

POSTERS

Abstracts



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Paris, FranceNida Emel Gur et al., J Nurs Health Stud 2018, Volume: 3
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THE PERCEPTION OF QUALITY OF CARE AND JOB SATISFACTION OF NURSES WITH CUSTOM FIELDS AUTHORIZATION CERTIFICATE

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Nursing is a discipline designed to protect and improve individuals' health first, and to improve them in case of illness. The desire to provide health care services has enabled this profession to emerge. It is a very complicated process, such as careful attention to the psychological and physical integrity of care, sick or healthy people, and the provision of a lot of support to address health needs. In clinical practice, it is considered that the efficiency of the nursing profession, and there for the quality of the health care provided by the nurses, will increase as it will increase the job satisfaction of the nurses by providing them with the certificate of the private domain authorization certification in other words. Move from this point; this research was carried out in order to determine the care quality perception and job satisfaction of the nurses with the special area authorization certificate. The sample of the study consisted of 130 nurses with a special domain authorization document serving in a university hospital and 170 nurses without special domain authorization certificates. According to the results obtained, it was seen that the nurses' attitude scale and the Minnesota job satisfaction scale were higher for the nurses who have certificates than nurses who did not have this certificate. In addition, there was a positive relationship between the total scores of total satisfaction and total care behaviors of the nurses with special domain authorization certificates

Biography

Nurten Kaya has completed her PhD from Istanbul University. She worked at Florence Nightingale Faculty of Nursing, Department of Fundamentals of Nursing from 1993 to 2013 and she has worked at the Health Sciences Faculty since 2013. She has published more than 75 papers in reputed journals and has been serving as an Editorial Board Member of *repute*. Her areas of interest are intramuscular injection, complementary therapy, nursing informatics, nursing theories and models, nursing process and nursing care. She has book chapters and other publications on Fundamentals of Nursing and she is Leader of statutory research projects. She is Member of Turkish Nurses Society, Nursing Education Society, and Graduates Florence Nightingale School of Nursing Society

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THE TURKISH ADAPTATION OF THE STUDENTS ATTITUDES TOWARDS ADDRESSING SEXUAL HEALTH QUESTIONNAIRE (SA-SH)

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Aim: The aim of this study is to determine the reliability and validity of the Turkish version of the students' attitudes towards addressing sexual health questionnaire (SA-SH).

Method: This methodological study was conducted in two stages. In the first stage, the language adaptation of the scale to Turkish was performed via back-translation. To evaluate content validity, the scale was reviewed by nursing faculty members who were experts in sexual health. The content validity index was calculated based on these experts' opinions. In the second stage, the reliability of the scale was evaluated. From January 2018 to March 2018, 292 nursing students who volunteered to participate in the study. At this stage, test-retest reliability, Cronbach's alpha coefficient and item-total correlations were evaluated. The construct validity of the scale was done using confirmatory factor analysis.

Results: The content validity index of the Turkish version of the questionnaire ranged from 0.76 to 1.00 and was found to be high. Cronbach's Alpha coefficient was 0.89. Removal of item 11, 12, 14, 16, 17, 18, 20 and 22 would have improved alpha to 0.91. It was observed that the item-total correlation values of the items changed between 0.24 and 0.75. As a result of the factor analysis, the questionnaire was collected under 3 factors. Test-retest intraclass correlation coefficient was 0.83.

Conclusion: The results of this study determined that the Turkish adaptation of the students' attitudes towards addressing sexual health questionnaire was valid and reliable and could be used in nursing research and practice in Turkey

Biography

Nuray Turan has completed her PhD from Istanbul University, Institute of Health Sciences. She works at Istanbul University Florence Nightingale Faculty of Nursing, Department of Fundamentals of Nursing since 2005. She was appointed as an Assistant Professor at the same institution in 2013 and is still working in the same position at the Department of Fundamentals of Nursing. She graduated from Istanbul University, Florence Nightingale School of Nursing, Turkey. Her areas of interest are nursing care, wounds care, nursing process, simulation, intramuscular injection, complementary therapy, nursing informatics. She worked as a Researcher in the Scientific and Technological Research Council of Turkey on The Reliability of Site Determination Methods in Ventrogluteal Area Injection and The Depth of Needle Penetration in the Ventrogluteal Intramuscular Injection Site of Adults According to the Gender and Body Mass Index. She took part as an Executive and Researcher in the Scientific Research Project Unit at Istanbul University. She has many parts in various books as an Author. She has been as a Speaker and Participant in many national and international scientific activities (congress, symposium, courses etc.) related to fundamentals of nursing. She also has various congress awards. She is a Member of Turkish Nurses Society, and Nursing Education Society.

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A NOVEL STATISTICAL TOOL FOR PREDICTING URINARY INCONTINENCE IN CLINICAL PRACTICE

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Decision-makers, and even patients, want to know in advance what will happen to their health. There are various developed statistical models in this regard. The nomogram is one of these models, and it generates a graphical solution in order to calculate disease outcome probabilities on an individual basis. Prognostic factors of individual patients can be addressed and the results can be easily calculated by using the nomogram. The aim of this study is to develop a nomogram for predicting urinary incontinence. This nomogram developing study was conducted on 95 patients with urinary incontinence and 126 patients without urinary incontinence. Demographic and clinical characteristics were collected; also patients filled Urogenital Distress Inventory-6 (UDI-6). The effect of probably prognostic factors on urinary incontinence were investigated by using the univariate statistical tests and multivariate logistic regression analysis and then based on these data, a nomogram model was developed for predict urinary incontinence. Model validation and calibration work was done. Among the independent prognostic factors that were entered to the multivariate logistic regression model, 4 variables (age, body mass index, waist circumference, and smoking) were found significantly. These variables entered to the nomogram model, however, body mass index was deleted from the model in the validation process (Chi-square=0.36, df=1, p=0.546). As a result of the 1000 bootstrap replication that were made for the validity of the model, three variables "age (p<0.001), waist circumference (p<0.001), and smoking (p=0.001)" were included in the final model. The c-index value for the validated model was found to be 0.989. The mean absolute error for the model calibration was 0.007. A novel nomogram that was developed in this study can be use in clinical practices for predicting of urinary incontinence.

Biography

Necdet Sut has completed his PhD from Istanbul University. He is Chief of the Department of Biostatistics and Medical Informatics, Trakya University, Medical Faculty. He has published more than 200 papers in reputed journals and has been serving as Biostatistics Editor of repute

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PERCEPTION OF NEPOTISM IN HEALTH CARE WORKERS

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Introduction: The concept of nepotism is much unknown but, many health care workers are directly or indirectly exposed to nepotism in everyday life. Being a health care worker is hard because of long education process and back breaking work conditions. Over time, every individual who works wants to climb their career steps in line with their goals. However, exposing to nepotism makes achieving the desired targets difficult.

Materials & Methods: In this article, the concept of nepotism is explained and literature and research findings about the existence of nepotism in health workers are examined.

Findings: The nepotism is defined as comparing and contrasting a particular individual, cluster, thought or practice with another and making a choice between them without being objective in Turkish language society's dictionary. Also, nepotism in public service is protection and support by illegal and unfair acts to someone whom the management feels them close to themselves. There are no direct investigations to determine the presence of nepotism within the health care system but it is seen that the researches are conducted to determine the relationship between organizational commitment and nepotism. As the applications of nepotism increased, it was realized that institutional commitment decreased. One of the most common manifestations of nepotism is injustice. The unfair attitude of institution to assignment, promotion, and appointment causes increase work stress, decrease performance, decrease job satisfaction of workers, and make them leave their work. In this scope, nepotism has many negative consequences such as many sociological, psychological and economic consequences. The application of nepotism should not be included in institutions.

Conclusion & Discussion: Avoiding from nepotism in an institution affects health care, workers career develop positively and this situation causes to increase in number of happier, successful, motivated, professional and organizationally committed health care workers, faction and total care behaviors of the nurses with special domain authorization certificates.

Biography

Nurten Kaya has completed her PhD from Istanbul University. She worked at Florence Nightingale Faculty of Nursing, Department of Fundamentals of Nursing from 1993 to 2013 and she has worked at the Health Sciences Faculty since 2013. She has published more than 75 papers in reputed journals and has been serving as an Editorial Board Member of repute. Her areas of interest are intramuscular injection, complementary therapy, nursing informatics, nursing theories and models, nursing process and nursing care. She has book chapters and other publications on Fundamentals of Nursing and she is Leader of statutory research projects. She is Member of Turkish Nurses Society, Nursing Education Society, and Graduates Florence Nightingale School of Nursing Society

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THE FACTORS WHICH AFFECT THE SATISFACTION OF DIABETIC CHILDREN AND CAREGIVERS WITH HEALTH CARE SERVICES

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Objectives: This research was done cross-sectional descriptive type with the aim: how to evaluate children and their caregivers, endocrine polyclinic of a university hospital to determine the factors influencing satisfaction with polyclinic.

Methods: The population and sample of study included the children and their caregivers who resort to the child health and diseases department, endocrine diseases department polyclinic of a university hospital (N=150). The data was collected by using child and caregiver information form, pediatric quality of life questionnaire (PedsQL), Burden interview (BI), service satisfaction in health institutions scale (SSHIS) and evaluated by IBM SPSS statistic 21 program.

Findings: The children's PedsQL score was 86.00 (SD=13.68), SSHIS score was 84.23 (SD=21.34); the caregivers' SSHIS score was 84.55 (SD=21.83), BI score was 38.91 (SD=11.13). 55.3% (n=83) of the children were female, 54% (n=81) were between 13-18 age group, 47.3% (n=71) were between 18.60-24.99 kg/m² body mass index class, 73.3% (n=110) were the diabetes patient for 25 month, 98% (n=147) were still student, 85.3% (n=128) didn't have an extra disease. 76.7% (n=115) of the caregivers were female, mean age was 40.00 (SD=8.22), 93.3% (n=140) of them were married, 52% (n=78) graduated from secondary school, 63.3% (n=95) were housewife, 73.3% (n=110) were the mother of the child as caregiver, 63.3% (n=95) had economic balance, 98% (n=147) had social security, 80% (n=120) didn't continuously work at any job. Personal variable of the child and caregiver didn't effect service satisfaction. On the other hand, there were statistically significant relationships between quality of life scale for children and caregivers burden scale scores and service satisfaction scale scores.

Conclusion: Service in health care institutions should be organized by taking into account the individual's life quality and the burden of caregivers

Biography

Nuray Turan has completed her PhD from Istanbul University, Institute of Health Sciences. She works at Istanbul University Florence Nightingale Faculty of Nursing, Department of Fundamentals of Nursing since 2005. She was appointed as an Assistant Professor at the same institution in 2013 and is still working in the same position at the Department of Fundamentals of Nursing. She graduated from Istanbul University, Florence Nightingale School of Nursing, Turkey. Her areas of interest are nursing care, wounds care, nursing process, simulation, intramuscular injection, complementary therapy, nursing informatics. She worked as a Researcher in the Scientific and Technological Research Council of Turkey on The Reliability of Site Determination Methods in Ventrogluteal Area Injection and The Depth of Needle Penetration in the Ventrogluteal Intramuscular Injection Site of Adults According to the Gender and Body Mass Index. She took part as an Executive and Researcher in the Scientific Research Project Unit at Istanbul University. She has many parts in various books as an Author. She has been as a Speaker and Participant in many national and international scientific activities (congress, symposium, courses etc.) related to fundamentals of nursing. She also has various congress awards. She is a Member of Turkish Nurses Society, and Nursing Education Society

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IS URINARY INCONTINENCE CORRELATED WITH ANTHROPOMETRIC MEASUREMENTS?

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The relationship between continence mechanism and the various anthropometric measurements has not been fully delineated. The aim of this study is to investigate the relationship between anthropometric measurements and urinary incontinence. 193 patients who applied to the urogynecology and obstetrics clinic of a university hospital between the age of 25 and 60 were included. Age and anthropometric measurements of the patients were collected; also Urogenital Distress Inventory-6 (UDI-6) was filled by patients. Urinary incontinence status of the patients was assessed by using the UDI-6 scores. Multiple regression analysis and partial correlation analysis were used to investigate the relationship between anthropometric measurements and UDI-6 scores. Average age of the patients was 35.6 ± 8.6 , ranging from 25 to 60. The age ($p < 0.001$) and waist circumference ($p < 0.001$) were found significantly factors on UDI-6 total score among the four variables (age, BMI, waist circumference, and abdominal circumference). There was found significantly correlation between waist circumference and UDI-6 total score ($r_{\text{partial}} = 0.563$; $p < 0.001$) according to the results of the age adjusted partial correlation analysis. Urinary incontinence is correlated with waist circumference. When the waist circumference increases independently from the age, urinary incontinence too increases. For this reason, the recommendations in order to weight loss around the patient's waist circumference seem to be clinically rational as a starting therapy for urinary incontinence.

Biography

Hatice Kahyaoglu-Sut has completed his PhD at the age of 33 years from Trakya University. She is the chief of the Department of Gynecology and Obstetrics, Trakya University, Health Science Faculty. She has published more than 25 papers in reputed journals.

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CURRENT APPROACHES TO SUBCUTANEOUS INJECTION

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Introduction: Subcutaneous injection is one of the most commonly used methods of parenteral drug administration by nurses. For this reason, the change in the manner of preparation of some medicines requires learning new information about the application.

Materials & Methods: In this article, the literature and research findings related to the application of subcutaneous injection and the significance of the subject were discussed and offers for application were presented.

Findings: Insulin, heparin, some narcotics and allergy drugs are frequently administered by subcutaneous injection. However, one of the common problems in this method is that the given drug is leaking out of the skin. Particularly in subcutaneous injections, the amount of drug, the rate of drug delivery, the site to be administered, the inlet angle of the needle, and the waiting time after administration are effective in preventing the drug from leaking back. In the literature, it is seen that for insulin application, there is less leakage in application to the abdominal region, the rate of drug delivery does not affect the amount of leakage, and the amount of leakage increases as the volume of drug given increases (over 0.8 cc). The thickness of the tip of the needle which is used in the injection does not affect the leakage, but the inlet angle of 450 causes more leakage than the inlet angle of 900. After the subcutaneous injection, usually 10 seconds waiting period was suggested, but the current information indicates that at least 3 seconds should be waited. One of the common drugs is heparin which is applied as subcutaneous injection. Heparin injections are now available for application. Studies in the literature of heparin injections are made with low molecular weight heparins, and studies show that the duration of the drug administration is related to prevention of pain and ecchymosis after injection. Low molecular weight heparin is usually applied to the abdominal region, and rotation is recommended between other subcutaneous injection sites for long-term use. When the injection duration is more than 10 seconds, it is seen that the pain is less and the hematoma size is not changed after 48 hours and beyond. It is considered that ice application is effective before injection application, but there is no advanced evidence. Especially aspiration is not recommended during insulin and heparin administration.

Conclusion and Discussion: As a result, scientific researches about subcutaneous injection applications are increasing day by day. Updating existing literature data in this context will contribute to increase the quality of nursing care

Biography

Nuray Turan has completed her PhD from Istanbul University, Institute of Health Sciences. She works at Istanbul University Florence Nightingale Faculty of Nursing, Department of Fundamentals of Nursing since 2005. She was appointed as an Assistant Professor at the same institution in 2013 and is still working in the same position at the Department of Fundamentals of Nursing. She graduated from Istanbul University, Florence Nightingale School of Nursing, Turkey. Her areas of interest are nursing care, wounds care, nursing process, simulation, intramuscular injection, complementary therapy, nursing informatics. She worked as a Researcher in the Scientific and Technological Research Council of Turkey on The Reliability of Site Determination Methods in Ventrogluteal Area Injection and The Depth of Needle Penetration in the Ventrogluteal Intramuscular Injection Site of Adults According to the Gender and Body Mass Index. She took part as an Executive and Researcher in the Scientific Research Project Unit at Istanbul University. She has many parts in various books as an Author. She has been as a Speaker and Participant in many national and international scientific activities (congress, symposium, courses etc.) related to fundamentals of nursing. She also has various congress awards. She is a Member of Turkish Nurses Society, and Nursing Education Society.

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BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA MANAGEMENT IN NURSING HOMES : RESULTS FROM A TRAINING PROGRAM

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University of Valencia, Spain

Behavioral and psychological symptoms of dementia exacerbate the suffering of the person with cognitive impairment and their social and family environment, being to this day one of the leading causes of institutionalization of an elderly person. Every day, more professionals emphasize the importance of non-pharmacological methods as first-line treatment to intervene in this type of behavior disorders. However, when working in a residential area, one of the problems we usually find in applying such methods is that most professionals of the institution have little training in behavioral disturbances and such kind of interventions. A training project was launched for direct care professionals (nurses) in SPCD management in residential settings.

The design of the training program was based on the main theoretical and practical aspects to intervene on the most prevalent behavioral alterations in residential settings. The training was divided into three sessions of two hours each.

The project has been given over three years to a total of 173 people in 14 different centers. Pre and post intervention results are discussed

Keywords- Dementia. Training needs. Behavioral disturbances Nursing homes. Professional carers

Biography

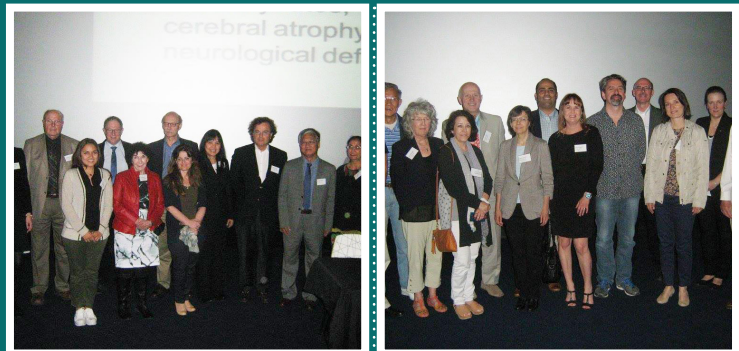
Sacramento Pinazo-Hernandis (PhD), is professor in Social Psychology Department at University of Valencia. She is a trainer of professionals who work in the field of care for the elderly. She is Vicepresident of Spanish Society of Gerontology and Geriatrics

Carolina Pinazo-Clapés is a doctoral student at University of Valencia. She is developing her doctoral thesis in the field of the care of elderly people, specifically in the management of behavioral problems

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QUALITY IMPROVEMENT PROJECT ON INITIATION OF EARLY SKIN TO SKIN CONTACT AND BREASTFEEDING AT BIRTH AMONG BABIES BORN BY CAESAREAN SECTION

Arti Maria

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Background: WHO recommends early initiation of breast feeding (EIBF) by one hour after birth followed by exclusive BF until six months. EIBF reduces neonatal and infant mortality rate through achieving higher rates of sustained exclusive BF. Rates of exclusive BF are at best about 50% sustainability is a problem. EIBF rates are only 41% in India although 80% of the deliveries are institutional (Data source: NFHS4, 2015-16). Immediate/early skin to skin contact (SSC) at birth is core to achieve EIBF. Caesarean section (CS) accounts for 20-30% of all institutional deliveries. BF rates at 6 months after CS are decreased compared to after vaginal deliveries (VD). However 6 month BF rates are similar for CS and VD if EIBF is achieved among CS. It is true that SSC and EIB fare virtually non-existent among CS babies. It was hypothesized that achieving SSC among CS may impact improvement in BF rates.

Method: QI team was formulated consisting of doctors and nurses. The eligibility criteria are mother under spinal anaesthesia, baby who does not require resuscitation at birth, a tool was made to collect the baseline data on 7 consecutive CS over 2-3 days, after analysing the data, it was showed that no initiation of SSC and EIBF was done at the time of birth in caesarean section

Aim Statement: To increase rates of early initiation of SSC and breastfeeding from 0% to 80% in 8 weeks (4/5/17 -4/7/17)

Conclusion: Skin to skin contact at birth and early initiation of breast feeding following caesarean births was possible through collaborative effort anaesthetic, obstetric as well as the neonatal team. It is feasible, safe and achievable in most cases where mother received spinal anaesthesia and baby did not require resuscitation at birth. It requires deliberate and proactive efforts on part of the team to achieve this. It is necessary that mothers are counselled and communicated beforehand so as to be prepared to initiate SSC at birth in operating room. A standardised counselling template in local language was developed and found useful for this purpose. The challenge that remains is to be overcome the logistic and HR issues involved to achieve uninterrupted SSC for at least one hour or until the baby has initiated direct BF.

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DETERMINATION OF THE PERCEIVED LEVEL OF LONELINESS AMONG THE ELDERLY RESIDENTS OF A SPECIFIC REGION

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Introduction: While loneliness could be relevant to all age groups, loneliness particularly represents a problem among the elderly people. Loneliness may also play a role in the etiology of physical and mental health problems in the elderly. It may psychologically affect the level of happiness and well-being of the individuals.

Objective: The present study was conducted to find out the perceived level of loneliness among the elderly people.

Methods: The participants in this descriptive, cross-sectional study were 110 volunteer elderly individuals aged 65 years and above, who resided in Gazi Mağusa Maraş region. Introductory Information Form, which included questions to obtain background information on the elderly individuals, and Loneliness Scale for the Elderly were used to collect data. Statistical analyses were performed using t-test and one-sided variance analysis.

Results: Introductory information collected from the elderly individuals showed that 58.2% of them were in 65-74 years age group, 61% were illiterate, 69.1% had lower income than their expenses, and 63% were married. Mean total score of the loneliness scale for the elderly was 12.45 ± 4.48 (minimum-maximum; 0-22), which indicated that elderly individuals were in an acceptable level of loneliness. Total scores of loneliness scale for the elderly did not significantly differ based on the elderly individuals' introductory information.

Conclusion: In light of findings, the present study suggested that the elderly people were in an acceptable level of loneliness. Since there are a limited number of field studies that investigated loneliness among the elderly, which remained under-researched, we recommend that more comprehensive studies should be carried out

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INCORPORATING SOCIAL MEDIA INTO NURSING RESEARCH THROUGH VISUAL ABSTRACTS

Catherine Harris

Thomas Jefferson University, USA

The purpose of this talk is to educate nurse practitioners (NP) about the importance of translating scholarly work into a visual abstract to better communicate with the general public and the media. It is vital that nurse practitioners share their knowledge and expertise with our patients and communities. There is a dearth of literature on this topic. However, it is an important topic to discuss and to encourage. There is some evidence of this topic being taken up in medical journals. More than 25 journals, organizations and institutions have become early adopters of the visual abstract and have incorporated its strategy in disseminating research to the public. No nursing organizations or journals were on this list of early adopters. Nurse Practitioners need to incorporate visual abstracts to disseminate scholarly research and findings to better communicate with the general public and media. Nurse Practitioners need to make sure their work and scholarship is accessible to the general public. By repurposing NP scholarship into social media bites, the public can become more aware of the important work that is being pursued by NPs. Every NP who writes for publication should create a visual abstract to translate their work for use by the media and general public

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INFLUENCE OF OPIOID CRISIS ON PRESCRIPTIVE IN SICKLE CELL PATIENTS

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An estimated 100,00 Americans are affected by sickle cell disease (SCD), resulting in more than 200,000 emergency room visits for vaso-occlusive painful episodes. Despite the considerable amount of pain experienced by individuals with SCD, health-care providers may have misunderstandings that lead to SCD pain being under-treated. The purpose of this integrative review is to determine if there is a correlation between the opioid crisis and how providers treat sickle cell disease pain by evaluating the degree to which providers follow accepted therapy guidelines. The articles for this integrative review were searched in Cumulative Index of Nursing and Allied Literature (CINHAL), Google Scholar, PubMed, Ovid MEDLINE, and Nursing Allied Health Collection, using terms such as Sickle Cell disease, opioid epidemic, prescriptive practice, provider attitudes and sickle cell pain. Inclusion criteria were articles from 2013 to 2018, peer-reviewed articles and English language only. The articles were selected if they are related to patient or provider perspective of SCD as well as patterns of opioid use. The articles included were qualitative and quantitative as well as mixed method studies which link to the research question. Results of this review suggest that there is a correlation between the opioid crisis and provider treatment of SCD pain. However, due to lack of objective criteria, it is difficult to determine if providers are following guidelines at all times

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THE IMPACT OF A SERVICE IMPROVEMENT PROGRAM IN A WELL-ESTABLISHED RIG SERVICE

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The placement of RIGs (Radiologically Inserted Gastrostomies) has been a common practice in the United Kingdom for more than 30 years and used as a strategy for long term feeding requirements. They are well-established mean of supporting the nutritional requirements of cancer patients who suffer, or are at risk, of dysphagia due to malignancy or cancer treatment. However, they are not without risk. Following review of the RIG service, which identified major and unnecessary complications, a lead nurse for gastrostomies devices was appointed, with the aim of improving patient experience and reduces complication rates. Subsequently, a service improvement program (SIP), described below, was created and implemented in order to achieve that: update and development of policies and protocols, development and implementation of a gastrostomy care bundle pathway, development of knowledge in gastrostomy care amongst nursing staff via formal teaching sessions and by encouraging and motivating attendance, clinical assessment of patient and RIG care teaching, within 24h following insertion, and via telephone clinic at week 1 and week 2, lead nurse who acts as a senior figure, ensures constant provision of effective, high quality care, and is available for trouble-shooting, support and advice. Following implementation of the SIP, a retrospective observational study over a two year period divided in two time points (Time 1 – previous to SIP, Time 2 – following SIP) was done, showing: the overall incidence of complications decreased, and events such as bleeding or tube being inserted incorrectly, which are considered serious and major complications, were not noted in Time 2, contrary to Time 1. The overall incidence of complications decreased, specifically late complications, falling from 24% to 15%. The percentage of patients without any type of complications up to 30 days post insertion increased from 74% to 83%

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THE ROLE OF THE FERTILITY NURSE SPECIALIST

A F Steyn

CRGH, RCN Fertility Nurses Forum UK

The presentation aims to outline the role of the fertility nurse specialist and fertility support staff/healthcare assistants. In the UK, the fertility nurse plays a critical role in the fertility treatment journey that a patient may undergo. Fertility services are provided in a number of centres including gynaecology clinics in larger hospitals, small satellite fertility centres and large private fertility clinics. The presentation will cover the following: the fertility nurses role in pre-conception care, focusing on the patient at the start of their journeys, senior fertility practitioners leading nurse led services, including managing specialist programmes such as surrogacy and preimplantation genetic diagnosis (PGD), fertility nurse sonographers, advanced fertility nurse practitioners performing procedures including egg collections, fertility nurses supporting the patient throughout their journey, fertility nurses providing basic counselling, named nursing for fertility patients, feedback from patients on the nursing care that they have received, the importance of the fertility nurse being part of the multi-disciplinary team in the decision making and management of fertility patients, fertility nurses taking on extended roles such as management and quality and compliance, the role of the fertility healthcare assistant/support worker (non-qualified members of the team), fertility nurse specialist leading small satellite fertility clinics/centres, continuing professional development (CPD) for fertility nurses, outlining the annual training and courses available. The Royal College of Nursing Fertility Nurses Forum supports the education and career development of all fertility nurses and fertility healthcare assistants within the UK. As a steering committee member of this forum, I have recently co-authored a publication that aims to provide a framework for all fertility nurses and healthcare assistants for competency and career development. This framework covers all areas of fertility nursing from junior levels to advanced practitioners

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RESILIENCE AND MENTAL WELLBEING

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The aim of this paper was to identify and analyse key factors, which influence employee mental health and wellbeing. Besides, in this paper we analyse how mental health and wellbeing influences employee performance and productivity. We also look at how physical health including physical indicators such as blood pressure, cholesterol, BMI and glucose levels are related to wellbeing effecting energy levels, resilience and daily productivity. We also confirm the association between resilience and job satisfaction. We also look at how these patterns intersect influencing mental health and wellbeing. A model of relationships with work engagement, resilience, sleep, work related stress, employee support and development, emotional stress and physical health were demonstrated in the expected directions. This paper presents these findings and makes recommendations

Conclusions: Employee's wellbeing significantly strengthened the relationship between employee engagement and performance. Supporting employees in managing their health and wellbeing is mutually beneficial to the company, their employees and their families.

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TO DETERMINE THE PREVALENCE OF PRETERM BIRTH AND ITS ASSOCIATED FACTOR IN JIMMA UNIVERSITY SPECIALIZED TEACHING AND REFERRAL HOSPITAL SOUTH WEST ETHIOPIA, 2015

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Background: Being born before 37 weeks gestational age or before 259 days since the first day of a woman's last menstrual period is defined as preterm birth according to the WHO. Being born too early is now the leading cause of death in children around the world and is responsible for 1 million out of the 6.3 million deaths of children fewer than 5 in 2013. Greatest burden is felt in developing countries.

Objective: To determine the prevalence of preterm birth and its associated factor in Jimma University specialized teaching and referral hospital South West Ethiopia 2015.

Methodology: Institution based, cross sectional study was conducted to assess the prevalence of preterm birth and association factors among mothers who gave births in Jush from May' 25 to Jun' 25, 2015. The final sample size was being 220 mothers selected by systematic sampling technique were being employed to select study participants. Data was being collected through face to face interview using structured questionnaire. The collected data was being coded, sorted and processed using manual compilation and analyzed using descriptive parameters (SPSS version 16.0) and other electronic devices.

Result: The prevalence rate of preterm birth was 25.9%. Rural place of residency (OR=2.281, CI: (1.22-4.263), P=0.010), substance intake during pregnancy (OR=0.530 CI: (0.281-0.998), P=0.049), history of abortion (OR=0.282, CI: (0.14-0.565), P=<0.001), history of the still birth (OR=0.213, CI: (0.103-0.441), P=<0.001), history of preterm labor (OR=0.206, CI: (0.108-0.393), P=<0.001), pre-mature rupture of membrane (OR=0.255, CI: (0.134-0.483), P=<0.001), history of bleeding during pregnancy (OR=0.216, CI: (0.11-0.423), P=<0.001), UTI during pregnancy (OR=0.488, CI: (0.243-0.981), P=0.044), hypertension during pregnancy (P=0.003), history of twins delivery (OR=0.239, CI: (0.085-0.677), P=0.007), history of low birth weight (OR=0.085, CI: (0.04-0.18), P=<0.001), history of preterm birth including the current (OR=0.005, CI: (0.002-0.018), P=<0.001) were determined as significant risk factors for preterm birth.

Conclusion & Recommendation: Identifying pregnant women at the risk of preterm delivery and providing quality healthcare, further researches should be performed to find out other possible factors.

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Recent Publications

1. Bekele I, Demeke T, Dugna K (2017) Prevalence of Preterm Birth and its Associated Factors among Mothers Delivered in Jimma University Specialized Teaching and Referral Hospital, Jimma Zone, Oromia Regional State, South West Ethiopia. *J Women's Health Care* 6: 356. doi:10.4172/2167-0420.1000356
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5. Adherence to infection prevention and its factors among nurses in jimma university medical center manuscript accepted.

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THE DEVELOPMENT OF ANP LED PICU RETRIEVAL SERVICE, 15 YEARS ON

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The first Advanced Nurse Practitioner (ANP) Led Paediatric Intensive Care (PIC) programme started in Europe in 2003 at Evelina London Paediatric Intensive Care (PIC), which is part of Guy's and St Thomas' NHS foundation Trust. Experienced PICU nurses are trained to become independent ANPs in the management of critically ill children, both in PICU and on retrieval. Training includes advanced clinical assessment, advanced procedural skills, communication and leadership skills. Since training commenced, 14 ANPs have qualified at Evelina London, four are currently in training. Over 50 nurses across the UK have completed this programme. On average, training takes between two and three years. At Evelina London, ANPs undertake approximately 50% of all retrievals, this is largest percentage of ANP led PIC retrievals in the UK. ANP stabilisation times have reduced since commencement of this service, Doctor led (Fellow) stabilisation times remain unchanged. ANP led retrievals have the lowest rate of critical incidents. The investment in developing ANP led PIC retrievals has resulted in a high quality and resilient service. The ANP role has been further developed since its inception, areas such as skills assessment and maintenance have been refined as well as the role structure within the senior nursing team. The ANP role has also added value both in Evelina London and the regional network. PIC ANPs lead the Clinical Outreach Service at Evelina London and provide outreach to the network hospitals within South Thames region. They also teach locally, regionally and nationally. Each ANP is linked to a District General Hospital and works with the Link PIC Consultant to provide multidisciplinary training. As a result, consistent high level quality care is provided to critically ill children within the region, wherever they are managed.

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KEEP CALM AND DEPRESCRIBE: THE ART OF DEPRESCRIBING IN THE ELDERLY

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As patient ages, the medications they take can sometimes cause more harm than good even though medications they have tolerated well for many years. As the population ages it is more important than ever to become familiar with the adverse effects associated with commonly prescribed medications. This presentation will serve to educate providers about this commonly prescribed medication, the adverse effects they cause, and how to best manage these conditions when the “offending” medication is removed.

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STEPPING STONES TO EMPLOYABILITY FOR DISTANCE LEARNERS

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Employability from health professions programmes is generally considered to be high; yet, one should not forget the complex notion of employability. In general, programmes aim to make students employable with a clearer understanding of graduate skills. Yet this is not always visible to students and so their ability to tap into this when required is not maximised. This is further exaggerated with students who are undertaking courses via distance learning. Although distance learning offers a chance to work and learn at the same time that is flexible to them and suits their personal needs, there is conflict between being a student whilst also working as an employee. For these students, employability is a conundrum which needs to be understood in a far more inclusively nuanced way. The voices of part-time distance learners need to be heard by policy makers and should inform open universities' continuing efforts to enable vulnerable and marginalised learners to access Higher Education.

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EMERGENCY NURSING CARE

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Education: The ER nurse has a role in the patients and family education, despite the rush and the lack of time, the ER nurse must educate and make sure the patient has understood everything before he leaves the hospital. Some of them are not using the primary care for different reasons, and leave them without follow up. So it is important to make sure they understand what happened and the consequences of their illness. As much the chronic disease like diabetes, than the acute patients like head trauma. Plus it reduces the stress level of the patient, and he becomes an operator in his own health. The ER nurse will become a safety advisor in any circumstances and promote wellness.

Personal skills: An ER nurse requires few skills. As she will deal with a wide diversity of illness and injuries, and a wider diversity of individuals, coming from different backgrounds, with different culture. They will need to adapt to each one, at their level. They will be exposed to difficult situations as the death, life threatening emergencies, psychiatric decompensation, etc... So they need to stay focus despite the pressure. Stress is the daily basis in the ER, and every second count, so time management is a key as well. The ER nurse needs to think fast, focus, be multiple tasking, all of it while staying compassionate.

Prioritise: One the main skills required as a ER nurse is to prioritise. The work can easily comes from everywhere at the same time, and it can happen to have more than one life threatening emergency at once (Mass casualties accident for example). But remember, there is only one that comes first. The triage nurse has only few minutes to assess patients, collect the medical history and to determinate if the urgency of the patient. They will need to anticipate and find out the nearly unstable patient. So they need to make rapid decisions.

Welcome: The ER nurse is on the frontline, they welcome the patients and their families. They give the first impression to the people who comes in. This is a very important task and responsibility to welcome individuals at the hospital. They transmet his values. Especially in a new economic system, where health system becomes a business, and care providers promote their employers and their morals.

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GROIN DRESSING POST CARDIAC CATHETERIZATION: TRADITIONAL PRESSURE VS. TRANSPARENT FILM

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Post cardiac catheterization puncture site care is usually done with a tight pressure dressing in many institutions and cardiac centers due to the belief that it should prevent the bleeding. This practice is uncomfortable to the patients. Nurses have also described difficulty in assessing the sheath insertion site in the groin when a pressure dressing is in place. A new way of dressing using transparent film dressing (TFD) has approved and rated better with regard to: comfort, less pain, decrease hematoma formation and facilitates nurses' assessment of puncture wound site after femoral sheath removal. The aim of this study was to determine the efficacy of using a small transparent non pressure dressing compared with the traditional controlled pressure dressing applied to the femoral artery puncture wound to maintain haemostasis with respect to 3 outcomes: patient satisfaction, bleeding or hematoma formation, and ease of nursing assessment of the groin puncture site after the procedure. 80 post cardiac catheterization patients were randomized to have their groins dressed either with pressure dressing or TFD. 100% in TFD group vs. 55% in pressure dressing group reported feeling very comfortable (p -value=0.003). Hematoma formation was equal in the two dressing groups with no incidence of bleeding complications. Nurses rated the ease of assessing the groin significantly higher for TFD than for pressure dressings (p -value=0.000). Dressing of the puncture site after cardiac catheterization with TFD was more comfortable than the conventional pressure dressing without any difference in hematoma or bleeding complications.

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MEDICATION MANAGEMENT IN TERTIARY CARE HOSPITALS

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Medication management is one of the vital parts of patient care. Medication errors occurring most commonly in the area of prescribing, dispensing or administration. Research from the USA suggests that medication errors often result from lack of sufficient information during the prescribing stage. Other work from the USA has estimated that each adverse drug event costs \$2000–2500. Medication management includes Prescription, Medication Reconciliation, Transcription, and Appropriateness review, Dispensing, Administration, Monitoring and Discardation of medications. Doctor follows the prescription writing rules, Pharmacists follows storage and Dispensing rules and Nurse follow the six rights of administration which is result in better outcomes of patient care. High alert drug management is also very important for patient safety. Effective medication management and involvement of pharmacists in process can reduce the patient's medication cost and over all reduce the stay of patient in hospitals. Appropriateness review is most important for prevention of medications errors. Effective review process in tertiary care hospitals can significant reduce the errors happen during prescription and Transcription.

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EVALUATION OF THE PRE-OPERATIVE KNOWLEDGE LEVELS AND FEELINGS OF PATIENTS' IN SURGICAL CLINICS

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The purpose in this study is to evaluate of the pre-operative knowledge levels and feelings of patients' in surgical clinics. The research is a cross-sectional and descriptive research. The data of the study were collected by the student nurses during the surgical application from Feb' 15 to May' 15, 2016. In the collection of the data, a questionnaire form was used to evaluate the socio-demographic questionnaire, pre-operative knowledge levels of the patients and what they felt. The data were evaluated with number and percent. It was determined that 92% of the surgical patients were informed by the specialist physician about the patients should be operated, 72% received information from the specialist physician about the surgery and 59% of the patients received preliminary information about the preparations and the operations by the nurse. In addition, preoperatively, 41% of the surgical patients, in particular, felt fear and 31% were excited. As a result, it was determined that the majority of the patients were informed before the operation. But it is thought that the fear and excitement rates of the patients are high, and we think that the nurses have a duty and responsibility in this matter because fear and excitement can increase the stress level of the patient. For this reason, the patient may show complications and late healing during and after surgery. It is thought that the fear and excitement of the patients should be discussed in detail in the preoperative surgical care plan.

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BREASTFEEDING MOBILE HEALTH APPLICATIONS: AN EVALUATION STUDY

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Background: The rapid and ongoing growth in information technology has created many applications for health and wellbeing, including breastfeeding. However, due to lack of rigorous evaluation of these applications, nurses, midwives and other health professionals are unable to recommend any specific breastfeeding application in supporting women towards long-term breastfeeding behaviour. The aim of this study was to evaluate the quality of the breastfeeding applications based on the persuasive system design model.

Method: An online search was conducted on Apple store in May 2017. The search strategy included the following keywords: breastfeeding, lactation and breast milk. Only free applications that were in English language, targeted on breastfeeding education and installed on iOS version 9.3.5 were included.

Results: 11 applications met the inclusion criteria and were included in the review. The findings of the study demonstrated that all of the selected breastfeeding applications used some features from the persuasive system design model. But, the key persuasive features including tailoring, praise, award, and social support that could augment human to computer dialogue were not identified in many of the applications. The study also demonstrated the lack of quality check systems from credible regulatory bodies seen in the included applications.

Conclusion: The findings of the study demonstrate the need for improvement in designing breastfeeding applications based on the persuasive system design model. The study highlights the need for a quality check system for breastfeeding applications where nurses, midwives and other health professionals can advise the women to choose a reliable source to support their decision in breastfeeding.

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MIDWIFERY TRAINED REGISTERED NURSES' ROLE IN INTRA AND POST NATAL UNITS IN TERTIARY CARE HOSPITALS IN THE WESTERN PROVINCE OF SRI LANKA: HEALTH PROFESSIONALS' PERCEPTIONS

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In many developing countries, specifically South Asian and Sub Saharan African settings, maternity care providers involved in intra natal and postnatal care lack defined tasks, roles, and responsibilities. In Sri Lanka, members of the maternity care team, including midwifery trained Registered Nurses (MTRNs) lack clearly demarcated professional boundaries with potential for interprofessional conflicts which can threaten the safety of the mother and the baby. The aim of this study was to understand different health professionals' perceptions of the MTRNs role in intra-natal and postnatal settings. A descriptive qualitative study using focus group discussions was conducted in the Western province. Six focus groups were conducted with 22 MTRNs, 16 midwives, and 07 Registered Nurses altogether 45 participants. Data were analyzed using qualitative manifest content analysis method. The analysis comprised of five main categories: initial care in the labor room (LR), pre-delivery care in the LR, care at the delivery, postpartum care in the LR and postpartum care in the postnatal unit and respective sub categories. There were consensuses as well as disagreements regarding the MTRN's tasks and responsibilities. The strongest disagreements showed in tasks and responsibilities under the category of care at delivery. Performing the delivery was the most contentious task in the LR as midwives felt this to be their sole responsibility and not a duty of MTRNs. Different professional categories viewed MTRN's tasks differently which manifests her role as complex and unclear. Although most MTRNs' tasks overlapped with other health care professionals of the maternity care team, the particularly high overlap regarding delivery with midwives could lead and contribute to conflicts among health care professionals performing the delivery. For promotion of inter professional collaboration, which is a prerequisite for high quality and safe maternity care delivery, clearly demarcated professional boundaries for MTRNs through guidelines issued by the ministry of Health to clarify MTRN's role is therefore recommended.

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CONFLICTS AND DIFFICULTIES BETWEEN DOCTORS, PASTORS, MARABOUTS, MAGICIANS AND WITCHES IN WEST AFRICAN VILLAGES

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Nursing practice in villages faces poor traditional and religious practices that can not advance nursing care. Despite the evolution of science, 60 to 80% of the population believes in pastors, imams, charlatans, magicians, marabouts in their poor consultation, so the diagnosis is usually false (wizards, poisonings, the devil and evil spirits) by refusing the real scientific causes. Nurses and doctors who reject their diagnoses are threatened, even their families tested imprudently with the help of mesmerizing plants, research revealed plants: *Benelian Raphyostylis*, Family: Icacinaceae (leaves), *Phaullopsus Falicicepala* (Leaf and fruits), *Datura stramonium*, Family: Solanaceae (fruits), this combination used to hypnotize and other mystical needs. A pastor put the burning candle on a child's fingers to be pretended to be a sorcerer in the name of the holy spirit. A Catholic priest based in Kizomvete (Matadi DRC) recovers abandoned children through this ordeal by their parents. Pastors tried to pray to Ebola patients at the center of Ebola treatment, but were chased out by the police. Healers and marabouts had accused dangerous devils and evil spirits for the first victims of Ebola before the World Health Organization (WHO) designated Ebola. Fight between wizards, the man could not withdraw from the woman after intercourse, the penis stuck in the vagina of the woman for two (2) days, because of research, they made me chase and witnesses said the couple was sent naked to a public place and people hung on them to separate them. A called aphrodisiac (athot, down to earth) is an overdose of viagra mixed with the powder of the leaves of *manioteus utulissima*, *mucuna pruriens* made by healers this combination causes today in the elderly men cases of cardiovascular accidents, and heart attacks. A group of magicians removed the sexes by shaking hands with people. Some difficulties encountered by nurses in remote areas is lack of training, information of medical materials and lack of pharmaceuticals, health education. A falseness of the fetishers in Guinea, a feticheur tries to deceive the women by making them drink an emetic and a laxative, to profit the vomiting, and the diarrhea to drop in the pot the kidney or the testes of goat to say that the fibroid, the ovarian cyst, the miomes have come out of the uterus because women are afraid of surgery.

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TREATMENT OF VASCULAR DEMENTIA WITH ACUPUNCTURE – 47 CASES

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Vascular dementia is an extended pathology between the adult and elderly population which represents 10%-20% of all the types of dementia. The principal cause is a generalised degeneration of the cerebral functions, for example due to atherosclerosis and cerebral vascularisation. In the last years, the author was doing some research with forty seven cases of vascular dementia. The 47 cases were compounded by 32 male and 15 female ages ranging between 47-69 years with an average age of 51 years. The course of the disorder (vascular injury) was between 5-30 months. The criteria to participate in the study were: proved cerebro vascular accident using CT scan, deterioration of mental capacity, including calculus, deterioration of the language comprehension and the judging capacity; memory changes (agnosia, aphasia, personality change or disorientation), other symptoms (instable walking, anal incontinence and/or urinary incontinence, paralysis), guaranteed by exhaustive exam the presence of atherosclerosis and CCSE¹ ≤ 20 points and FAQ² ≥ 5 points according with vascular dementia society

Results & Discussion: In the 47 cases, the team could get 24 notorious improvement; 20 improvement and three cases no change. There is some literature and bibliography showing the puncture of Du20, Du16, GB31, Du26 and LI11 causes vessel dilation in the brain, improving the cerebral circulation, increasing the oxygenation, absorption of glucose and prevent the destruction of the proteins, which lead towards an intellectual improvement. The puncture of LI11, Sp6 and L3, can reduce the cholesterol, reduce the blood pressure and prevent the agglutination of thrombus, which induce a reduction in the thickness and hyper clotting, leading better blood results. So, we could conclude that acupuncture has a significant therapeutic result in this pathology. We could see better results in younger patients and with more recent diagnosis. So, this is one of the reasons why is so important an earlier diagnosis and treatment.

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PERSPECTIVES OF NURSES AND INFECTION CONTROL PERSONNEL TOWARD PREVENTION OF AND CARING FOR ORTHOPEDIC SURGICAL SITE INFECTION

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Background: Orthopedic surgical site infection is a problem being faced and suffered by both health care providers and patients despite adoption of updated institutional policies of infective prevention by hospitals. However, presence of social, cultural, and environmental factors might affect the behaviors of health care workers regarding adherence to institutional policies of infective prevention. As a result, perspectives of infection control personnel and nurses that aim to control and prevent orthopedic surgical site infection should be explored and described.

Methods: The study employed qualitative content analysis approach to collect data about infection control personnel and nurses providing care for orthopedic surgery patients through conducting one-to-one interviews.

Results: Four themes representing the perspectives of nurses and infection control personnel towards control and prevention of orthopedic surgical site infection emerged from data collected through 15 interviews; the themes were attention to health care outcomes, adherence to guidelines, maintaining positive attitudes to health care and adopting interdisciplinary team.

Conclusion: The perspectives of nurses and infection control personnel perspectives towards control and prevention of orthopedic surgical site infection suggest the need to set strategies that facilitate adherence to guidelines of infection control and to provide appropriate modalities that enhance the attention to health care responsibilities and outcomes.

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INTRODUCTION OF THE REALM-R (SA) AS A HEALTH LITERACY ASSESSMENT TOOL

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Low literacy can be described as the inability to read, write and use numbers effectively. In South Africa, one in six people are functionally illiterate. Health literacy is the ability to read, understand and act on healthcare information. The impact of low literacy of patients in primary care clinics is that patients may have difficulty in understanding health care instructions as well as making appropriate health care decisions. Most health care professionals are not aware of their patients' low literacy levels. The REALM-R (SA) is a health literacy assessment instrument that was adapted and validated for South African use and assesses patient's health literacy levels. The REALM-R (SA) is a quick, user friendly tool that can be administered in 2-3 minutes in a busy primary care clinic. Patients are required to read down a list of eight medical terms commonly used ranging in difficulty and complexity. A final score out of eight gives an indication of the patient's health literacy level in relation to school grades. A cut-off point for the REALM-R (SA) was established as 6 out of 8, with those scoring 6 and less considered to have low health literacy levels. Determining the patient's health literacy level can assist in giving health education at the level of the patient's understanding and in turn combating adverse health outcomes.

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