

POSTERS

Abstracts

EuroSciCon Event on

Nursing Diagnosis & Midwifery

September 10-11, 2018 Prague, Czech Republic



INTERNATIONAL RESEARCH NETWORK OF NURSING TAXONOMIES (REITE): CREATION, DEVELOPMENT AND PRESENT STATUS

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Since its foundation, the Spanish Association of Nomenclature, Taxonomy and Nursing Diagnostics- AENTDE have focused its activities to current needs of our profession in the areas of standardized languages answers. Research has always been one of the main engines and therefore considers it necessary to establish structures of research to facilitate scientific exchange and interrelationships between nurses from all over the world. Research and scientific advancement of knowledge in standardized nursing languages have no boundaries. The International Network of Nursing Taxonomy Research-REITE is a structure that aims to promote scientific exchange and interrelationships between research groups of nurses from around the world who are researching in nursing taxonomies. The project of creation and development of REITE was developed over the years 2012-2013 and was presented to the scientific community nurse in the framework of the IX Conference of AENTDE held in Barcelona on 19 and 20 April 2013. REITE establishes the organization of the network in three types of different research groups: Emerging Nursing Taxonomies Research Group (E-REITE), Advanced Nursing Taxonomies Research Group (A-REITE) and Singular Nursing Taxonomies Research Group (S-REITE). There are established specific criteria for accreditation for each type of group. REITE is a structure developed and supported by AENTDE and is currently coordinated by Dra. M Teresa Lluch-Canut and Dra. Ana Porcel-Gálvez REITE which is a long term project. The structure is created. All nurses in the world who are investigating in nursing taxonomies and are structured as a research group may ask for the addition to The International Network of Nursing Taxonomy Research-REITE. Investigate with network; share scientific advances and development of international projects are the basis for advancing nursing research in standardized languages. REITE was created with the following general objectives: to develop a specialized structure that helps strengthen and make more visible research nurses taxonomies being developed internationally; to group, streamline and strengthen the groups that in isolation conduct research into nursing taxonomies; to stimulate the development of innovative research initiatives about nursing taxonomies; to promote the development of joint research projects in nursing taxonomies; facilitate communication between the researcher 's area of nursing taxonomies, nationally and internationally.

Biography

María Teresa Lluch Canut is Professor of Psychosocial Nursing and Mental Health of the Department of Public Health Nursing, Mental and Maternal and Child Health of the University of Barcelona. The research areas in which he works are: positive mental health applied to different populations (mental health professionals, people with chronic health problems, caregivers of mental patients, nursing students, people with dual pathology), capacity assessment of self-care in people with serious mental illness and in their main caregivers. She is currently the coordinator of the Mental Health and Addiction Nursing Research Network.

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STANDARDIZED HUMANISTIC CHILDBIRTH CARE: WHERE ARE WE IN EGYPT?

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Childbirth is one of the most important events in women's lives, despite all recommendations, the care provided and practices for childbirth are not standardized. The aim of this study was to assess childbirth practices at Mansoura governmental hospitals in Egypt and their consistency with performance standards for maternal and neonatal health, normal labour and delivery (NLD). A cross sectional descriptive design was utilized. This study was carried out at the labour and delivery units in Mansoura District, Dakahlia Governorate, Egypt from August 2016 to February 2017. The subjects of the study included all health care providers (46 obstetricians and nurses) who were working in different labour and delivery units during the study, as well as 243 intrapartum women who were admitted to these units. Study results showed low percentage of achievement regarding the performance standards for maternal and neonatal health (NLD), among all studied hospitals. Recommendations of the study includes, the quality of maternal and new-born health care must be achieved and maintained by adhering to quality assurance standards, health care providers need to be trained on inter-personal skills in order to have positive and sensitive attitude toward women's during labour, recommended strategies to address unmet needs of PFP, periodic on job training about the use of the partograph should be provided to all health care providers, and regular supportive supervision is also needed to motivate staff to utilize the partograph and record their findings accordingly.

Biography

Amina Mohamed Rashad Mahmoud El-Nemer is the Dean of Faculty of Nursing, Mansoura University, Egypt from 2016 till date. She was earlier the Vice Dean of Faculty of Nursing, student affairs from 2015 to 2016. She has many International Projects and Coordination's like "Development and implementation of a labour companionship model for integration in public hospitals in three Arab middle-income countries (Beirute, Syria, Egypt) American University of Beirut) which was funded by World Health Organization, Switzerland in 2013-2015". "Research Ethics Training program at the University of Maryland, School of Medicine, Baltimore, Maryland, during the time of June to July 2005". "Human Participants Protection Education for Research Teams online course sponsored by the National Institutes of Health (NIH), on 07/09/2005, USA". She also published various research papers like "Utilization of a Self-Care Educational Program for Alleviating Chemotherapy Induced Physical Side Effects. Journal of Cancer Treatment and Research, 2015". "Maternal Near -Misses in a University Hospital. IOSR Journal of Nursing and Health Science (IOSR-JNHS), 2015". "Effect of Childbirth Counselling on Pregnant Women Requested for Caesarean Delivery. IOSR Journal of Nursing and Health Science (IOSR-JNHS) 2015". She also has experience on "Quality assurance and Accreditation in Higher Education, Health Research Ethics, Qualitative Research, women Health".

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TRENDS AND PROSPECTS OF TRAINEE NURSES IN CARES FOR PATIENTS WITH STROKES

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Statements of problem: The stroke is socially significant disease all over the world. The major concern with the stroke is the multiple pathology and development of neurodegenerative complications. The patients become dependable on various degrees that require the cares for them continue in the home environment. The aim of this study is to survey and analyze the opinions and attitudes of student nurses about the healthcare needs of patients who has undergone strokes. The theoretical and practical training the students in VII-VIII – semesters from three higher educational establishments in Bulgaria have acquired during general and clinical traineeship enables us to interpret their views on issues, regarding care planning and implementation of interventions for those patients. All interviewed students are aware about the essence of the notion "nursing care plan" and reckon that the patients undergone stroke need adequate nursing cares, executed on the base of standard care plan. That facilitates ensuring of continuity, consistency and adequacy at implementation of various activities.

Biography

Meglena Balaburova RN has wide-ranging expertise in the field of invasive studies. She worked as nurse in Clinic "Medical imaging", office for angiographic. Since four years is teaching in Faculty "HealthCare", Chair "Nursing therapeutic cares". Her long experience in the area of vascular studies and teaching, including innovative thinking and solving of situational problems on part of students, directs her to healthcare and related documentation for patients with stroke. The results of surveys in that field shall be used for analyses of problems in organization and implementation of specialized cares for those patients, as well for optimization of training of students, major "qualified nurse".

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STRENGTHS AND WEAKNESSES OF STANDARDIZED NURSING TERMINOLOGIES USED IN ELECTRONIC HEALTH RECORDS: A LITERATURE REVIEW

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Background: Standardized Nursing Terminologies apprise the nursing care provided and facilitate clinical research and education.

Aim: To identify strengths and weaknesses of standardized nursing terminologies used in electronic health records.

Methods: A literature review was conducted. Studies were retrieved from: PubMed, Cochrane Library, CINAHL, Cuiden, Scopus, and ISI Web of Knowledge. The search strategy included articles in English, French, Portuguese and Spanish published between 2002 and 2016 focusing on standardized nursing terminologies most frequently used in electronic nursing records.

Findings: NANDA/NIC/NOC and ICNP were the Standardized Nursing Terminology most frequently used. The use of Standardized Nursing Terminology allows to make comparisons between nursing records sharing the same terminologies. Sometimes the standard terminology was not sufficiently understood by nurses and therefore it could not be efficiently used, at some extent, hindering nursing continuity care.

Discussion: Standardized nursing terminologies had a strong impact on information quality, process quality and efficiency, but not on patients or professionals.

Conclusion: nurses must know why they are using a particular standardized terminology is beneficial or detrimental for patients, nursing knowledge or for themselves.

Table 1. Strengths and weaknesses of standardized nursing terminologies in electronic health records.

Reference	Year	Country	Standardized Nursing Terminologies	Strengths (+) and weaknesses (-)	Design	Effects using in EHR
Barto	2003	USA	Omaha	+	Observational	Use of Omaha systems provide documentation of patient problems interventions and their outcomes
Tanwall	2004	Sweden	VIPS	-	Observational	It is necessary that all the nursing process is reflected correctly. Little use of diagnosis and outcomes
Horvatz	2005	Australia	ICNP	+	Observational	The nurses are in a good position to lead a change in the paradigm of standardized clinical languages and their incorporation in EHR
Kennan	2005	USA	NSRN	+	Experimental	It was found that increasing the visibility of nursing care promotes greater awareness and understanding of attention and in turn greater care continuity
Pakantidis	2005	Greece	ICNP	+	Experimental	Use of the ICNP records provides data to describe and quantify nursing practices and outcomes
Thorolden	2005	Ireland	NSRN	+	Experimental	The NSRN language is useful to describe the work and supports the construction of nursing knowledge
Cho	2006	Korea	ICNP	+	Observational	The ICNP could cover more than 75 % of the nursing reports in an EHR system
Demaz	2006	Denmark	VIPS	-	Observational	It is likely that in the future has to be replaced by interdisciplinary terminology
Demaz	2006	Canada	NIC	+	Observational	VIPS model facilitates the storage and retrieval of nursing. It is simple to use and improves nursing documentation
Thorolden	2007	Ireland	NANDA-NIC	+	Observational	Using 77 NIC interventions to link nursing interventions are associated with patient outcomes
Thorolden	2007	Ireland	NANDA-NIC	+	Observational	Improvement in the use of functional health patterns using terminologies NANDA NIC

Reference	Year	Country	Standardized Nursing Terminologies	Strengths (+) and weaknesses (-)	Design	Effects using in EHR
Boyd	2007	USA	NSRN	+	Experimental	The creation of computerized management plans, evidence-based care using standardized assessment
Müller-Staub	2007	Switzerland	NSRN	+	Experimental	The implementation of NSRN supported with a planned educational program led to a higher quality of nursing documentation
Vao Kergul	2007	Norway	NSRN	+	Observational	Discussion on theoretical and methodological aspects of the implementation of a standardized model registration
Müller-Staub	2008	Switzerland	NSRN	+	Experimental	The use of NSRN improves nursing documentation
Viterna	2009	Italy	Omaha	+	Observational	Development of the computerization of the Omaha system
DyLev	2009	USA	ICNP and NANDA	+	Observational	While awareness of the concept and the structure of the topic-based ICNP makes it a robust flexible standard
Hwang	2009	Korea	ICNP	+	Observational	Integration of Asian nursing systems with western records promotes the interchange and communication between the two records thereby allowing a comprehensive focus to improve the quality of care
Lao	2009	USA	NSRN	+	Experimental	The creation of a database combining clinical data with NSRN allows users to detect the nurse working procedure in relation to their condition
Müller-Staub	2009	Switzerland	NSRN	+	Qualitative	The QPRO instrument is valid to assess the quality of NSRN
Borchert-Jur	2010	Switzerland	NSRN	+	Experimental	Integration of NSRN in EHR allows to follow the logical sequence of nursing process
Haytem	2010	Finland	FACC	+	Observational	National project of computerized records. According to this model nursing records in Finland force visibility and quantification of the interventions
Juurila	2010	Finland	NANDA	+	Observational	Validation of diagnoses for recording preventative care
Sotelo	2010	Spain	NSRN	+	Observational	The computerized many of care offers the opportunity to measure health outcomes
Wachs	2010	USA	Omaha	+	Observational	It is feasible to integrate the Omaha system and compare the use to document nursing problems, rates outcomes and results. Feasibility of integrating data from different health providers and data interoperability

Biography

Mrs Olga Vigo Oller is presently working at Catalan Health Institute. Government of Catalonia, Spain.

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STRUCTURE QUALITY AND CONSUMER'S SATISFACTION WITH INTEGRATED MANAGEMENT OF NEONATAL AND CHILD HEALTH SERVICES IN MODEL PRIMARY HEALTH CARE CENTERS IN NAJAF PROVINCE

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Introduction: The integrated program of maternal and child health is promoting, preventing, therapeutic and rehabilitation facility or care for mother and child aims to reduce maternal and child mortality and morbidity. In most countries, the maternal and child health program is part of the general health services provided by the government.

Aims: To evaluate whether the available resources at model and non-model PHC centres in Najaf meet the specified standards settled by Iraqi Ministry of Health (MOH) and to verify the consumer satisfaction with different Integrated Maternal, Newborn and Child, Health Strategy (IMNCH) services

Methods: For the evaluation study with a cross sectional survey of consumers to measure their satisfaction, the study conducted in six PHC centres, three model PHC centre (Al-Hassan Al-Mujtaba, Al-Jamaa, Al-Jawad) and three non-model primary health care (PHC) center (Khawla Zwain, Al-Ansar, Al-Nassar) from districts of North and South in Najaf city the center serving the largest population will be selected to determine the quality of services introduced by these centres. Three instruments (the first about demographical characteristics of mother and child, the second about Implementation of IMNCH services standards by districts, and the third about overall satisfaction with the IMNCH services provided by selected PHC centre) are used in this study to collect required data. 240 consumers chosen systematically at random from the selected centres (40 consumers a part) to measure their satisfaction. The collected data was analysing using SPSS Version 24.0.

Results: The implementation of standard PHC services showed no significant difference (P 0.05) within the selected model and non-model primary health care centres in locality of Najaf district under this evaluation study. The standard structure for PHC is 33 services and is implemented as total, the best between these selected PHC according to structure is Al-Hassan Al-Mujtaba and Al-Nassar, while the worst between these selected PHC centres is Al-Amam Jawad. In the consumers satisfaction of services that are the introduction of PHC centres the study found that the Al-Jamaa PHC centre was the best between the selected centres due to the consumer's higher satisfaction for services in this centre, while Al-Nassar PHC centre was the worst between them.

Conclusions: The best services are provided in the all PHC centres in Najaf includes antenatal visits, weight, height measurement, blood pressure measurement, breast examination ,counselling on exclusive breastfeeding, counselling on family planning, Tetanus immunization and documentation. The services are not implemented or need improvement are premarital examination, screening for and treatment of sexually transmitted diseases (STD), and assist normal deliveries, provide basic emergency obstetric care if referral is not possible, management of post-partum psychosis, these services need to improvement and activated in the centres

EXCLUSIVE BREASTFEEDING AND CHALLENGES OF WORKING CLASS MOTHERS IN OBUBRA LOCAL GOVERNMENT AREA, CROSS RIVER STATE, NIGERIA

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Sufficient nutrition at birth and infancy is crucial in promoting maximal growth and behavioral development, and breast milk contains ingredients for perfect nourishment of infants. Workplace activities may affect the practice of exclusive breast among working class mothers. This study examined exclusive breastfeeding and challenges of working class mothers in Obubra Local Government Area of Cross River State, Nigeria. Specifically, the relationship between prevention of diseases, promotion of child spacing and reduction of infant mortality and the challenges of working class nursing mothers were examined. Theory of Planned Behavior (TPB) and Rational Choice theory were used to direct the study. Survey research design was adopted. Stratified and purposive sampling procedures were applied to obtain data from 375 respondents. Instrument for data collection was a 25-item self-structured questionnaire, and data generated were tested using Chi-square. Result of the analysis indicated that prevention of disease, promotion of child spacing and reduction of infant mortality were significantly associated with challenges of working class nursing mothers. The study concluded that exclusive breastfeeding was negatively affected by workplace challenges of nursing mothers. Hence, it was recommended among others that work place policies should be revised to favour nursing mothers by the extension of maternity leave period to allow mothers spend more time in breastfeeding

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CURRENT FAULTS AND RECOMMENDATIONS FOR TRANSFUSION OF RED BLOOD ASSESSMENT AND CLINICAL EVALUATION OF CHANGES IN HAEMATOCRIT

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The focus of the article is rather situated on current faults and recommendations for transfusion of red blood assessment, clinical evaluation of changes in hematocrit. The main task of therapy for acute massive blood loss is not urgent thoughtless transfusion of red blood cells for the fast recovery of the haemoglobin and haematocrit levels. The oxygen-carrying capacity of blood does not directly reflect the delivery of oxygen to tissues. The severity of the patient's condition depends of individual ability of the organism to resist hypoxia, mechanisms resulting in physiological compensation for the anemia caused by blood loss. The main tasks of therapy are timely maintaining appropriate and effective compensatory adaptive reactions of an organism, providing of the sanogenetic processes. Quickly and comfortable algorithm assessment changes in haematocrit was presented for used in practice. Objective analysis haematocrit and haemoglobin levels should be carried out only in combination with data on blood pressure, pulse rate, respiratory rate, urine output and shock index. Examples of clinical of the variants of changes in haematocrit on the background of the reaction of the basic organism physiological parameters were presented in Table 1. This table is quick and comfortable algorithm assessment changes in hematocrit which need used in practice

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Table 1) the variants of changes in hematocrit on the background of the basic organism physiological parameters

Variants	HC T	Pulse rate	BP	Urine output	Respiration rate	Shock index
I	↓	↑	Normal	Normal	Normal/ ↑Under load	↑
II	↓	Normal/ ↓	↑	Normal/ ↓	Normal/ ↑	↓
III	↓	↑↑	↓↓	↓↓/ Anuria	↑↑	↑↑↑
IV	↑	Normal/ ↑	Normal/ ↑	↑/↓	Normal/ ↑	Normal/ ↑

Notes: HCT–hematocrit; BP–blood pressure; Shock index=Pulse rate/Systolic blood pressure (normal=0.54). Variant I is hemic hypoxia. Variant II is hypovolemic state. Variant III is mixed form of hypoxia (circulatory + hemic hypoxia) that is caused by massive blood loss. Variant IV is hypovolemic polycythemia

PREDICTORS OF JOB SATISFACTION AMONG NURSES WORKING IN ETHIOPIAN PUBLIC HOSPITALS, 2014: INSTITUTION-BASED CROSS-SECTIONAL STUDY

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Background: Nurses play a pivotal role in determining the efficiency, effectiveness, and sustainability of health care systems. Nurses' job satisfaction plays an important role in the delivery of quality health care. There is paucity of studies addressing job satisfaction among nurses in the public hospital setting in Ethiopia. Thus, this study aimed to assess job satisfaction and factors influencing it among nurses in Jimma zone public hospitals, South-western Ethiopia.

Methods: An institution-based census was conducted among 316 nurses working in Jimma zone public hospitals from Mar' to Apr' 2014. A structured self-administered questionnaire based on a modified version of the McCloskey/Mueller Satisfaction Scale was used. Data were entered using Epi Info version 3.5.3 statistical software and analyzed using SPSS version 20 statistical package. Mean satisfaction scores were compared by independent variables using an independent sample t-test and ANOVA. Bivariate and multivariable linear regressions were done.

Results: A total of 316 nurses were included, yielding a response rate of 92.67%. The overall mean job satisfaction was (67.43±13.85). One third (33.5%) of the study participants had a low level of job satisfaction. Mutual understandings at work and professional commitment showed significant and positive relationship with overall job satisfaction, while working at an inpatient unit and work load were negatively associated.

Conclusions: One third of nurses had a low level of job satisfaction. Professional commitment, workload, working unit, and mutual understanding at work predicted the outcome variable

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INCORPORATING SOCIAL MEDIA INTO NURSING RESEARCH THROUGH VISUAL ABSTRACTS

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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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INSTINCTIVE BIRTHING

Debi Tracy

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Instinctive birthing is much more than just a process or a method for “getting baby out” at the end 9 months. Instinctive Birthing is a natural, normal, healthy, emotional, and spiritual experience. It has its own innate rhythm and flow. Our program is based on the premise that a healthy woman, carrying a healthy baby, having a healthy pregnancy, and experiencing a healthy labor can reasonably expect to be able to birth her baby calmly, safely, more comfortably and in a shorter length of time. We are not alone in assuming the previous premise and we definitely were not the first. In 1891, an obstetrician living in Buffalo New York authored a book entitled “Easier Child Birth” - an unusual title for that period of time. Even more surprisingly, is the fact that this concept existed as early as 370 BC when Hippocrates stated, “Birth is a natural, normal human function that needs no meddling interference.” His contemporary, Aristotle, subscribed to a similar belief and further states, “we must be aware of the mind body relationship in birth and must also consider the emotional factor.

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THE ROLE OF NURSING IN PREVENTION AND CONTROL OF HOSPITAL ACQUIRED INFECTIONS (HAI)

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Hospital acquired infections (HAIs), or commonly known as nosocomial infections, are infection acquired from the hospital by patients who are admitted for other reasons. In order for an infection to be considered as nosocomial, it should have been occurring for more than 48 hours after the patient's admission. These infections are caused by any microorganisms (bacteria, viruses or parasites) that originate from the hospital environment, contaminated equipment, staff, or other patients. The World Health Organization (WHO) reports that the most common types of HAI are: urinary tract infections, respiratory infections, surgical wound infections (2002). Among all the multidisciplinary health care providers, nurses are the ones who constantly provide bedside care to the patients and are in close contact with them. This may also mean there is a higher likelihood for HAIs to be transmitted to patients through them. On the other hand, nurses have the unique opportunity to reduce the potential for HAIs in their health care facility. Meaning that, by utilizing the skills and knowledge acquired through nursing practice, they can facilitate patient recovery while minimizing complications related to infections. Nurses have many tools available to create a safe environment for patients that among others, there are five main areas of nursing practice where they can help and monitor control and prevention of HAIs which are as follows: promotion of hand hygiene, make best use of aseptic techniques, universal precautionary practices, patient's education and cleaning and disinfection practices. That will later be discussed in more details. Therefore, nursing play important role in preventing hospital-acquired infections, not only by ensuring that all aspects of their nursing practice are properly conducted, but also through nursing research, patient education and implementation of infection control practices.

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BUILDING NURSING FACULTY CAPACITY IN AFRICA

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The presentation will focus on the work completed in several African countries that assessed the capacity of faculty in schools of nursing. The in-country assessment included both qualitative and quantitative data that examined not only faculty knowledge and skills but also faculty confidence. Results of the initial assessment will be shared as well as the plan that was created and implemented based on assessment results. Handouts will include content slides as well as assessments/tests. Recommendations for continued support of faculty will be presented. At the conclusion of the presentation participants will be able to implement an assessment of nursing faculty capacity in an underdeveloped country. At the conclusion of the presentation participants will be able to implement a program of nursing faculty development in an underdeveloped country.

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CELL THERAPIES IN NEUROLOGICAL DISEASES: IS IT POSSIBLE TO REVERSE BRAIN DEATH?

Dr. Himanshu Bansal

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Preliminary discoveries of the efficacy of cell therapy are currently being translated to clinical trials. There continues to be extraordinary anticipation that stem cells will advance the current therapeutic regimen for neurological diseases as well. Bone marrow-derived stem cells (BMSCs) and adipose tissue derived (ADSCS) are a promising strategy. Therapeutic angiogenesis and supply of progenitor and other multipotent stem cells along with growth factors promote structural and functional repair by changes in the brain microenvironment, endogenous neurogenesis, remyelination and rejuvenation of dormant neurons. We present the general overview of methods to isolate adipose and bone marrow stem cells and discuss early encouraging results of using adult stem cells to treat in Brain death situations Traumatic brain and Spinal cord injury, autism and cerebral palsy for which current therapies are limited.

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FACTORS THAT INFLUENCE THE CLINICAL UTILIZATION OF THE NURSING PROCESS AT A HOSPITAL IN ACCRA, GHANA

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Background: The nursing process is a tool that is recommended for use by all professional nurses working in Ghana, in order to provide nursing care. However, there is currently a limited use of this tool by nurses in Ghana. The purpose of this research study was to explore the various factors that influence the utilization of this nursing process.

Method: An exploratory descriptive qualitative-research design was employed. Ten participants were involved by using the purposive sampling method. A semi-structured interview guide was used to collect the data from the research participants; and the data were analysed by using content analysis. One main theme, with five subthemes, emerged from the analysis.

Results: It was found that there are factors, such as nurses not having a better understanding of the nursing process, whilst in school; the absence of the care plan in the ward, as well as the lack of adequate staff, with limited time being available for coping with contributed to the non-usage of the nursing process.

Conclusions: We conclude that the clinical utilization of the nursing process at the clinical setting is influenced by lack of understanding of nurses on the nursing process and care plan as well as lack of adequate nurses and time. We recommend that the care-plan form be made officially a part of the admission documents. Furthermore, the nursing administration should put measures in place to provide nurses with the needed resources to implement the nursing process. Additionally, they should ensure that the care-plan forms and other resources needed by the nurses are regularly and adequately provided. Nurses should further see the nursing process as a means of providing comprehensive care to their patients and addressing their specific problems. They should therefore make time despite their busy schedules to use it in order to improve quality of care and the image of nursing in Ghana.

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TRAINING NEEDS FOR MIDWIVES TOWARDS IMPROVING MATERNAL CARE IN LIMPOPO PROVINCE, SOUTH AFRICA

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Introduction: Maternal health is regarded as one of the determinants of a country's health status. Whilst some countries have succeeded in reducing maternal mortality, South Africa still struggles to totally eradicate maternal mortality, especially in rural provinces. The aim of this study was to determine the training needs of midwives in order to improve maternal care in public health care facilities in Limpopo Province.

Methodology: This was mixed methods approach and an explanatory sequential design was used. A total of 150 midwives participated in the study. Training needs establishment was based on the need for improvement of clinical practice pre, intra, post-delivery and puerperium period. A questionnaire was used to establish the training needs for midwives in Limpopo Province.

Results: The results showed that there was a need for continuous on-the-job training for new protocols, debriefing of midwives and appreciation of the work done by the Department of health. Skills retraining were also essential to improve service delivery at maternal units.

Conclusion: and Recommendations: It is anticipated that strengthening of the health system which includes improved access to quality health services, trained healthcare personnel and community integration will help improve maternal and child health outcomes, therefore addressing Sustainable Developmental Goal 3 which focuses on good health and wellbeing. It is imported to create a supportive environment for the development of the midwives

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IMPLANT OF AUTOLOGOUS BONE MARROW STEM CELLS IN PATIENTS WITH CONGESTIVE HEART FAILURE, FUNCTIONAL CLASS IV

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Objectives: Demonstrate that CD34 (+) / CD38 (-) adult stem cells in myocardial tissue generate a significant increase in the ejection fraction after implantation and to observe the improvement in the quality of life of the implanted patients, evaluating the reduction of dyspnea and the number of hospitalizations.

Material & Methods: A descriptive, observational study of 71 and 88 year old patients with a history of cystic fibrosis (CF) IV heart failure with severe deteriorated FEV (<30%) who suffered hospitalizations every 15 days, due to biventricular dysfunction. They were submitted to implantation of bone marrow stem cells through retrograde venous technique in coronary sinus with balloon occlusion by femoral catheterization. A pre/post implant echocardiogram was indicated for comparisons (7 months) and a post-implant effort ergometry test was performed.

Results: After a period of 210 days, a significant improvement in the ejection fraction of approximately 8% and 14% was observed with respect to the baseline (P:0.05), and a decrease in both hearts mass of 20% (grams). In addition, it was observed that the patients did not have recurrence in hospital admissions successively every 15-20 days, cause congestive heart failure and that there is a remarkable improvement in the quality of life rapidly after the implantation of stem cells. The post-implant ergometry test, at 210 days, turned out to be encouraging, since the patient tolerated the stress test greater than 6 minutes.

Conclusion: The implantation of stem cells generated a favourable decrease in the number of hospital readmissions of the evaluated patients and showed improvement of their quality of life after no dyspnea CF IV. It was corroborated that there is a significant improvement of the ejection fraction, with decrease of the mass of the implanted organ.

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THERAPEUTIC PRESENCE AND CONTINUOUS LABOR SUPPORT: MIDWIFERY MODEL OF CARE

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Child bearing is a major transformative life event that is both physically and emotionally demanding. The emotional process of birth has a major impact on the evolving mother-child relationship (Wiklund, Edman 2009). A women centered approach to childbirth, services, acknowledges and attends to the psychological and social components of child bearing. Attention to these components during labor and birth is essential to a woman's feelings of mastery and satisfaction with this pivotal life experience. It is documented through research that social needs via therapeutic presence and continuous labor support improve maternal and infant health outcomes. Therapeutic presence includes three elements: emotional support, including physical presence, encouragement, reassurance and sense of security, direct care and comfort measures, knowledge support includes explanation, advice and information. A study was conducted to assess the effectiveness of therapeutic presence and continuous labor support among mothers admitted to labor room. The methodology includes 30 mothers who got admitted to labor room with true labor pain; developed a theoretical framework to describe relationships among nurse-midwifery care, psychosocial outcomes and maternal psychosocial variables. Throughout the study, a construct for the concept of therapeutic presence was developed with "one on one personal attention and availability of the nurse-midwifery for the woman in labor". The study demonstrated and conducted that positive therapeutic presence by nurse-midwives increase a woman's self-esteem and satisfaction with the labor experience. The outcome benefits of one to one labor support were shorter labor, fewer caesarian birth, less need for analgesia and anesthesia, reduced use of synthetic oxytocin in labor, greater maternal satisfaction with child birth experience and enhanced coping skills during the experience. The study also drew a curricular content in administration and education, positioning and movement, use of hot and cold therapy, relaxation techniques using breathing, use of therapeutic touch, verbal support and encouragement, informational support, partner support and birth environment management.

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LISTEN TO THE MIDWIVES IN LIMPOPO PROVINCE, SOUTH AFRICA: AN EXPLORATIVE STUDY ON MATERNAL CARE

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Introduction: To avoid complications of pregnant women during labour and delivery provision of one-to-one delivery care by midwives will improve birth outcomes and this type of care must be promoted at all costs. It was also indicated that in order to have positive maternal and birth outcomes the important social, cultural, economic, personal and professional challenges of midwives need to be prevented. In South Africa there is a need to support midwives as they are experiencing organizational and personal challenges that might affect provision of care during childbirth.

Methodology: A qualitative, exploratory and descriptive research design was used. Homogeneous purposive sampling was used to include all midwives who participated in the five focus group interview sessions conducted. Data were collected through focus group interviews. A total of five focus groups interviews which consisted of 9 to 12 participants were conducted one for each district. Data were analysed using 8 steps of Tesch's open coding method where themes and their subthemes have emerged.

Results: The results revealed that there is shortage of material and human resources which impedes provision of quality midwifery care, there is lack of autonomy in decision making by managers, existing negative attitudes lead to poor provision of maternity care, there is overcrowding of women in maternity units leading to provision of substandard care, there is lack of knowledge by midwives observed and lack of management support to midwives is lacking and midwives suggested several solutions to these problems.

Conclusion & Recommendations: The study revealed that midwives are experiencing several challenges during provision of maternal care. The study recommends that strengthening of maternal health services could assist midwives to provide quality care to women during pregnancy, labour, delivery and puerperium period.

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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 a 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 to reduce 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 upto 30 days of post insertion has increased from 74% to 83%.

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THE ROLE OF THE FERTILITY NURSE SPECIALIST

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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 journey; senior fertility practitioners leading nurse led services, including managing specialist programmes such as surrogacy and 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; 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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THINKING BEYOND BED ALARMS: A MULTIFACETED APPROACH TO FALL PREVENTION

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The aim of this review is to determine the fall prevention approaches that are most effective in the long-term care setting. Fall prevention is a significant challenge in healthcare and can have life-altering effects on frail elders. Alarms have been a mainstay in nursing homes, but it remains to be proven if these are effective in fall prevention. In elderly patients in long-term care, are stand-alone interventions such as alarms as effective as multifaceted, anticipatory measures for fall prevention? Through a web-based literature search in CINAHL, PubMed, and Google Scholar, 14 studies were included in this review. These examined specific interventions, nursing perspective on fall management, the role of the nurse practitioner, and barriers to fall management implementation in the clinical setting. Alarms, rounding protocols, multi-interventional and multidisciplinary programs were discussed, with an analysis of which interventions and programs had the best patient outcomes. Alarms proved to have inconsistent results, and no singular intervention was determined to be the most effective approach. Multi-disciplinary and comprehensive patient-centered approaches to fall management resulted in positive patient outcomes.

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MISSED CARE: FROM THE PERSPECTIVE OF THE STUDENT NURSE

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Missed care is a recently described concept subject to an increasing amount of international nursing research. The impact of missed care is associated with poorer patient outcomes (mortality and morbidity) and poor patient satisfaction with the services provided by the hospital. Missed care has also been linked to decreased staff satisfaction and increased intention to leave. Overall disaffection amongst registered nurses is also reported. Professional socialisation refers to the acquisition of behaviours within cultural norms, and it has been suggested that students enter a period of professional socialisation during their programme. Whilst it has been proposed that students may absorb the characteristics of those around them, to date, no empirical studies have reported the impact of missed care on student nurses. The aim of this project was to explore the impact of missed care on the professional socialisation of student nurses. A qualitative study was undertaken in one higher education institute in UK with final year pre-registration nursing degree (Adult field) students. Focus group interviews, utilizing a topic guide, were used to collect data which was analysed using thematic analysis. Student nurses were aware that some planned care is missed and that the activities most frequently missed were discharge planning and patient teaching, surveillance: in particular skin inspections, ambulating patients, emotional support, hygiene, especially oral hygiene, and maintaining intake and output documentation. The participants explained that care missed was due to staffing shortages, competing demands, and poor team coordination. They had developed strategies to minimise the impact of missed care on patients and on themselves. The findings of this small scale study suggest that missed care is a characteristic of the professional socialisation of student nurses and that pragmatic acceptance is internalised. Although this study is set within nurse education in the UK it has relevance within a global context.

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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 DE-PRESCRIBE: THE ART OF DE-PRESCRIBING IN THE ELDERLY

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As patient ages, the medications they take can sometimes cause more harm than good even 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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THE EFFECTIVENESS OF ORIENTATION TOUR ON POST-OPERATIVE DELIRIUM AND ANXIETY OF PATIENTS WITH OPEN HEART SURGERY

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Background: Delirium is a disease associated with an acute decline in mental function. It is typically characterized by disorder in the level of consciousness, attentional deficits and cognitive changes. Also, it has a fluctuating course. Delirium mostly affects the older patients and the hospitalized patients, especially after extensive surgeries. Anxiety is an unpleasant state of tension or pressure that is caused by fear of illness, hospitalization, anesthesia or surgery. In some patients, in addition to anxiety, a psychological disturbance and acute confusion state emerges that is called delirium which exacerbates the original complications caused by the disease and increases the length of hospital stay in intensive care unit. The present study aims to scrutinize the effect of familiarization tour on delirium incidence on the anxiety of the patients admitted to the intensive care unit after open heart surgery.

Methods: This study is a randomized clinical trial with control group. The statistical population of this study includes all patients admitted to the cardiology section of Fatima Al-zahra Hospital in Sari as many as 84 of the patients were randomly selected. Instrument of the research were Spielberger Anxiety Inventory applied in three stages of preoperative stage, after extubation of the endotracheal tube and before discharge as well as and post-operative ICDSC delirium screening test. The obtained data were analysed using descriptive statistics methods such as mean score, standard deviation, frequency distribution tables and percentage of frequency, and inferential tests such as t-test, Chi-square and Fisher test via SPSS 21 software.

Results: The findings indicated that there was no significant difference between the research samples of the intervention group and the control group in any of the demographic variables. Also, the results indicated that there was significant statistical difference between these two groups in the delirium incidence ($p=0.049$). In addition, there was significant difference between these two groups in the anxiety level after extubating tracheal tube ($p<0.001$) and before the discharge in ICU ($p=0.004$).

Conclusion: The results indicated that the orientation tour could affect the delirium and anxiety incidences after cardiac surgery and reduce the delirium and anxiety incidences of such patients. Thus, it is recommended that the nurses use this method to reduce the delirium and anxiety incidences of the patients.

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ASSESSMENT OF PSYCHOTRAUMA AMONG INTERNALLY DISPLACED ADOLESCENT AT MALKOHI CAMP, YOLA SOUTH ADAMAWA STATE, NIGERIA

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Statement of the problem: Psychotrauma is a mind wound that affects the overall wellbeing of an individual's life. It occurs when an individual experienced a traumatic event. Post-traumatic stress disorder {PTSD} is a severe anxiety disorder that can develop after exposure to any events that result in psychological trauma. The intensity of internal displacement arising from different factors, which include violent conflicts and natural disasters, has become a global problem. It has emerged as one of the great human tragedies of the 21st century. "Three quarters of the world's 40.8 million people internally displaced by conflict are believed to be women and children" (IDMC, Global overview, 2016). Insurgent attack by the Boko-Haram insurgency for the past 7 years in North eastern part of Nigeria has left millions homeless and traumatized with women and children mostly affected. Conflict has a physical, emotional psychological impact on all children including adolescent. The study was set out to assess the psychotrauma in displaced adolescent at malkohi camp yola south LGA. Cross-sectional descriptive survey design was used. 100 adolescent IDPs were selected for the investigation through a simple sampling. Hopkins symptoms checklist and the Harvard trauma questionnaire for traumatic experience and diagnosis of symptoms of PTSD was used. Frequency, percentage and table were used to summarize data and simple linear regression was used to determine significant relationship between traumas and PTSD. The study found out a significant relationship between trauma and PTSD. The study was conducted three years post displacement by insurgency and only IDPs living in camp were studied. The study found out that majority of the IDPs had experienced psychotrauma as a result of insurgency attacks and are suffering from symptoms of PTSD and depression. Incorporation of mental health assessment and treatment as part of relief efforts to victims of crisis is hereby recommended.

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THE NURSING APPROACH TO PATIENTS WITH MENTAL DISORDERS USING THE JEAN WATSON MODEL

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Psychiatric disorders are an increasingly common reason for consulting psychiatric services. Their prevalence, in first place varies according to the studies from 34 to 54%. In fact, patients suffering from mental illnesses require specialized care as well as support, specific therapeutic education, social reintegration and home follow-up on a regular basis. Our research aims to study holistic nurse intervention in patients with psychiatric disorders. A quantitative descriptive approach was prepared using a self-administered questionnaire with 60 nurses working at the Razi Mannouba psychiatric hospital, CHU Fattouma Bourguiba of Monastir, Ibn Al-Jazzar Regional Hospital of Kairouan and CHU Taher Sfar de Mahdia. The ethical principle has been respected. We noted through our work that (66.7%) of respondents disagreed that technical care is more important than relational care in psychiatry. The totality of our sample did not hear about the mobile services in Tunisia, concerning the care and support of the mentally ill, the quasi-totality of the participants (90%) hold to the satisfaction of the basic primary needs of the patients. In addition, all of the study participants (100%) do not perform home-based follow-up for patients with psychiatric disorders. In short, overall nursing care for patients with mental illnesses requires specific nursing intervention and upstream hospitalization to strengthen and improve care strategies for these patients.

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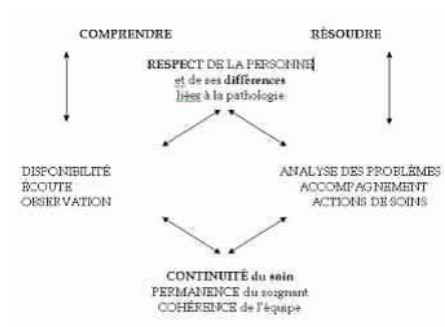


Fig1. Specific role of the psychiatric nurse to the patient

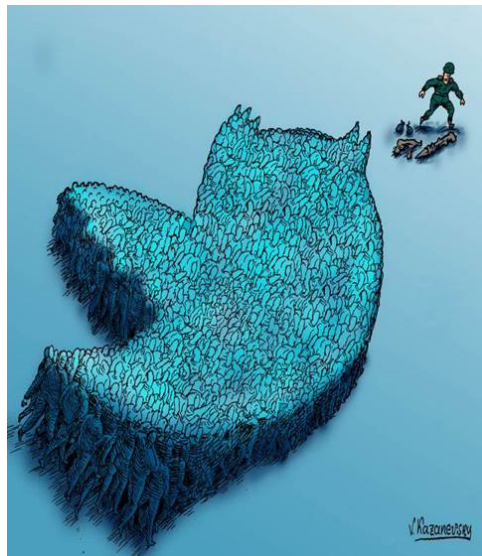
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SOCIAL MEDIA AS A WORKING TOOL

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Sharing is a key part of my role as a transformation nurse. Exchanging ideas with other organizations has saved me a huge amount of time and resources. Also I love to see the impact of the tools and projects I share. Transformation doesn't need to be expensive. Small ideas and changes can have a huge impact. The key is to simplify and empower. A clear example is the Sepsis Project we're doing at the Paget. So far the total cost has come under £500 but it has had a tremendous impact in improving the outcome for septic patients saving lots of revenue to the trust by reducing mortality, morbidity and consequently reducing length of stay and improving overall patient flow across the hospital. Branding and the use of social media is essential if you want to make and impact and your project to succeed. Social media allows NHS organizations, patients and staff to engage directly with each other without hierarchy. It is the most effective way to share information including news, events and public health messages. With social media the world is in the palm of your hands. If you want to announce something publicly to the world, social media is usually the quickest, easiest and cheapest way to do it. On a more personal note, Twitter has brought me opportunities that I could only dream of and has enabled me to work on amazing projects and to reach out to new people. It has empowered me and helped me become a better nurse. Before social media I thought I was alone trying to change the world. I was on my crusade and for a lot of years I didn't manage to make any progress. That's now changed.

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A NURSE LED CLINIC FOR SUSPECTED PROSTATE CANCER REFERRALS CAN BE SAFE, COST AND TIME EFFICIENT

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Statement of the problem: In a rapidly changing healthcare landscape with continually growing financial pressure to deliver timely and effective healthcare, a multi-professional approach to urological cancer care has therefore become of paramount importance. The utilisation of highly skilled, competent urology nurses has demonstrated that nurse led approaches, deliver safe and clinically effective care, with high patient satisfaction and improved patient outcomes. However to date, no studies have presented the outcomes of a nurse led approach for suspected urological cancers. We therefore present our 3-year experience of a urology nurse practitioner (UNP) led approach, for the assessment and management of men referred with suspected prostate cancer.

Methodology & Theoretical Orientation: A patient questionnaire was sent to the first 100 referrals. To assess the clinical management plans, a modified Delphi analysis technique was employed based on 60 randomly chosen patient cases, then assessed by 3 independent urologists. A cost analysis was based on the new assessment pathway.

Findings: Delphi analysis reported an 86.7% agreement regarding the management plan outlined by the UNP. There was a 52% overall reduction in waiting times with the introduction of the UNP led service. Cost-reduction potential of £36,828 was observed by reducing follow-up clinic appointments and a modest initial cost-reduction of £9,398.48 by using a UNP. 63 questionnaires were completed, 90% reported being satisfied with seeing a UNP instead of a doctor for their first appointment. 95% reported that following the initial hospital visit that they had a clear understanding of their assessment management plan. Overall 86% were "very satisfied" with the nurse-led service.

Conclusions & Significance: The service is safe, cost and time efficient. Through a supported training programme, urology nurses can deliver a high standard service, in line with our medical colleagues.

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LAPAROSCOPIC PERITONEAL DIALYSIS CATHETER PLACEMENT: TEN YEARS' EXPERIENCE AT PRINCE SULTAN MILITARY MEDICAL CITY

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Objective: To assess laparoscopic peritoneal dialysis (PD) catheter placement techniques and complications among End Stage Renal Disease (ESRD) patients in Prince Sultan Military Medical City (PSMMC).

Methods: We performed a retrospective review of patients who underwent laparoscopic PD catheter placement with tunneling +/- adhesionlysis and omentopexy, between Jul' 2003 and Jun' 2013, by a single surgeon at Prince Sultan Military Medical City (PSMMC), Riyadh, Kingdom of Saudi Arabia.

Results: 222 patients underwent laparoscopic PD catheter insertion during the study period. Late complications encountered include: tuberculosis (TB) peritonitis in 9 patients (4%), catheter dysfunction in 13 patients (6%), adhesions in 2 patients (1%), bacterial peritonitis in 25 patients (11%), leakage in 15 patients (7%), and 16 patients (7%) developed an umbilical hernia. There was superficial fungal infection around the catheter exit in one patient (0.45%), and exit-site infection in 7 patients (3%). The catheters remained active since first insertion in 33 patients (15%), and were reinserted in 7 patients (3%). 41 patients (23%) underwent renal transplantation, and 82 (37%) patients were switched to hemodialysis. 11 patients (5%) were lost for follow up, and 45 patients (20%) died because of their chronic illness. Seven (28%) of the 25 patients with bacterial peritonitis were cured with conservative management. There was no procedure related mortality or bleeding.

Conclusions: Laparoscopic PD catheter insertion is safe and effective. The utilization of this technique provides a low rate of PD catheter complications. However, we encountered a noticeable rate of peritoneal tuberculosis in our patients.

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A LITTLE MORE EMPATHY

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Nurses eating their young are a phenomenon that has been talked about and witnessed by many in all areas of the world. Yet many have failed to understand that this concept starts to mature well before these nurses enter the workforce. It starts with their naïve attempts to perform clinical skills and the harsh reality and impatience that they encounter while doing so. Within their schooling, these individuals are being held to standards that are sometimes beyond their capacity and met with harsh criticism when not meeting set goals. They are often made to feel inadequate as professionals. Instead of nurturing their curiosity and fostering a class that is open to asking questions we are often guilty repeating the phrase, "go look it up in the book..." Our students are being brought up in an environment that forces them to harbor some of the most basic skills as asking a question. Many lack the confidence that their questions will be answered in genuine sincerity. Combining this occurrence with the backlash of experienced nurses bullying them and making them feel insecure in the workplace is a daunting task for many new graduates and a description that is not once mentioned in job description. The cycle needs to change starting with one instructor, one mentor, and one nurse at a time.

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IMPROVED FEEDING INTERACTION AND INFANT FEEDING HABITS WITH VERY EARLY PARENT TRAINING

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Objective: Childhood obesity, poor eating habits, and eating problems are increasing. Parents are often at a loss about how to tackle these problems. This study examined whether professional behavioral and nutritional training for first-time mothers can improve feeding interaction and infant eating habits at the age of 12 months.

Methods & Participants: Participants were 128 mother-infant dyads: 86 in the intervention group and 42 controls. Mother's age was M=30 years (+2.6), with M=16 (+2.2) years of education. Intervention group received Mother Infant Feeding Interaction (MI-FI) training: four weekly workshops for mothers when infants were 4-6 months, followed by continued internet-based support by pediatric dietitian and social worker until infants reached 12 months. Control group received municipal well-baby clinic's standard mother-infant support. We assessed mothers' tolerance to ambiguity and feeding-related reports. Blinded coders evaluated videotaped home mealtime interactions (age 12 months) using Chatoor Feeding Scale (CFS).

Results: Significant inter-group differences emerged in mealtime interactions for four of the five CFS dimensions: dyadic conflict (MI-FI=4.69 vs. control=8.38), talk and distraction (3.75 vs. 4.90), struggle for control (2.30 vs. 4.88), and maternal non-contingency (1.61 vs. 2.75). Findings indicated significantly more positive mother-infant mealtime interactions and maternal responses to infant cues in the MI-FI group than in controls.

Conclusion: Very early maternal training may support development of more positive mother-infant feeding interactions. This may contribute to preserved internal hunger and satiety, improved eating habits, and prevention of future eating disorders and obesity. Long-term follow-up may optimize training for specific target populations.

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THE LIFETIME LEGACY: THE IMPACT OF HUMAN MILK FEEDING ON AN INFANT'S LONG TERM HEALTH

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Recent research on epigenetics, literally meaning above the gene, has led medical professionals to query about how the environment impacts the developing baby both in utero and throughout its lifetime. The genome is the genetic information inherited from one's parents, but the epigenome is what deciphers the genome for each cell throughout the body. This deciphering process is impacted by both the internal and external environment of an individual. The external environment can include nutrition, chemicals, toxins, etc. The internal environment would include neuropeptides (emotional molecules) and stress hormones. The environment changes the proteins in the body that help the epigenome translate DNA. This finding has increased awareness of the importance of nutrition on the epigenome. Studies now are finding that the changes in the epigenome can influence not only that individual but can be passed along to future progeny, sometimes four generations out. The first nutrition for a human outside the womb is breastmilk, and thus its epigenetic impact is potentially expansive. New research has expanded the field of epigenetics to include breastmilk and how it potentially changes the epigenome and can affect the lifelong health of a baby. This presentation focuses on some of the latest published research- milksharing/wet nursing and the epigenome, breastmilk, and changes in gene expression and gut flora.

Learning objectives: Define genome and epigenome; identify at least one way breastmilk can potentially influence the epigenome of a baby; identify one way that epigenetics can influence gut flora.

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INFORMATION LITERACY AND INDIVIDUAL INNOVATION IN NURSING STUDENTS: WHAT DOES THE LITERATURE SAY?

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Advancements in information technology facilitate the production and publication of information, and the shift from print media to electronic media to communicate and exchange information at an increasing rate. Information literacy is a problem-solving process, and people can sustain lifelong learning when they gain the ability to find information regarding solutions to their problems. Ozel (2016) reported that students felt inadequate in 'comprehending how information sources are organized in libraries and/or databases,' 'finding information in printed sources,' and 'associating new information with previous knowledge'. People can recognize and improve their innovation capacity only by making use of the information literacy skills that they have developed over the course of their education. Information has an important place in ensuring continuity of innovation process. Individual innovation is a discipline that includes learning skills. People with a sufficient level of education, experience, and creative thinking and problem-solving skills meet the requirements of being innovative. Health professionals play an important role in the effective implementation of innovative practices. Individual innovation is one of the most important factors that make a difference in practice. Studies in the literature mostly address individual innovation of education department students and categorize them as "inquirers". In other words, information is needed to generate innovation, and on the other hand, innovation is needed to produce new information. It is crucial for students to acquire information literacy skills through education and to apply them in their professional lives. In this way, people can continue to develop themselves by keeping their professional knowledge constantly updated. There are, however, no studies that address the effect of nursing students' information literacy on the level of individual innovation. There is need to be to investigate the relationship between information literacy and individual innovation levels of nursing students.

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FACTORS INFLUENCING ADHERENCE OF PARENTS TO VACCINATION OF THEIR CHILDREN WITH MUMPS, MEASLES AND RUBELLA (MMR) IN NAJAF DISTRICT, IRAQ

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Background: MMR vaccine administration in proper time is the key of consolidation of immunity for primary prevention of target diseases. Parents' adherences to their child's vaccine doses and the factors that affect their adherence have to be ensured against the serious risk of non-adherence to make it effective primary preventive method. The study will describe the associated parental and social factors that might affect the MMR vaccination adherence associated with hyper endemic cases of Mumps in Najaf Governorate.

Objectives: To describe and analyze the adherence to vaccines and identification of etiological factors behind ignoring of failing to receive MMR vaccine per time. To explore the associated potential socioeconomic, medical and demographic factors that might influence the family members for MMR vaccination schedule. To take an idea, whether the parents are aware of the risk of missing the booster dose of MMR administration to their child in addition to evaluate of MCH activities and health promotion services provided at primary health care level.

Subjects & Methods: Across sectional study that was conducted through selecting of random sample of 400 child below six years from four PHC centers at Najaf district, two PHC in rural areas (Al-haydaria health care center and Al radhawia health care center) and two in urban localities (Al ansar health care center and Syed al shuhadaa health care center); the data was collected during six months from 1st April to 30th September 2017. The data was collected by directly interviewing the parents about their adherence to first and second dose of MMR vaccine through well prepared and validated questionnaire which included information regarding socio-demographic factors about the family, details about the causes of non-adherence to the first and second doses of MMR vaccine and information related to MMR vaccine administration.

Results: As a result, 236 (59%) child were adherent to MMR vaccine and 164 (41%) that non-adherent to vaccine. 62.5% of children received first dose of MMR vaccine at recommended time while 23.8% of them received the second dose of MMR vaccine at time. The most important cause of non-adherence was lack of awareness (31.7%) followed by neglecting (28.7%). There was increase in total number of mumps reported cases in last three years at Najaf discrete ending at 5836 cases in 2017. The adherence rate was higher among children below 2 years, educated families, employed parents and families lived in urban areas.

Conclusions: This study shows a moderate level of adherence to MMR vaccine, the overall rate of non-adherence to MMR vaccine were 41%. Adherence state was influenced by socio-demographic factors (age groups, residence, education and occupation).

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