacy and Science Taiwan, R.O.C, She is a respiratory therapist at Chi Mei Medical Center respiratory department section chief.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## The study on the quality of hospital under National Health Insurance -A patients' satisfaction approach

Yu-Hsia Wang<sup>1</sup>, Yu-Hua Yan<sup>1</sup> and Shu-Chen Hsing<sup>2</sup>

<sup>1</sup>Tainan Municipal Hospital, Taiwan

<sup>2</sup>Chi-Mei Medical Center, Taiwan

**Background:** Due to growth of the national income and increase of the medical knowledge among the general population, people are paying much more attention to healthcare quality. Offering medical service of higher quality is an important strategy in the competitive environment among hospitals. The management of hospital must understand the real needs of patients and provide them with good medical service accordingly, so they can gain trust and loyalty from patients. This paper aims to develop a model that can be used to empirically investigate a number of complex issues and relationships associated with competition in the medical institution.

**Methods:** Data used in this study were obtained through a national telephone survey by random sampling.

**Results:** Results of the latest survey conducted by the National Health Insurance Administration (NHIA) in 2015 showed that 81% of respondents were satisfied with the program, an increase of 1.3% from 2014. Members of the public were particularly satisfied with the reduced cost of medical care and the convenient access to medical services. On the other hand, 14.1% of respondents indicated dissatisfaction, citing reasons such as the high premium and the wasteful use of medical resources and medication. Nevertheless, dissatisfaction with how supplementary premium is calculated and people's attitude toward medical services both dropped by 2% to 3% from last year. Up to 85.1% of respondents were satisfied with the medical services provided at NHI-contracted healthcare facilities. The good service and attitude of healthcare professionals, in particular, secured the highest degree of satisfaction.

**Conclusion:** Based on the study result, we as treatment provider should improve our quality of medical care and treatment outcome for patient satisfaction as well as patient loyalty. It is hoped that the above results can serve as future reference for the management and operation of medical institution.

### Biography

Yu-Hsia Wang was born in Tainan, Taiwan, R.O.C. She is a Master Graduate Institute of Department of Hospital and Health Care Administration Chia-Nan University of Pharmacy and Science Taiwan, R.O.C. She is a Nurse at Tainan Municipal Hospital Nursing Department Nursing Supervisor.

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# 12<sup>th</sup> Nursing and Healthcare Congress

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## The effect of Tele-counseling on postpartum women

**Sinem Göral Türkcü**  
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Tele nursing practices are of the developing special nursing areas. In tele counseling, nurses ensure continuity of the care, care quality, make performance assessment and provide documentation and clinical guidance. Women especially need training and support in starting and maintaining breastfeeding due to physical and psychological changes, and lack of information in the postpartum period. Therefore, postpartum Tele counseling is very important to maintain the care and to make the woman feel herself comfortable psychologically (GTP, 2000). Literature showed that supporting postpartum women about breastfeeding significantly increased breastfeeding rates after labor. Postpartum depression affects maternal and infant bond, maternal adaptation, infant care responsibilities, self care of the woman, social and family life and the entire maternal function. In studies show that suggested Tele-counseling in the postpartum period had an important effect on women's life quality and raised awareness, improved self-confidence and empowered them in all aspects. In addition, life quality in women and empowered them in all aspects. In addition, Tele counseling increased postpartum women's walking and physical activity frequency, acquiring cognitive and behavioral changes, self-competency and social support. In conclusion, the postpartum period is a challenging process when women need to cope with physiological and psychological changes. Therefore postpartum women are supported with telephone counseling.

### Biography

Sinem Göral Türkcü works as a Research Assistant in Pamukkale University Faculty of Health Sciences Department of Obstetrics Gynecology Nursing in Denizli, Turkey. She is a PhD student.

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### Notes:

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October 03-05, 2016 Vancouver, Canada

## Cervical cancer screening knowledge and practice among women at Adeoyo teaching hospital in Nigeria: A prevention tool for cervical cancer

Adetule O O and Jolaoye O A  
Nigeria

**Background:** Cervical cancer is one of the leading cancer killers among women all over the world. Cervical cancer is the most common female cancer in developing countries, a woman die of cervical cancer every two minutes. Its contribution to cancer burden is significant across all cultures and economies. However in Nigeria this disease is still killing up to 8,000 women annually. Fortunately, this cancer is preventable by screening for premalignant lesions but this is rarely provided and hardly utilized.

**Aim:** The aim of this research is to assess the knowledge of cervical cancer screening among Nigerian women.

**Methods:** A descriptive cross-sectional survey was adopted to assess the knowledge of cervical cancer screening among women attending Adeoyo Maternity Teaching Hospital in Ibadan North Local Government of Oyo State. The sampling technique adopted in the study was the simple random sampling. The respondents were reassured of the confidentiality of the data. The instrument used basically was self-structured questionnaire. Data were analyzed using descriptive statistics and chi-square.

**Results:** Respondents' mean age was  $26.0 \pm 1.5$  years, 40.8% had primary education, 54% of the respondents were self employed, 55% were Muslim by religion, majority were Yoruba (51.5%) had between 1 and 2 children, 26% of them practice polygamy. 55.4% of the respondents understood that it is a malignant growth of the cell. Common sources of information were clinics (48.5%) and media (23.1%). 52.3% of the respondents were not aware that the screening centre was at their locality. Thirty-eight (38%) of the respondents reported that Pap smear should be done between 1 to 3 years, only 26(20%) out of 130 respondents have done pap smear before. 75.4% had poor knowledge of prevention of cervical cancer. The relationship between source of awareness of cervical cancer and knowledge of Pap smear was not significant ( $p > 0.72$ ), 73.7% of the respondents that had poor knowledge of prevention had primary educational background but there was no significant relationship between the educational status and the knowledge of the prevention of cervical cancer ( $p > 0.86$ ).

**Conclusion:** Knowledge about the cervical cancer was fair, but respondents had poor knowledge about the Pap smear and the overall uptake of the cervical screening was low among the respondents. Incorporating periodic health publicity programmes in the market, religious setting and working places will improve the knowledge and uptake of the cervical screening.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## The educational needs of nurses with staff development roles in hospitals

Mami Onishi<sup>1</sup>, Atsuko Watanabe<sup>2</sup> and Katsuya Kanda<sup>2</sup>

<sup>1</sup>Juntendo University, Japan

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Staff development for hospital nurses is a major concern for nurse administrators and managers. In Japanese hospitals, staff development nurses contribute to planning and managing staff education and career development. However, there are few educational programs for staff development nurses in Japan. Well-designed educational programs for staff development nurses would be effective at enhancing the quality of staff development in nursing. This study aimed to investigate the current status of staff development nurses' work and their educational needs in Japan to design a program for educating staff development nurses. We administered a cross-sectional survey to 281 randomly selected certified nurse administrators. The questionnaire was designed based on the literature and group interviews, and it concerned the roles of staff development nurses and methods employed in staff development processes, such as needs assessments, educational sessions, and effectiveness evaluations. Responses were obtained from 101 nurse administrators, 60% of whom worked in a hospital with a full-time staff development nurse. Eighty percent of the participants responded that their staff development nurse was actively engaged in assessing nurses' needs and in planning, operating, and evaluating educational programs. The most frequently used method for evaluating the effectiveness of the educational program was learners' perceptions. Participants perceived that staff development nurses should strengthen the emphasis on assessing learners' needs and evaluating programs. The most frequently mentioned skills important for staff development nurses were planning, data analysis, and analytical thinking. The skills involved in educating individuals, such as facilitation and coaching were also perceived as important.

### Biography

Mami Onishi has completed her PhD from Tokyo University. She is an Associate Professor of Nursing Administration. She has published papers on team management and staff development in nursing management journals.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Competency elements in the roles of certified wound, ostomy and continence nurses in Japan

**Mayumi Chikubu**

Kyushu University, Japan

This study clarified the competency elements in role accomplishment of certified wound, ostomy, and continence nurses (WOCNs) in Japan. In this study, WOCNs were defined as expert WOCNs who had worked more than five years as certified nurses. Expert WOCNs provided a WOCN competency model of development. The investigation examined 27 WOCNs who worked at a hospital. The investigation was conducted by interview. The interview was from 45 minutes to 120 minutes. Data about competency were collected through semi-structured interviews. As a result of categorizing and analyzing the collected data, five categories of competency elements in WOCNs' role accomplishment were extracted: "action required to achieve the job objective," "skills in the WOC nursing practice model," "human relationships based on understanding others," "WOCN role formation," and "WOCN self-study." These will lead to growth and development as WOCNs gain clinical experience according to expert guides.

### Biography

Mayumi Chikubu is a student at the Kyushu University Graduate school of Medical Sciences doctoral course now. In addition, she completed a Master's course (nursing science). Her study theme is human resources development and perioperative nursing. She has nursing license and has the experience of the clinical nursing of 29 years. She is working at University of Miyazaki Hospital and is a certified wound, ostomy, and continence nurse in Japan.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Can pictures of the nature influence anxiety and well-being during elective surgery in local anesthesia?

**Elinor Nielsen**

Vrinnevisjukhuset Hospital, Sweden

**Background:** Patients going through surgery in local anesthesia often have a sense of anxiety and stress and thus need support to relax. Different distracting intervention is known to reduce the anxiety and stress. Pictures of the nature, has to our knowledge not been used to support patients comfort during surgery in local anesthesia.

**Purpose:** The aim was to evaluate the effects of looking at pictures of the nature on patients' experience of anxiety, relaxation, well-being, and pain during elective surgery in local anesthesia.

**Design:** A three-armed randomized intervention was performed at three different hospitals.

**Methods:** Adult patients undergoing surgery in local anesthesia were consecutively randomized into three groups, one group looking at pictures of the nature on an Ipad, one group listening to sedative instrumental music and one control group receiving ordinary care during surgery. State Trait Anxiety Inventory (STAI) short form was filled in before the surgery and just before discharge STAI and VAS-scales on anxiety, relaxation, well-being, and pain were filled in.

**Preliminary results:** Patients n=240 (54% women), with a mean age of 58 ( $\pm 17$ ) years participated in the study. There was no difference between the three groups related to anxiety after surgery. Younger patients had significantly higher degree of anxiety and lower degree of relaxation and wellbeing ( $p < 0.05$ ), postoperatively.

**Conclusion:** Looking at pictures of nature during surgery in local anesthesia is as relaxing as listening to sedative instrumental music. Offering patients to look at nature pictures could be a complement to listening to music.

### Biography

Elinor Nielsen is specialist operation theater nurse since 1989 and often is responsible of patients undergoing surgery in local anesthesia.

### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Can pictures of the nature influence anxiety and well-being during elective surgery in local anesthesia?

**Gunilla Hollman Frisman**  
Linköping University, Sweden

**Background:** Patients going through surgery in local anesthesia often have a sense of anxiety and stress and thus need support to relax. Different distracting intervention is known to reduce the anxiety and stress. Pictures of the nature, has to our knowledge not been used to support patients comfort during surgery in local anesthesia.

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**Conclusion:** Looking at pictures of nature during surgery in local anesthesia is as relaxing as listening to sedative instrumental music. Offering patients to look at nature pictures could be a complement to listening to music.

### Biography

Gunilla Hollman Frisman is specialist intensive care nurse, has completed her PhD, 2003, and the assistant Professor 2010, at the Medical faculty, Linköping University, Sweden. She has published more than 25 papers in peer reviewed international journals and has been serving as an Editorial Board Member of reviews.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## The exploration of medical resources utilization among inguinal hernia repair in Tw-DRGs

Yu-Hua Yan<sup>1</sup> and Yu-Li Lan<sup>2</sup>

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<sup>2</sup>Tzu Chi University of Science & Technology, Taiwan

**Background:** This study is to investigate the effects of the Diagnostic Related Groups (Tw-DRGs) practice on the medical resources utilization of inguinal hernia repair (IHR) in hospitals of different ownership, in order to provide a reference for hospital administrators.

**Methods:** In Taiwan, any operations of ICD-9-CM primary surgical procedure codes are 53.00-53.05, 53.21, and 53.29 are reimbursed as IHR under the Tw-DRGs. With the 2010-2011 data of three hospitals of different ownership extracted from the NHI claim database, retrospective study was applied to analyze the age, sex, length of stay (LoS), diagnosis and surgical procedure code and the change in the financial risk of medical costs on IHR cases after Tw-DRGs practice. The study adopted the corresponding cost calculated with the Tw-DRGs payment principles and compared it with estimated inpatient medical cost calculated based on the fee-for-service policy.

**Results:** During 2010 to 2011, there were 723 IHR cases meeting the Tw-DRGs criteria. The cost control of the medical care corporation hospital (US\$764.2/case) is more efficient than the public hospital (US\$902.7/case) and non-profit proprietary hospital (US\$817.1/case) ( $p < 0.001$ ). In the difference between the Tw-DRGs reimbursement and estimated medical cost, the non-profit proprietary hospital with a difference of US\$127.2 has the best cost control, while the public hospital with a difference of US\$45.8 has the worst control ( $p < 0.001$ ).

**Conclusion:** The reimbursement scheme of the Tw-DRGs has a certain effect on hospitals. Hospital administrators should establish a hospitalization financial risk assessment system as early as possible to enhance healthcare quality and financial management efficiency, in order to benefit the hospital, patient, and Bureau of National Health Insurance (BNHI).

### Biography

Yu-Hua Yan is a PhD in Graduate Institute of Management from the National Kaohsiung First University of Science and Technology, Taiwan, R. O. C. She is the Senior Specialist at Tainan Municipal Hospital, Tainan County, Taiwan, R. O. C. Her research interests include watermarking, health care industry and management performance. Most academic work is published in *Health Policy*, *Journal of Nursing Research*, *Asia-Pacific Journal of Clinical Oncology*, *Asian Pacific Journal of Cancer Prevention* and other Journals.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Adolescents' experiences of undergoing scoliosis surgery, psychological aspects and the trajectory of self-reported pain

**Anna-Clara Rullander**  
Umea University, Sweden

Scoliosis surgery is a major surgical procedure and it is known to cause severe postoperative pain. To broaden the scope of adolescents' experiences of undergoing scoliosis surgery and the trajectory of self-reported pain during the hospital-stay and through the first six months of recovery at home after corrective surgery a mixed methods study was performed. Interviews, diaries and self-reports of pain were analyzed and integrated with each other. The results indicate that the trajectory of pain varies hugely between individuals. The adolescents experienced physical suffering and struggled not to be overwhelmed. Supportive factors and how they were trying to cope with difficulties were described. The adolescents described how they were hovering between suffering and control and they strived towards normality. Interviewing adolescents about earlier experiences, coping strategies, fears and expectations about surgery can be a useful tool for nurse to understand individual needs and enabling improved individual care: a step towards personal centered care. This study highlights areas of potential improvement in peri-operative scoliosis care in terms of nursing support and pain management.

### Biography

Anna-Clara Rullander has completed her PhD at Umea University in Sweden, defending her thesis in December 2015. She is now planning postdoctoral studies in the area of scoliosis surgery and interventions aimed at optimizing peri-operative care. She has published four articles and presented her research at five international conferences.

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### Notes:

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October 03-05, 2016 Vancouver, Canada

## Environmental factors related with students` Menarche (aged 11-14)

**Sedighe Paksresht**

Guilan University of Medical Sciences, Iran

Onset of menstruation (Menarche) is one of the most important phenomena in female maturation process. Several factors contribute to the age of menarche. The purpose of this study was to investigate the relation between menarche age and environmental factors in students aged 11-14. In this cross-sectional study, 651 elementary and middle schools` girls (students) aged 11-14 years old in Rasht, Iran in 2014 were selected by cluster randomly sampling. Data were collected by questionnaire. Some environmental factors assisted in this study. Data were analyzed by using SPSS software version 20 and descriptive and analytics statistics were presented. In this study all statistical tests were done to determine any significant differences at 5% level. Mean and Standard deviation age at onset of menarche was  $12.093 \pm 0.051$  years. There were significant differences in using mobile ( $P=.0001$ ), computer ( $P=.0001$ ), frequency of use of mobiles during the week ( $P=.003$ ), daily using of a mobile ( $P=.000$ ), longtime of using mobile during the day ( $P=.000$ ), daily using of computer ( $P=.001$ ), computer ( $P=.001$ ), longtime of using computer during a day ( $P=.000$ ) and even exercise ( $P=.0001$ ). Also, significant difference was observed between age of onset of menarche with seasons ( $P=.0001$ ). There were not significant differences with other variables. The results indicated that environmental factors influence the phenomena of menarche in girls. Recently, technology usage is developing more and more in all the levels especially in younger ages, so giving proper knowledge and preparing health program for them should be started in the early times.

### Biography

Sedigheh Paksresht has completed her PhD at the Delhi University in 2009. She is an Associate Professor at Department of Obstetrics, Women Health Promotion, Community Health (PhD), Obstetrics (MSc), English Teaching (MBA). She is Editor in Chief in Holistic Nursing and Midwifery Journal, Member of Reproductive Health Research Center and Social determined on Health Research Centre at Guilan University of medical sciences, Rasht, Iran. She has published more than 32 papers in Iranian journals and international journals in ISI and other levels as well. She has been serving as an Editorial Board Member also. She has presented more than 15 papers in international conferences, the latest was in Washington DC 16-19 April in 2015.

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### Notes:



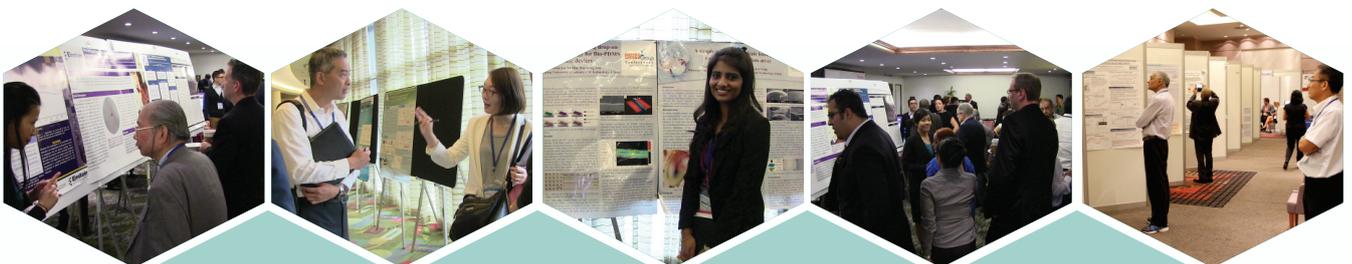
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## e-Posters



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October 03-05, 2016 Vancouver, Canada

## Anxiety and stress coping mechanism. The mediating role of emotional intelligence

Noemí Cuartero Monteagudo, Jorge Julio Fernández Garrido and Ana M<sup>a</sup> Tur Porcar

University of Valencia, Spain

The present study is focused on the concept of coping approach as a mechanism for solving problems (Compass et al., 2001, Carlo et al., 2012). This coping mechanism has been identified as productive solving problems generated by stress (Hooberman et al., 2010) in opposition to the coping strategies based on avoidance based on emotion (Campbell-Sills et al., 2006, Roberts et al., 2012). In this work we analyze relationships between anxiety, emotional intelligence and coping mechanism facing stressing situations. We also show the mediating role of emotional intelligence between anxiety and coping mechanism. The variables here analyzed in this work are Anxiety, Emotional Intelligence, and Coping which have been registered from standardized tests completed by the population used as sample in this study. This study population composed by 434 students of the Nursing Degree from Valencia (Spain) is composed by age ranges of 17-54 years ( $M=21$ ;  $SD=.320$ ), 76% women y 24% men. The 71.7% of them are single, 23.3% with couple, 3.7% married y 1.3% divorced. Social class level: 25% high class, 16.6% middle-high, 36.2% middle-class, y 22.2% middle-low class. The variables here analyzed are evaluated with a structural equation model. The explicative model confirms the direct relationships of Trait Anxiety with Emotional Intelligence, as well as positive relation with Coping Approach and negative ones with Coping Avoidant. Discussion at this work focuses on the prediction of coping mechanisms related to the interaction of anxiety and emotional intelligence.

### Biography

Noemí Cuartero Monteagudo currently is PhD student. She works at the Catholic University of Valencia such us nursing professor. She has tutored several students' works at the university and has participated in other international nursing congress. Ana Tur-Porcar is currently an Associate Professor at the University of Valencia, Spain. She holds a PhD from University of Valencia. Her research is focused on emotional and cognitive processes related to protective and vulnerability personal factors in childhood, adolescence and adults. Due to this investigation, she has published more than 50 articles in both national and international journals, most of them indexed in JCR such as Personality and Individual Differences; Journal of Cross-cultural Psychology; Journal of adolescence; European Journal of Developmental Psychology, Furthermore, she as presented more than 100 presentations in national and international conferences. Julio Fernández Garrido (RN, MsN, PhD), is the Dean of the Faculty of Nursing and Podriatrics of the University of Valencia, and the President of the National Conference of Deans in Spain. After his clinical activity period (since 1988 until 2006) starts his university of Valencia docent and research activity. He put the research focus in the biomarkers for the frailty people, and the quality of life for the population.

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### Notes:

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October 03-05, 2016 Vancouver, Canada

## Effects of arterial needle placement in arteriovenous fistula on dialysis adequacy of end-stage renal disease patients undergoing maintenance hemodialysis

**Oscar R Reyes II**

Nephro Synergies Inc., Philippines

The arterial needle placement in arteriovenous fistula (AVF) can either be antegrade (in the direction of blood flow or pointing towards the heart) or retrograde (against the direction of blood flow) while venous needle placement should always be in the same direction as the blood flow. This study determined the effects of arterial needle placement in the arteriovenous fistula on dialysis adequacy of End Stage Renal Disease patients undergoing maintenance hemodialysis in United Candelaria Doctors Hospital - Nephro Synergies Inc. Hemodialysis Center. A randomized controlled trial design was used in the study. A total of 20 non-diabetic, non-cardiac patients on maintenance hemodialysis for more than 6 months were randomized either to the intervention group (patients' AVF were cannulated in a retrograde manner) or the control group (patients' AVF were cannulated in an antegrade manner). Urea reduction ratio (URR) and Kt/V as well as access recirculation percentage were used to determine dialysis adequacy. Pre-dialysis, in the first 30 minutes of dialysis initiation and post-dialysis samples were obtained in each patient in 6 succeeding hemodialysis considering dialyzer reuse up to fifth reuse. The findings of the study revealed that the mean URR and Kt/V of subjects cannulated in retrograde manner and antegrade manner were 69.35% and 1.45, and 74.65% and 1.70, respectively. The mean access recirculation percentage of the subjects was 4.65% in the intervention group and 3.02% in the control group. Antegrade arterial needle placement provides more adequate hemodialysis than retrograde arterial needle placement in terms of URR and Kt/V among non-diabetic, non-cardiac patients undergoing maintenance hemodialysis in 6 succeeding hemodialysis sessions. The directions of the arterial needle either retrograde and antegrade did not have significant effects on access recirculation.

### Biography

Oscar R Reyes II has completed his Master of Science in Nursing from Sacred Heart College. He graduated Magna Cum Laude and awarded as Best in Graduate Student Research. He is the Nursing Care Coordinator of United Candelaria Doctors Hospital – Nephro Synergies Inc. Hemodialysis Center.

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### Notes:

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## Student midwives' experiences of mentoring in clinical practice during the three-midwifery programme

Sheena Simpson

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The concept and practice of mentoring are viewed as important prerequisites of midwifery education. The role of midwife is in statute: to facilitate student learning, provide clinical supervision and assess in clinical practice, this is in order to safe guard the public from students who are not ready to qualify as midwives (NMC, 2008). My work as a senior midwifery lecturer prompted me to undertake this research. I found that contentions for the majority of student midwives were relating to inadequate mentor support, clinical supervision, feedback on their clinical performance and getting their practice assessment book completed during their hospital and community placement. Therefore, I was unclear how effective mentoring is in producing competent midwives, even though several policy documents stress the importance of learning in practice for students who spend fifty per cent of their training in the workplace (ENB and DoH 2001; DoH 2010). Several studies have shown that providing an effective mentoring system for student midwives is challenging for many stakeholders (SCOPE 1998; Begley 2001; Jones et al. 2001; Kroll, et al. 2009; DoH 2010; Hughes and Fraser 2010). The purpose of this study was to examine student midwives' mentoring experience in clinical practice. The need for this is paramount, driven by the requirement to safeguard the public from students who are not ready to qualify as midwives (NMC 2009). The main research question was, 'what are student midwives' impressions of their mentoring experience during their practice placements'? This general question encompasses three dimensions: a) an exploration of students' mentoring experience in the hospital and community, b) examination of the mentor-student relationship, from student midwives' perspectives, and across different clinical contexts and c) identification by student midwives of ways mentors promoted or inhibited their learning. This study explores students' mentoring experience in clinical practice as a teaching and learning strategy to produce competent midwives. Nine students were recruited to this study from five different practice placements; all undertook midwifery training at the same London University. In-depth interviews were conducted to obtain accounts of their mentoring experience. Interviews were audio-taped and transcribed verbatim, using interpretive and narrative analysis (Langdridge 2007; van Manen 1990). I identified key themes and categories that represented students' mentoring experiences. Four distinctive categories identified from the data were: (1) the mentor student relationship before practice commences, (2) the mentor-student relationship during the experience, (3) the act of providing maternity care and (4) reflecting on the experience. These categories are reflected through two main themes, the mentor-student relationship and the learning experience.

### In conclusion:

- The culture of the National Health Service needs to change, so that all stakeholders see mentoring students as part of the working life of a midwife rather than an extra burden or responsibility.
- Mentors need dedicated time with students to promote effective learning.
- Students need to pay more attention to the information that they are given about mentoring from lecturers in preparation for their practice placements. Students also need to be prepared realistically for their role in clinical practice to help reduce their anxiety.
- Mentors, lecturers, student midwives, practice facilitators and lay people need to work in collaboration to design a user-friendly practice assessment document.

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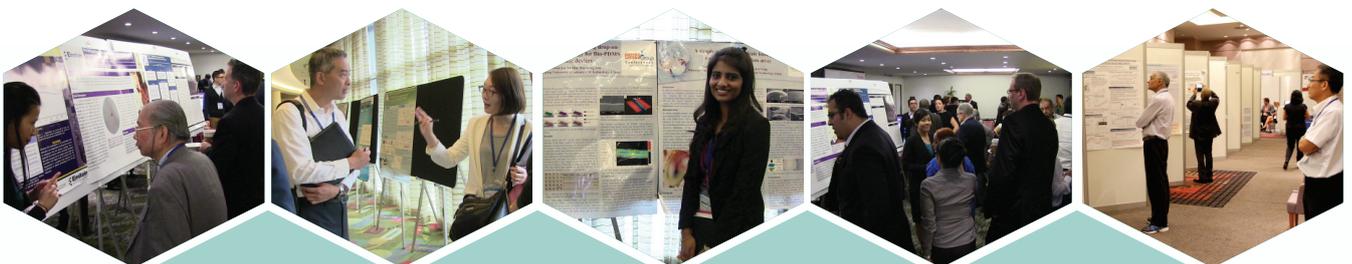
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## Accepted Abstracts



# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Pilot survey of patient satisfaction towards outpatient services at a secondary health care Hospital

**Azeem Khan**

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**Background:** Patient satisfaction is multidimensional with different aspects of health service provision inclusive of the process of care as well as the outcome. The various aspects encompassed are staff courtesy, accessibility, professional competence of healthcare staff, safe and comfortable environment, overall quality of care and continuity of care

**Aim:** To evaluate patient satisfaction in an outpatient service of a secondary health care hospital.

**Methods:** Patient representative sample was selected through purposive convenience sampling consisting of outpatients visiting a secondary health care center. A structured pre-tested questionnaire was applied through interview, including the following variables: personal characteristics (gender, age, and occupation), distribution of responses toward various OPD services including physical facilities, doctor services and pharmacy services.

**Results & Conclusions:** Maximum number of patients N=533 (53%) were in the age group of 41 to 60 years. Amongst them 847(84%) patients were males and 153(15%) were females. Majority of patients were retired army personnel 253(25%) and serving army personnel 209 (20%) whereas 360(36%) of the patients were reluctant to disclose their occupation. Overall satisfaction towards OPD services was 96%. The areas where satisfaction was less than 80% were pharmacy services.

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## Military veterans and service dogs: The effect on reintegration and wellness

**Cheryl A Krause-Parello and Kristie Morales**

University of Colorado-AMC College of Nursing, USA

Service dogs are trained to do work or perform tasks for the benefit of an individual with a disability and can help to assist with tasks needed for daily functioning. This presentation reports the results of a qualitative study into the breadth and depth of service dogs for service connected conditions (e.g. PTSD and TBI). In-depth interviews were conducted with veterans (N= 21) who had a service dog. Analysis included describing, classifying, and interpreting the data into codes and themes. Results indicated that factors associated with obtaining a service dog after military service were connected to the symptomology of invisible wounds such as PTSD, anxiety, depression, and TBI. The impact of having a service dog was found to provide psychosocial support and served as a protective mechanism against suicidal behavior, allowed some veterans to cease taking medications for depression/anxiety, and helped protect against other maladaptive behavior (e.g. substance use). The results substantiated the positive impact that service dogs provide for veterans' overall health and social engagement; a call to action for change in public policy is needed regarding service dogs as a reimbursable medical expense for invisible wounds.

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# 12<sup>th</sup> Nursing and Healthcare Congress

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## An innovative nursing approach to caring for an obstetric patient with Rape Trauma Syndrome - A case report

**Cheryl Parker**

Obstetrical Anesthesia Consultants Ltd., USA

This case report identifies the innovative nursing approach used to facilitate care for an obstetric patient suffering with Rape Trauma Syndrome during labor. Rape Trauma Syndrome (RTS) is a post-traumatic stress disorder that can be triggered by routine procedures experienced during childbirth. An explanation of RTS, signs and symptoms, and how to avoid retraumatization during intrapartum care will be addressed. A case report is presented from a provider perspective to illustrate the seriousness of this disorder and the importance of delivering respectful care. A new approach to obstetrical routines is warranted in order to avoid further traumatizing the woman with RTS. Nurses' creative and innovative thinking is highlighted by the description of how a YouTube video on Foley catheter placement was used to instruct a patient, allowing her to perform self-catheterization following epidural anesthesia. A brief examination of smart-phone use, obstetrical websites, and Healthy People 2020 objectives is also included.

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## Tackling accident and emergency attendance crisis: Nurses roles in the case for change

**Kath Start and Di Jackson**

South East Coast Ambulance (SECAmb), UK

The challenges of providing a comprehensive National Health Service (NHS) in the UK has never been more demanding. It is well documented that migration and an ageing population with increasing complex needs both add to the growing pressures on Accident and Emergency (A&E) departments. Alongside this, many people have difficulty navigating and gaining access to urgent care services within the community, which accounts for the disproportionate rise in attendances at A&E. The emergence of the Nurse using telephone triage in 999 call contact centers is relatively new in determining alternative solutions for an overstretched ambulance service. Nurses, alongside their Paramedic colleagues are now determining whether the 999 caller requires a visit to A&E by ambulance, or could be dealt with more appropriately by referral to another service within the community. In order to evaluate this, funding was obtained by South East Coast Ambulance NHS Trust to carry out a small scale study to explore the scope of practice of nurses in telephone 999 call contact centres, develop and deliver appropriate training for this enhanced role determine the impact on service provision. Findings prior to and following a bespoke training course suggest there is improvement in the confidence and ability of these Clinicians. Those who had undergone the training were using the NHS pathways software more efficiently; thereby reducing the amount of time spent on 999 calls; fewer ambulances were being dispatched to 999 calls; and an increase in referrals were made to alternative community services.

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## Development of the transformational advanced professional practice model

**Elizabeth C Elliott**

Texas Children's Hospital, USA

**Purpose:** The purpose of this presentation is to describe the development of a professional practice model (PPM) for Advanced Practice Registered Nurses (APRNs).

**Data sources:** A literature review was conducted on professional practice models. Simultaneous review of authoritative resources including The National Organization of Nurse Practitioner Faculties (NONPF) and the Licensure, Accreditation, Certification and Education (LACE) Consensus Model was performed. An expert panel was established to validate the Transformational Advanced Professional Practice (TAPP) Model.

**Conclusion:** APRNs are relied upon by organizations to provide leadership in the delivery of high-quality, cost effective health care while improving access and eliminating preventable morbidities. Existing models fail to fully capture the professional scope of practice for APRNs. The TAPP Model serves as a framework to guide professional development and mentorship of APRNs in seven domains of professional practice (DOPP).

**Implications for practice:** To meet the Institute of Medicine's recommendations for the future of nursing, APRNs should practice to the fullest extent of their education and training. Providing clarification regarding the DOPP of the APRN role is needed to standardized professional practice. The TAPP Model is an inspiring blueprint that allows APRNs to model the way by delivering comprehensive health in seven DOPP.

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## Challenges faced by children's nurses when caring for young people with self-harming or suicidal behavior

**Gemma Fisher-Robbins**

Leicestershire Partnership NHS Trust, Leicester, UK

It is evident from research I have conducted that the number of children and young people, being admitted to children's wards presenting with self-harm/suicidal behavior is increasing. This creates a new challenge for children's nurses posing the question: How prepared children's nurses are to care for this patient group? It is apparent from my research that caring for young people presenting with self-harm/suicidal behavior results in children's nurses becoming anxious and uncomfortable. A key element identified, as a cause for this reaction in children's nurses, is the apparent difference between children's nursing and mental health nursing. Despite children's nurses demonstrating a good knowledge base relating to mental distress, their perception of their ability to provide optimum care was lacking. Children's nurses often feel that their knowledge, skills and understanding of caring for a young person in mental distress is inadequate. This presents a challenge in practice raising the question of whether these are isolated findings, or a national phenomenon? My research to date has uncovered the attitudes of children's nurses locally towards caring for children and young people presenting with self-harm/suicidal behavior, along with the strategies children's nurses can adopt to provide better care for this patient group. My aim is to conduct further research within this area to highlight the extent of the problem, whilst addressing actions required to reduce this current healthcare issue.

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# 12<sup>th</sup> Nursing and Healthcare Congress

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## Development and use of mobile containment units for the evaluation and treatment of potential Ebola virus disease patients in a United States Hospital

Gregory Sugalski

Rutgers New Jersey Medical School, USA

Ebola virus disease (EVD) has been the subject of recent attention due to the current outbreak in West Africa, as well as the appearance of a number of cases within the United States. The presence of EVD patients in the United States required health care systems to prepare for the identification and management of these patients. The presence of confirmed EVD patients in the United States identified an urgent need for planning and preparation throughout the health care sector. The challenge for most health care systems is the identification and management of EVD cases presenting unidentified and unannounced. To evaluate patients with recent travel to Ebola-affected countries, it was essential to provide the highest degree of safety while minimizing unnecessary exposure to other patients and staff. It was also critical to have the least possible effect on normal workflow and operations throughout the facility. In response, our Emergency Department (ED) used a unique approach to the screening and care of these patients in a location that was detached from the hospital. Among the challenges in the development of the detached location was the need to create a suitable treatment area with the requisite isolation capabilities. Hospital leadership believed a location remote from the main ED would be the least disruptive to the daily functions of the hospital. This presentation discusses the use of mobile containment units (MCUs) in an extended treatment area (ETA) as a novel approach to isolation and screening of potential EVD patients.

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## Changes in health-related quality-of-life in older patients one year after an intensive care unit stay

Jeitziner Marie-Madlen

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**Introduction:** As older patients increasingly survive intensive care unit hospitalization, the long-term quality of life is also a significant outcome. Therefore, this presentation investigates the health-related quality of life; an important outcome for assessing ICU treatment, and assisting patients, relatives and healthcare professionals in selecting treatment decisions one year after an ICU stay.

**Methods:** A prospective non-randomized longitudinal study investigated the health-related quality-of-life of older patients. The Short Form Health Survey 36 was administered 1 week after an ICU stay (retrospective baseline), and after 6 and 12 months to the study population and to an age-matched comparison group at recruitment (baseline), and after 6 and 12 months. Demographic data, admission diagnosis, length of stay, severity of illness, pain, anxiety, agitation, and intra-tracheal suctioning, turning and intubation were recorded. Recruitment period: December 2008 to April 2011.

**Results:** Health-related quality of life was significantly lower than the comparison group, both before and after the ICU stay, and showed great individual variability. Within group scores, however, were stable. Both physical and mental health scores were lower for the older patients. Renal failure, cardiac surgery and illness severity were associated with lower physical health scores. Cardiovascular illness, intra-tracheal suctioning and turning were associated with lower mental health scores.

**Conclusion:** After discharge older patients with severe illnesses, cardiac surgery or acute renal failure need additional support. Discharge planning should ensure that support. The development and utilization of methods to reduce distress during routine intensive care interventions such as intra-tracheal suctioning or turning is needed.

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# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Explore best practices in family nursing in Kenya: Empathy as a value in caring

Anna Kagure Karani

University of Nairobi, Kenya

**Background:** Study explored purposely selected 50 nurses' empathy at Kenyatta National Hospital, Kenya, caring for persons sick & well in 3 months using empathy, self-awareness in reflective practice. WHO, 2013 emphasis on family health nursing is right to access quality healthcare.

**Aim:** To determine nurses' use of empathy caring for the sick and empathy as a competence.

**Methodology:** It was a systematic descriptive review of literature using Assessment Tool adapted from American College of Healthcare Executives (ACHE, 2013). The variables were; self-awareness, effective communication, timely interventions, relationship management, leadership skills, professional values, competences in practice, caring assessing skills & knowledge in caring.

**Results:** Outcomes were determined by the reflective process of empathy while caring for the sick indicating, more emotional demand than taking care for the well and healthy while recovery or peaceful death were less demanding. Caring for one in pain related to causes, how to relieve or remove it was important knowledge achieved through training for the right diagnoses, plans and implementation of care and treatment. Empathy helps caring acts to be more achievable, productive and fruitful.

**Conclusion:** Caring requires a gentle, strong, humble, and compassionate person to take on the tasks of caring with passion in order to promote and maintain health and well-being for all people.

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## Facilitating tobacco dependence treatment through nursing education: An evidence-based practice educational intervention

Kelly Henson-Evertz, USA

**Purpose & Objectives:** The purpose of the evidence-based practice educational intervention was to increase nursing students': (a) knowledge of tobacco, tobacco dependence, and available evidence-based tobacco dependence treatments; (b) skills to counsel patients to quit tobacco; and (c) self-efficacy to treat tobacco dependent patients.

**Background/Significance:** Approximately 480,000 Americans die every year of tobacco related illnesses. Tobacco dependence is a major public health issue, and a chronic relapsing condition that requires intervention with effective treatments. Nurses are in a unique position to make an enormous impact in tobacco cessation. Studies illuminate a large tobacco dependence treatment educational gap in nursing curricula that leaves nurses ill-prepared to treat tobacco dependent patients.

**Methodology/Data Analysis:** An evidence-based tobacco dependence treatment educational intervention, grounded in the Health Belief Model, with implementation guided by Everett Roger's Diffusion of Innovation Theory, was provided to undergraduate and graduate nursing students at a southeastern United States University. Before and after, design was used and data analysis included descriptive and inferential statistics. Comparative means testing was conducted on aggregate and individual question scores of all knowledge, skills, and self-efficacy questions. Paired t tests assessed for any statistically significant ( $p \leq 0.05$ ) increases in aggregate and/or individual question data.

**Discussion:** Providing EBP tobacco dependence treatment education to nursing students positively impacted tobacco dependence treatment knowledge, skills, and self-efficacy to treat tobacco dependent patients. The findings underscore why this education should be a component in all nursing curricula.

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# 12<sup>th</sup> Nursing and Healthcare Congress

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## Breaking communication silos: Fostering inter-professional practice and collaboration

Lauren Boardman

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Education of healthcare professionals is bound by tradition. Professional silos are often the culprit of preventing students from experiencing practice as members of an interprofessional team. Research suggests a collaborative approach to educating future healthcare team members. The accuracy in which practitioners communicate client information in a rapid-paced environment cannot be overlooked in education curriculum. The Institute of Medicine (IOM), the Quality and Safety Education for Nurses (QSEN), and the Interprofessional Education Collaborative Panel provide guidelines for education and practice supporting the use of collaboration and the need for effective communication among disciplines. Faculty plays a pivotal role in transitioning students into collaborative practice. Just as parents' model desired behavior, faculty is responsible for exhibiting the elements of interprofessional communication and collaborative practice. Shared learning with students from healthcare disciplines should be implemented throughout educational curriculum. Shared learning affords students the opportunity for interdisciplinary participation, promotes role appreciation, and opens lines of communication. Creating a culture of collaborative practice through shared learning enriches student education and affords faculty the opportunity to demonstrate critical skills necessary to be an effective member of the healthcare team.

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## Development of emotional intelligence in nursing education

Lisa M Rebesch

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The complexity of nursing practice is well-documented in the literature. Nurse educators have been challenged by organizations such as the Institute of Medicine, the Carnegie Foundation, healthcare institutions, and professional accreditation bodies, just to name a few, to prepare competent nursing graduates who are able to assume highly complex professional roles following graduation. Emotional intelligence (EI) has garnered much attention in fields such as business, education, and other disciplines and has more recently been studied in nursing. The ability to manage one's emotions is a valued commodity in the interpersonal relationships between nurses and the patients that they are caring for as well as between nurses and other members of the healthcare team. Furthermore, while the importance of educating students in the area of highly complex technical skills is well-recognized as a way to maintain patient safety, there is a need for better incorporation of emotional intelligence instruction in order to maximize patient outcomes. While nurse educators are beginning to recognize the value and importance of emotional intelligence, there is an additional need to understand pedagogical changes necessary to expand and develop nursing students' emotional intelligence. As educators, we must foster personal skill development in the areas of student self-regulation, self-awareness, self-motivation, social awareness, and social skills in order to promote the development of nursing students' emotional intelligence. Specific strategies designed to enhance emotional intelligence as well as ways to incorporate these strategies across the nursing curricula will be presented.

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# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Utilizing simulation to enhance critical thinking and situational awareness in BSN students

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This proposal describes a curriculum development and evaluation project utilizing simulation as the foundational teaching method. The author has developed a three (3) credit course entitled "Advanced Medical-Surgical Nursing Simulation" which has moved from a pilot project to an actual course offering at Kent State University @ Stark. The course was designed to provide students with opportunities to practice, therefore supplementing the hand-on clinical experiences needed to develop critical thinking, decision-making, and situational awareness skills with the ultimate goal of ensuring safe patient care. As faculty, we recognize that we are not consistently able to provide every student with living examples and situations in the actual hospital/clinical setting. This course, using human simulators, begins with simple care, tasks and decision-making and progresses throughout the semester to include scenarios requiring advanced critical thinking and communication. By the end of the semester, students are responsible for the care of complex patients with multiple physiological health problems and/or multiple patient situations. The poster presentation would highlight background information regarding the development of the course, the potential impact for our nursing graduates preparing to step into the working roles needed in our community as well as student feedback and outcomes since the inception of the course. The author is currently developing related research proposals as part of her pursuit of a PhD in Nursing degree.

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## Early recognition and management of maternal sepsis

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Septic shock is rare in pregnancy; however, sepsis remains an important contributor to maternal mortality. The perinatal patient can appear deceptively well before rapidly deteriorating to septic shock. There is a need for protocols regarding early recognition and management of maternal sepsis. The Surviving Sepsis Campaign developed guidelines to provide guidance for the clinician caring for patients with severe sepsis or septic shock. We evaluated compliance with early goal directed therapy before, during, and following the implementation of a standardized physician order set and interprofessional education for nurses and physicians in the perinatal setting. The systemic inflammatory response criteria were adjusted for consideration of the physiological effects of pregnancy to accurately screen for sepsis. A retrospective study included 97 patients screening positive for sepsis from April 2014 to January 2015. The indicators for early goal-directed therapy included drawing of lactate and blood cultures, administration of 30ml/kg crystalloid intravenous fluid bolus, additionally the administration of a broad-spectrum antibiotic to determine the effects of sepsis protocol. When comparing pre and post intervention in patients with sepsis, statistical significance was achieved for draw lactate ( $p=.029$ ), administering a broad-spectrum antibiotic ( $p=.006$ ), and drawing a repeat lactate ( $p=.034$ ). In patients with severe sepsis and septic shock, statistical significance was achieved for administering a broad-spectrum antibiotic ( $p=.010$ ). The importance of education and a perinatal sepsis protocol using a multidisciplinary approach can improve compliance with the sepsis bundles.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Law and order for nurses

**Lorie A Brown**

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**Introduction:** I developed up a 5 step system to empower nurses called GIFTS which is an acronym. When nurses use their GIFTS, they are able to speak their mind, stand in their power and be a change agent to improve patient care all while legally protecting their license

**Purpose:** The purpose of this program is to teach nurses how to use the GIFTS system so they can create a better work environment and increase their satisfaction which ultimately improves patient care.

**Relevance/Significance:** The GIFTS system is a viable solution that improves clinical care. It gives the nurse a decision making tool that will advance her practice, improve her satisfaction and improve patient care.

**Strategy and Implementation:** The GIFTS system is an easily remembered tool. Remember how SBAR changed how nurses communicate? The GIFTS system can do the same thing by giving nurses a context within which to practice. All their decisions and actions should be governed by the GIFTS. I have taught the GIFTS to thousand of nurses throughout the country by speaking, books, videos. Nurses love how easy it is to remember the system and the tools really have made a huge difference in their practice.

**Evaluation:** The GIFTS improve nurses' satisfaction and ultimately patient care. The GIFTS system help nurses practice safely because the decisions that are made using the GIFTS guide excellent patient care.

**Implications for Practice:** The use of the GIFTS allows nurses to speak their mind in a positive solution based way, stand in their power and be a change agent to improve patient care.

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## Health concerns of intimacy partner violence (IPV) among transnational marriage immigrant women in Taiwan: A thematic analysis

**Maya Ebrahimi Zanjani**

University of South Australia, Australia

Recruiting Overseas Qualified Nurses (OQNs) from developing countries has been practiced as a solution to the shortage of the nursing workforce in developed countries, such as Australia. The need for Qualified Nurses will increase due to increasing chronic diseases following an escalating ageing population. The transition of OQNs into developed countries' health care system is challenging and this group of nurses faces difficulties integrating into such systems. The common challenges reported in many studies are language barriers, cultural disparities and the lack of support in the work place. Among the many articles reviewing, criticizing and analyzing the experience of OQNs in the Australian hospital settings none examines how these group of nurses adjust into the Australian aged care settings. OQNs face different challenges in Residential aged care facilities (RACFs) due to different expectations compared to the hospital environment and the concept of residential aged care in nursing practice. Therefore, proposed research aims to identify the adjustment challenges and issues confronted by OQNs. It will investigate the individual, social, cultural and service-related factors that enable or hinder successful integration of OQNs into the Australian Health Care System (AHCS). The study is an exploratory and descriptive mixed method investigation and a quantitative and qualitative method. Quantitative questionnaire data are analyzed through SPSS and thematic analysis is applied to analyze qualitative data. Research findings and their implications for practice and future research will be discussed. This study will contribute new and unique insights to knowledge in relation to key factors influencing integration of OQNs into the AHCS and their adjustment into Australian society.

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# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Living with the *BRCA* gene-Experiences of women, husbands and relatives following diagnosis and bilateral risk reducing mastectomy up to 18 months post surgery

Nicola West

Cardiff University School of Health Care Sciences, UK

The *BRCA* gene and its implications have been at the forefront of the medical, nursing and media news especially since Angelina Jolie disclosed her status and her preventative surgery. Referral rates to breast care centers of women seeking surgery around the globe have increased substantially. Hereditary breast cancer accounts for approximately 5-10% of all breast cancers and women who have *BRCA* 1 or 2 mutations have an approximate lifetime risk of 60-85% of developing breast cancer and a 50-60% chance of developing ovarian cancer. As a result of these facts many women as opposed to screening, choose bilateral preventative surgery and in many breast care centers around the world, the care of such women is sub optimal or non-existent. Services are geared toward breast cancer patients. There is limited Qualitative research to help clinicians understand what it is like to live with the *BRCA* gene and the long term experiences of preventative surgery for the women, partners and relatives. This is required in order to meet the physical and psychological needs of such a group. This qualitative prospective Phenomenological study underpinned by Gadamerian philosophy therefore, included eight women with the *BRCA* gene who underwent bilateral mastectomy with reconstruction. Five husbands and five relatives also took part in the semi structured interviews. Women were interviewed pre- surgery and again at 6, 12 and 18 months. Husbands were interviewed pre and post-surgery and relatives on one occasion. Results yield rich data that have major implications for clinical practice.

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## Invigorating organizational culture and health care management

Sanchita Raghav

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Public health is the well-being of people. Its supervision is controlled by the state. Normalizing practices include building organizational culture that stimulates creativity and innovation. Health care quality system comprises of quality standards definition, parallel delivery of health care and these standards regulate to reinforce eminent standards of health care. Organizational culture directly affects during the analogous of health care and standards. Health care work environment stipulates corroboration, information disclosure and learning latitudes commend employment attitude and ethics, employee productivity and organizational adeptness. Creativity, innovation and health care culture's boundary physical, social, psychological and work latitudes should be semi permeable, satisfactorily confined in order to focus the energy of health care sector for achieving its mission, but satisfactorily liberal so that there is a robust exchange of ideas with its environment, thereby maintaining the efficient resonance and synergy between the two. This semi permeable boundary is the trait of healthy open system as it makes possible for the health care sector to get feedback from its environment for the purpose of fostering larger acclimatization. The determinants of health care structure are structure, strategy, support mechanisms and behavior that instigate innovation and open communication. These determinants influence the values, norms and beliefs which are directly proportional to creativity and innovation of individuals and groups. Health care work instigates organizational trust on employees work satisfaction and organizational commitment.

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### Notes:

# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## Cross-training medical/surgical nurses to pediatrics via simulation using unfolding scenarios: Effects upon teamwork

Shelley C Moore<sup>1</sup> and Susan MacArthur<sup>2</sup>

<sup>1</sup>Middle Tennessee State University, USA

<sup>2</sup>Maury Regional Medical Center, USA

This intervention research study included a cross-training of experienced Medical/Surgical Registered Nurses and Nursing Technicians using human patient simulation to learn care of pediatric patients. The study took place in a regional hospital in the Southern Middle Tennessee area. The purpose of the study was to educate Medical/Surgical nursing staff in caring for a pediatric population, necessitated by organizational restructuring, while studying the training's effect on teamwork. Participants were randomly assigned to either a control group or an experimental group. All participants completed a pretest regarding perceptions of teamwork before the intervention group underwent cross-training. Comparisons of teamwork were made between the control group and experimental group. The intervention was comprised of three hours of human patient simulation with a pediatric simulator. Unfolding scenarios included the infant with fever/dehydration and the child with asthma exacerbation. The intervention group was given a post-test regarding teamwork. Pre-test/post-test comparisons were made to determine if the simulation intervention made a significant difference in perceptions of teamwork. Anecdotal debriefing results included increased knowledge in caring for pediatric patients while at the same time enhancing collaboration between the newly merged staff and the Unit Educator. Both quantitative and qualitative data will be shared during the presentation.

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## A nurse-led long-term pelvic floor muscle training program in the management of female patients with overactive bladder

Xu Tuzhen, Sun Qihua, Huang Xiao and Iv Bodong

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**Aim:** To investigate the treatment outcomes of a nurse-led long term pelvic floor muscle training in relieving the symptoms and improving the quality of life in female patients with overactive bladder.

**Methods:** A total of 107 patients were randomized into two groups. The intervention group (n=54) received a 6-month nurse-led long-term pelvic floor muscle training program (three sessions a day, 15-20 times per session) and the control group (n=53) received usual care. All patients received 3-month tolterodine extended release tablets (5 mg-once daily). The treatment outcomes were measured by the Modified Oxford Scale (MOS), Overactive Bladder Symptom Score (OABSS) and the King's Health Questionnaire (KHQ) at baseline, 3 and 6 months respectively. A total of 46 patients in the intervention group and 45 patients in the control group completed the trial.

**Results:** The trial revealed statistically significant differences between groups in pelvic muscle strength at 3 months following the intervention ( $P<0.05$ ), but no significant difference was found between two groups in OABSS scores ( $P>0.05$ ). In regards to quality of life, the experimental group showed significant improvements compared to the control group on 6 of 10 domains ( $P<0.05$ ). At 6 months, there were significant improvements in OABSS scores and quality of life in the experimental group compared to the control group ( $P<0.05$ ).

**Conclusion:** A nurse-led long-term (6 months) pelvic floor muscle training program can alleviate OAB symptoms effectively and improve the quality of life more than a short term (3 months) pelvic floor muscle training program combined with solifenacin succinate tablets.

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# 12<sup>th</sup> Nursing and Healthcare Congress

October 03-05, 2016 Vancouver, Canada

## INDEX

Adetule O O	84	Marlene M Rosenkoetter	27
Alison Burton Shepherd	26	Mayumi Chikubu	86
Amado Patricia Kathryn	58	Mei Juan Cao	54
Amanda Jacobs	45	Mette Kjerholt	36
Anita Hunter	70	Michelle Finch	31
Anna-Clara Rullander	90	Ming-Huei Lu	60
Beth DeKoninck	34	Miyuki Komachi	61
Catherine O'Brien	59	Mona Ahlberg	71
Charlotta Sunnqvist	32	Nan Smith-Blair	21
Christine Pollock	29	Noemí Cuartero Monteagudo	94
Debbie McCarthy	69	Oscar R Reyes II	95
Elinor Nielsen	87	Paul Morrison	12
Eman Al Thaher	48	Reezena H Malaska	47
Emma Pagels Mardhed	50	Rena Boss-Victoria	76
Ewa Smoleń	53	Renae Lynn Dougal	62
Fang Yang	57	Renee Martin	65
Gunilla Hollman Frisman	88	Sandra Kundrik Leh	20
Hifsa Altaf	56	Sedighe Paksresht	91
Howard W Mielke	41	Sevgi Ozkan	74
Janine Farquharson	73	Sheena Simpson	96
Jennifer Elton David	40	Shu-Chen Hsing	81
Josephine Etowa	49	Sinem Göral Türkcü	78
Juliann Perdue	18	Sinem Göral Türkcü	83
Julio-Cesar de la Torre-Montero	75	Soo Hoo Soon Yeng	28
Kathryn A. Blair	22	Sooja Kim	80
Kimberly Adams Tufts	64	Sylvie Robichaud-Ekstrand	23
Kristin Schmidt	13	Sylvie Robichaud-Ekstrand	37
Leesuk Ferencsik	52	Tekleweini Welday Kidane	51
Lynda Olender	19	Terri Sullivan	72
Madeline Lassche	17	Wendy Laupu	24
Magfired Kasikci	35	Yu-Hsia Wang	82
Malene Missel	30	Yu-Hua Yan	79
Mami Onishi	85	Yu-Hua Yan	89
Maria Phillips	46	Yvonne Sawbridge	33

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