

POSTERS

Abstracts



27th Edition of World Congress on

Nursing Education & Research

April 23-25, 2018 | Rome, Italy

Nursing Education & Research

April 23-25, 2018
Rome, Italy

Gonçalves A M et al., J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

COMPETENCES OF CLINICAL COMMUNICATION OF NURSES IN HEALTH CARE

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Background: Providing nursing care involves an interpersonal relationship between nurse and the patient, which is set by communication. The ability/competence to communicate therapeutically with the patient/family is an autonomous nursing intervention that allows nurses to meet the needs of patient care.

Objectives: The objectives of the study was: to conduct a psychometric study of a clinical communication skills scale; evaluate the clinical communication skills of nursing professionals; identify the sociodemographic and professional variables that influence the clinical skills of communication and to analyze the opinions of nurses on training in clinical communication area.

Methodology: Quantitative study, non-experimental, correlational and cross-described. We used the questionnaire for sociodemographic data collection and professionals, questions about training in communication and clinical communication skills scale, built on the Kalamazoo consensus statement and used in Portugal by Leite. The sample consisted of 275 nurses in health institutions in the center of Portugal.

Results: The sample has an average age of 36.20 ± 7.539 years. Most are nurses (75.6%); in the professional category 93.1% has a nurse category; 57.8% report having had training in clinical communication, but 73.1% admit to feeling a need for more specific training in the area. They have averaged 13.58 ± 7.664 years of professional practice and 66.9% work in hospitals. The scale showed five factors: involve therapeutic, facilitate dialogue, understand the concerns, communicate assertively and carry interview. Overall nurses had an average level of clinical communication skills (43.3%). Most (74.8%) considered good or very good training that had the course in this area, however we found that 25% considered mediocre or bad. Almost all (98.9%) agree with the existence of specific training in clinical communication area for nurses. They had better communication skills nurses, those over 40; those with the category of nurses (without managerial functions/coordination) and those with more years of professional practice.

Conclusion: The scale clinical communication skills we used revealed good internal consistency. Despite considering the good training they have had, we see a deficit in clinical communication skills in nurses referring to the need for training in this area. The data point to increased investment in clinical communication in the training of nurses and suggest the promotion of training in this area

Biography

Gonçalves A M is the Assistant Professor of Polytechnic Institute of Viseu (Health School), and Researcher of the Centre for the Study of Education, Technologies and Health (CSETH), Portugal. He did his PhD in Nursing Science at ICBAS University of Porto, 2014. His specialization includes Mental Health and Psychiatry Nursing. He is the Member of Pedagogic Council of the Health School (2003-2008) and Technic-Scientific Council (CTC) of ESSV since October 2004. He served as a Vice President of the Health School Representative Assembly since 2013. He took part in the Electoral Commission for the Election and Cooption of the Statutory Assembly of the Polytechnic Institute of Viseu (2008). He is the Founding Partner and Fiscal Council Member of the Portuguese Society of Mental Health Nursing since 2007, later integrated the social organs between 2008 and 2011 (General Assembly); since 2011 he integrated the Editorial Committee of the Portuguese Journal of Mental Health Nursing, and from 2014 to present day, its scientific committee. He is the Member of the Portuguese Suicidology Society. He took part on several organizing committees of scientific events (Congresses, Symposia and Seminars) and also on the "Invest in Capacity Project" from the Gifted Children Portuguese Association 2015/2016. His research interests include: nursing, mental health and psychiatry, suicidology, social sciences/educational anthropology, social sciences or anthropology and health socio-anthropology

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ERGONOMIC APPROACH FOR MUSCULOSKELETAL DISORDERS OF NURSES IN A SURGERY ROOM

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The surgery-room is one of the key medical care locations in hospitals, and the tools and materials are prepared in the operation preparatory room. The people of surgery team are medical doctors, assistants and nurses who often complain about musculoskeletal disorder (MSD) problems. The MSDs originate from multiple factors. In this study, musculoskeletal disorder has been approached by using ergonomic analysis to evaluate risk factors. The objective is to estimate the risks of nurses and to redesign the tool carriage in surgery rooms. The subjects are the nurses at surgery rooms in a university hospital of south of Taiwan. The ergonomics analysis of nurse work was processed in the hospital. Not only professional observation has been done, but also camcorder and camera recorded key activities. The results of ergonomic job analysis and questionnaire show that muscle disorders are very common symptoms of low back; the results of checklist shows that the nurses and assistant people are under high musculoskeletal disorder or injury risk. The recommendations were: 1) to redesign a new carriage to reduce the handling weight of surgery tools for lifting and moving, 2) to redesign the layout of surgery rooms and preparation room should to increase productivity and reduce lifting and moving activities, 3) to provide standing-chairs and to train nurses with valid postures are recommended to decrease nurses' musculoskeletal disorders.

Biography

Chihwei Lu is an Associate Professor in the Department of Industrial System and Engineering, Chung Yuan Christian University, Taiwan. He is an expert in the fields of ergonomics testing and evaluation, individual research in industrial engineering, human research, musculoskeletal disorders of nurse people, ergonomics, occupational biomechanics, psychology, etc. His publications include, Evaluation of the Indonesian National Standard for elementary school furniture based on children's anthropometry, 2017; Prevalence of urinary tract infections and associated factors among pregnant workers in the electronics industry, 2009; Evaluating work ability and quality of life for clinical nurses in Taiwan, risk factors of adult inpatient fall events, 2005 and many more. He has won many academic and competition awards.

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

Virginia Fernández, J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

INTERNATIONAL NURSE NOMENCLATURE FOR INTEGRAL APPROACH OF METABOLIC SYNDROME

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Introduction: Many authors consider “metabolic syndrome” as the 21st century pandemic, pointing it as a huge challenge for the modern public health. That consideration comes from the constant increase of its prevalence, the close relation between different conditions leading to cardiovascular mortality and, as consequence, the reduction of life expectancy.

Murcia, stands out as one of the Spanish regions with a higher rate of people suffering this metabolic disorder. It is paradoxical that a disease with a, modifiable base, without ignoring the genetic load, constitutes one of the greatest challenges of public health today. In addition, different publications have shown an effective treatment. This suggests that comprehensive research in tackling this epidemic is still necessary. In Spain, since the publication of the Royal ordinance 1093/2010 that recognize the legal obligation for nursing professionals to use and document the international NANDA-NOC-NIC taxonomy on their care reports; different authors, have expressed the necessity to carry out investigations based on nursing methodology, making possible the description of problems (NANDA), objectives (NOC) and interventions (NIC), that nurses work with nowadays without being aware of them.

Aim: To legalize the care and improve nursing care practice on patients with obesity and metabolic syndrome.

Methods: Identification study proposed by Gordon (1996), in the international nomenclature of the nursing discipline, which has been accepted by the three international reference organizations.

Results: The publication of a NANDA diagnosis to label patients with MS is presented, “Risk for Metabolic Imbalance Syndrome” a NOC result to objectify the analytical variations involved in it, “Metabolic Function” a NIC interventions into the alterations of the pathologies involved in that metabolic entity “Hypertension Management”, “Hypotension Management” and “Dyslipidemia Management”.

Conclusion: This proposal has been presented under the nursing nomenclature (NANDA, NOC, NIC) or the integral approach and to help the comprehensive approach of metabolic syndrome and cardiovascular risk.

Biography

Virginia Fernández is a Professor-Nursing Degree from 2009-2014, NHS, Basildon and Thurrock University Hospitals. She is a Nurse at the Murcia Health Service from 2008-2015, Catholic University of Murcia, Spain. Currently working as a nurse in the UK and collaborating with the University of Murcia in the direction of Nursing Master Dissertation. She is the member of Organizing Committee and Collaboration in the VII AENTDE Work Days, Redefine the Diagnosis Nurse? Mamma Mia!, UCAM in May 2009, collaboration in the First National Congress of Nursing UCAM, occupational health and current research, UCAM. May 2013 and also collaboration in the Second National Congress of Nursing UCAM, integral and special care Vision Research, UCAM. May 2014. She is also the member of scientific committee: Collaboration in the XXVI National Congress of Clinical Interview and Communication Assistance in December 2015 at Cartagena and in the III National Congress of Young Nursing Researchers in December 2017. Murcia. Her publications include Journal Citation Report and in the international nomenclature of nursing.

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J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

NURSING AND MENTAL HEALTH IN LIBERIA

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Background: After a decade of civil war, the people of Liberia had enormous mental health problems related to extensive physical and psychological violence. As there was only one psychiatrist in the country, the Liberian Ministry of Health requested the help of the Carter Center in Atlanta Georgia to address the country's mental health needs. Nurses were the largest group of health care providers and a program was launched to prepare 150 nurses to become Mental Health Clinicians over five years. I was asked to create the curriculum for this program in partnership with the people of Liberia and to work with Liberian educators, clinicians and health care administrators to implement it in a "train the trainer" model. I have been involved in this project since 2010 without compensation.

Objectives: The main objectives of the program were to: 1) prepare Liberian nurses/physician assistants as mental health clinicians; 2) strengthen the knowledge and skills of mental health trainers/educators in the existing Liberian educational and health care systems; 3) enhance the teaching environment for mental health professionals/paraprofessionals.

Methodology: I developed a six month curriculum in partnership with key members of the educational, practice and administrative sectors in Liberia. It was based on advanced practice psychiatric nursing content taught in the United States and consisted of five courses taught in a train the trainer model over a 6 month period of study. I held curriculum workshops in Liberia in which all courses were reviewed in detail and then revised, refined and reviewed again in a process of continuous interaction.

Outcomes: The outcomes of the study were: 1) there have been 166 graduates of the program with mental health clinicians placed in all 15 counties of Liberia; 2) the program facilitated the creation of a registered psychiatric nurse accreditation program by the Liberian Board of Nursing; 3) content from the program was incorporated into pre-service nursing curricula in Liberian nursing schools.

Conclusion: As this program ended, the Ebola virus disease broke out in Liberia. The mental health clinicians provided much need education, support and care. In addition, the World Bank funded a new initiative to train 100 child and adolescent Nurse Mental Health Clinicians in three years. I created this curriculum and am continuing to work on implementing it in Liberia. To date 64 of the 100 nurses have graduated.

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

HAUNTED HOSPITAL SIMULATION: AN INNOVATIVE WAY TO IDENTIFY PATIENT ROOM SAFETY ISSUES

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Introduction & Background: Patient safety issues are of great concern and are key issues in preparation for National Council Licensure Examination (NCLEX) and clinical practice. Simulation experiences are ideal for integrating safety issues and nursing teaching students to be aware of potential conditions that may cause harm to patients.

Aim & Objectives: To provide an innovative learning experience for nursing students focusing on NCLEX content related patient room safety issues through Halloween-themed simulations; and to promote interactive team learning with students in various levels of nursing education.

Methods: Five simulation scenarios of various patient types and safety situations were developed to allow students exploration of patient room safety issues. A Halloween theme that included decorates, music, treats, and gifts were carried throughout each simulation. A 25-item blank questionnaire directed students to identify five safety issues within each patient room and included three experiential questions to capture both qualitative and quantitative data.

Outcomes: Students identified six main themes in their experience: 1) look closely/be observant; 2) survey of the room/environment is as important as the patient survey; 3) checking patient identification; 4) medication safety; 5) dignity of patients; and 6) potential for anything to be hazardous.

Conclusions: The knowledge gained from the haunted hospital simulation provides evidence to drive the development of creative and innovative simulation strategies. In the future, the development of holiday-themed simulations can provide a fun atmosphere for students to utilize critical thinking skills and determine potential environmental safety issues

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

THE CHILD READY VIRTUAL PEDIATRIC EMERGENCY DEPARTMENT (CRVPEDED): UTILIZING TELEHEALTH FOR THE EDUCATION AND SUPPORT OF RURAL EMERGENCY PROVIDERS

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Background: New Mexico is a rural state and access to pediatric specific care can require travel over long distances. The providers in rural areas do not utilize their pediatric skills and knowledge often and can lack confidence in the decisions needed to provide care.

Method: The CRVPedED Telehealth Network was developed to provide clinical support and education to rural emergency providers in the care of the acutely ill or injured pediatric patient. The network is utilized to increase knowledge and confidence in pediatric specific care. Education is offered via the telehealth network with structured, scheduled presentations and by attending originating site staff meetings virtually. Pre and post tests and confidence surveys are administered to evaluate knowledge acquisition and change in provider confidence level in caring for pediatric patients. Additionally, via the telehealth network, synchronous clinical support is offered on a case-by-case basis with peer discussion and patient examination, and family interaction ongoing co-management of patients is also offered.

Results: Thus far, we have conducted greater than 60 education interactions over the network. The improvement in confidence of healthcare providers is demonstrated by the comparison of pre and post survey following education opportunity. With increased confidence and support 33 clinical consults have been completed avoiding 27 patient transfers. This resulted in 9000 patient miles and \$1.1 M health care dollars saved.

Conclusion: The CRVPedED Telehealth Network has demonstrated health care cost savings and increased confidence of providers' knowledge and skills.

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Nursing Education & Research

April 23-25, 2018
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J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

RE-IMAGINING UNDERGRADUATE HEALTH AND SOCIAL CARE EDUCATION; FINDINGS OF A STUDY FROM GREATER MANCHESTER, UK

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Led by Manchester Metropolitan University, the project's aim was to explore potential change in respect of undergraduate health and social care education in relation to the changing landscape of integrated health and social care. In the current system, undergraduate health and social care education remains largely uni-professional in emphasis, focus and delivery. Whilst there is a requirement to include elements of inter-professional learning within the curriculum, these are largely on the periphery rather than at the centre. The project was driven by the assumption that there is currently an absence of the appropriate match-up of values and behaviours to make integrated working a reality for pre-registration and newly qualified graduates and that the curriculum needs to reflect this. Underpinned by "Real World Research" methodology, stakeholder events, focus groups and interviews

took place within Greater Manchester between November 2016 and July 2017. These included service users, clinicians, students, educational staff and charitable organisations. Using a thematic analysis approach to the data, four overarching key themes were identified, which were the impact of professional identity gaps in knowledge and education; the need for more exposure (inter-professional/ cross-disciplinary education and practice); and differing organisational cultures all of which affect effective integrated practice. The intended outcome is to adapt the findings within the undergraduate educational setting in order to produce employable HSC graduates, who have the skills, resilience and experience to work in a place based system

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

EUTHANASIA EMBEDDED IN PALLIATIVE CARE: RESPONSES TO ESSENTIALISTIC CRITICISMS OF THE BELGIAN MODEL OF INTEGRAL END-OF LIFE CARE

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The Belgian model of integral end-of-life care consists of universal access to palliative care (PC) and legally regulated euthanasia. As a first worldwide, the Flemish PC organisation has embedded euthanasia in its practice. However, some critics have declared the Belgian-model concepts of integral PC and palliative futility to fundamentally contradict the essence of PC. This article analyzes the various essentialistic arguments for the incompatibility of euthanasia and PC. The empirical evidence from the euthanasia-permissive Benelux countries shows that since legalization, carefulness of decision making at the end of life has improved and there have been no significant adverse slippery slope effects. It is problematic that some critics disregard the empirical evidence as epistemologically irrelevant in a normative ethical debate. Next, rejecting euthanasia because its prevention was a founding principle of PC ignores historical developments.

Further, critics' ethical positions depart from the PC tenet of patient-centeredness by prioritizing caregivers' values over patients' values. Also, many critics' canonical adherence to the WHO definition of PC, which has intention as the ethical criterion is objectionable. A rejection of the Belgian model on doctrinal grounds also has nefarious practical consequences such as the marginalization of PC in euthanasia-permissive countries, the continuation of clandestine practices and problematic palliative sedation until death. In conclusion, major flaws of essentialistic arguments against the Belgian model include the disregard of empirical evidence, appeals to canonical and questionable definitions, prioritisation of caregiver perspectives over those of patients, and rejection of a plurality of respectable views on decision making at the end of life.

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

FLUID REMOVAL IN PERITONEAL DIALYSIS

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Removal of uremic waste products and excess of accumulated body fluid are the goals of peritoneal dialysis (PD) in the treatment of patients with chronic renal failure. The peritoneum used as a dialysis membrane consists of the mesothelial layer and interstitial tissue, in which blood- and lymphatic vessels are present. The microvessels allow transport of solutes and water from the blood to the dialysis fluid in the peritoneal cavity. Solute like urea are transported by diffusion across the vascular wall; fluid removal (ultrafiltration) requires a pressure gradient. The latter consists of the intravascular hydrostatic pressure, which drives fluid out of the microvessels to the interstitium through interendothelial pores, but also of an osmotic pressure gradient. The latter is created by adding high dosages of glucose to the dialysis fluid. This is only effective, because the transcellular water channel aquaporin-1 (AQP-1) is present in peritoneal endothelial cells. AQP-1 is permeable to water only, not to solutes like glucose

and Na⁺. Consequently AQP-1 allows free water (water only) transport (FWT). The osmotic gradient contributes to SPFT to a limited extent only. During the first few years of PD about 40% of the ultrafiltered volume consists of FWT and 60% of small-pore fluid transport (SPFT). Loss of ultrafiltration capacity occurs especially in long-term PD patients. It is mostly associated with high solute transport rates, suggestive of an enlarged vascular surface area leading to rapid disappearance of the osmotic gradient. This affects especially SPFT. A longitudinal study showed a marked reduction of SPFT after 4 years of PD, possibly due to vascular abnormalities. FWT is markedly decreased in patients who develop encapsulating peritoneal sclerosis. Binding of free water by a collagen increase is the most likely explanation. Determination of both SPFT and FWT are essential in the follow-up of PD patients.

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

DEFINING MENTORS` AND CLINICAL NURSE EDUCATORS` JOB FUNCTIONS RELATED TO NURSING STUDENTS` CLINICAL PLACEMENTS

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Statement of the Problem: Mentors and clinical nurse educators are involved in planning, organizing, evaluating, developing and guiding nursing students` clinical placement. However there were not detailed job functions of mentors and clinical nurse educators in Finland. With clearly defined job functions it is possible to standardize and develop the quality of students` clinical placements in hospitals.

Purpose of the study: To define mentors` and clinical nurse educators` job functions related to nursing students` clinical placement.

Methodology & Theoretical Orientation: The Delphi method with two rounds was used. Firstly, we formulated two expert panels (mentors=9; clinical nurse educators=5). First round aimed to describe mentors` and clinical nurse educators` job functions related to clinical placement. Second round aimed to validate the importance of job functions. The data was collected via online survey and analyzed with content analysis and with statistical methods.

Findings: We identified altogether 69 mentors` and clinical nurse educators` job functions related to clinical placements: 19 functions for planning and organizing the student`s clinical placement; 29 functions for guiding the student in clinical placement; 8 functions for evaluation of the clinical placement and 13 for development of the student`s clinical placement. Mentors` most important job functions were related to evaluation of the

clinical placement (mean 3.72, scale 1-4), whereas clinical nurse educators` most important job functions were found in relation to development of the student`s clinical placement (mean 4, scale 1-4). Mentors` lowest important job functions were related to development of the student`s clinical placement (mean 3.0, scale 1-4), whereas clinical nurse educators` lowest important job functions were found in relation to guiding the student in clinical placement (mean 3.3, scale 1-4).

Conclusion & Significance: The mentors and clinical nurse educators have an essential role in student`s clinical placement and they are responsible for the quality of student`s clinical placement at all phases of the process.

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

IMPACT OF AN EDUCATIONAL SESSION ABOUT FOOT REFLEXOLOGY ON NURSING STUDENTS' KNOWLEDGE AND ATTITUDE: A QUASI-EXPERIMENTAL STUDY

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Introduction: Reflexology is a part of alternative medicine. Researches done around the world indicate the physiological and psychological positive benefits of foot reflexology. There are no courses about foot reflexology in nursing colleges and there are no researches done in Saudi Arabia about awareness of foot reflexology. The aim of this study is to assess the effect of foot reflexology awareness session on nursing students' knowledge and attitude.

Method: A quasi-experimental design was used to collect the data from a convenience sample of 41 female senior nursing students in King Saud bin Abdul-Aziz University for Health Science in Riyadh city. Two tools were developed to collect the data: knowledge assessment and opinion regarding foot reflexology questionnaire and evaluation sheet for the educational session. The educational session was conducted in 40 minutes. Validity and reliability questionnaire were ensured.

Results: Forty-one students were included (30 level 7 and 11 level 8). Mean age was 21.61 (± 7.03) years and the majority of the student 68.3% did not hear about foot reflexology. There were significant differences regarding all topics included in the knowledge assessment tool ($p=.000$). The mean and standard deviation of overall knowledge in post-tests result (51.66 ± 2.19) was higher compared to pre-test result (46.88 ± 4.48). Regarding students' opinion of foot reflexology, the result revealed that 58.5% on a pre-test of nursing students agreed that therapeutic touch is an integral part of nursing profession whereas 92.7% agreed on post-test. Majority of the participants 63.4% believe in the effect of foot reflexology on the pre-test and 85.4% on post-test.

Discussion & Conclusion: This study revealed that knowledge level in the post-session was high and better than in pre-session. Also, it showed that the participants' attitude toward foot reflexology changed after the session

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

THE EFFECT OF AN EVIDENCE-BASED PRACTICE (EBP) MODULE ON THE EBP BELIEFS AND EBP IMPLEMENTATION OF UNDERGRADUATE NURSING STUDENTS

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Content: Evidence based practice is utilization of most recent research together with clinical expertise while adhering to patients preference. EBP must be incorporated into the curriculum of undergraduate nursing students. The fostering of research review skills from an early age is essential to empower nurses to apply the newest research in practice.

Aim: The aim of this study was to educate final year undergraduate nursing students in EBP and give them the skills to implement EBP in practice.

Objectives: The objectives of the study were to: evaluate the EBP modules effect on the beliefs of undergraduate nursing students regarding EBP and to evaluate the EBP module's effect on the implementation of EBP by undergraduate nursing students.

Methodology: A quantitative quasi-experimental non-equivalent group design was used. Census sampling used all final year nursing students for two consecutive years. The EBP beliefs

scale and the EBP implementations scales were used in the pre and post-test of students before and after the facilitation of the EBP module.

Results: Using the software package SPSS for Windows an overall measure of the impact of the EBP module was determined by counting the frequencies in which the post score was greater than the pre-score. This indicated a highly significant difference between 9.21 for the intervention group and 5.37 for the control group. Results depicted as graphs for individual questions answered by students.

Discussion: EBP in the curriculum will prepare students to know and implement the process of EBP. EBP would positively affect patient outcomes. The module embedded in EBP showed a positive impact regarding undergraduate nursing students EBP beliefs and implementation skills

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

CRITICAL CARE PEDAGOGY OF CONNECTEDNESS: IPE (INTER PROFESSIONAL EDUCATION) AND IPC (INTER PROFESSIONAL COLLABORATIONS) WITHIN THE CRITICAL CARE NURSING EDUCATION ENVIRONMENT

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Statement of the Problem: Critical care advance nurse practitioner's clinical judgement skills has traditionally been highly valued amongst the team of professionals in the critical care practice environment anticipating clinical judgement as an inherent feature of the advance critical care nurse practitioner. Clinical judgement is a complex and multi-faceted in nature. Furthermore, the diverse, dynamic fast-pace and high-technological critical care environment impact the salient feature of clinical judgement. Clinical judgement significantly influences safe patient outcomes. Multiple researchers reported on clinical judgement. However, there is a paucity of recent research reviewing the teaching of clinical judgement.

Purpose of this Study: To explore and describe the methods critical care educators use, to facilitate clinical judgement in the critical care education environments of South Africa.

Methodology: Appreciative inquiry (AI) method with focus groups (phase 1 of the study).

Findings: The empirical data resulted from (n=31). Two themes and five categories emerged from the data analysis. Firstly, methods to facilitate a meaningful critical care education environment to develop clinical judgement and secondly, methods to create a critical care pedagogy of connectedness. The respective categories: inter-professional education supporting development of clinical reasoning ability, as a fundamental to sound clinical judgement and inter-professional collaborations increasing practical wisdom to enhance sound clinical judgement.

Conclusion & Significance: The findings support the development of strategies to facilitate clinical judgement in the critical care education environment (phase 2, of the study), in order to ensure clinical judgement that ensure safe critically ill patient outcomes, by the critical care advance nurse practitioner

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

EVALUATION OF THE RESEARCH OUTCOME OF MSC NURSING THESES AND ITS APPLICATION IN EVIDENCE-BASED CARE

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Statement of the Problem: Nursing theses are most important sources to produce knowledge and evidences for nursing practice. Thus, we aimed to review the status of research outcomes of MSc nursing theses and their level of evidence-based.

Methodology & Theoretical Orientation: This is a descriptive cross-sectional study. All theses that were completed from 2002 to 2012 in Mashhad Nursing and Midwifery School were evaluated and their resulting published articles were found by searching in credible databases. Also articles were evaluated in terms of level of evidence-based and type of journal in which were published.

Findings: Ninety two theses were done in desired period. Seventy articles were published from these theses. 32 percent of theses had 6th, 38 percent had 4th and 23 percent had 2nd level of

evidences-based. Comparison between the first five years and the second five years showed; 38 percent of theses in first half time and 77 percent in second half time used experimental and quasi-experimental methodology. Also 41 percent of theses resulted in published articles in first half time whereas this number increased to 82 percent in second half time.

Conclusion & Significance: Methodology of MSc nursing theses has moved toward nursing clinical interventions and important nursing challenges and their resulting articles are publishing in more credible journals. Although given the importance of evidence based practice, it is necessary to develop individual and organizational mechanisms for promotion of level of evidence-based in nursing research.

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

APPLYING FLIPPED CLASSROOM IN TEAM-BASED LEARNING APPROACH FOR COLLEGE NURSING EDUCATION – AN PILOT STUDY

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Background: Team-based learning is a dialectics learning strategy involving the application of adult learning theory and the cooperative learning approach. The core principle of the flipped classroom is that responsibility for learning returns to the students, the role of teachers changing from that of the leader to that of provider. However, the application of the flipped classroom in the team-based learning method in nursing education literature is insufficient, and there is a lack of clarity as to the process of implementation process students' learning outcomes.

Purpose: The purpose of this study was to explore the effectiveness of team-based learning within the flipped classroom on learning outcomes in nursing education.

Methods: Using an experimental study design, structured questionnaires were used for data collection. A non-random, purposive sampling method was applied and recruited 50 participants, who were then randomly divided into an experimental group and a control group. Two kinds of course intervention (traditional lecture and online-based flipped classroom) were delivered to both groups. Pre- and post-testing was used to evaluate the learning performance in both groups. Analysis of the questionnaire data was undertaken using SPSS/PC 20.0, according to the variables of the study for statistical analysis.

Results: The results of the study showed that there was statistically significant difference in the post-test scores between the two groups following different interventions identified by an independent sample t test ($t=13.24$, $p<.001$). Both groups improved following the interventions as indicated by a paired sample t test ($t=15.89/4.07$, $p<.001$). There was evidence that the post-test performance of the experimental group was better than that the control group. The experimental group had satisfied in three areas, which included learning achievements ($M=3.94$, $SD=0.21$), learning materials ($M=3.93$, $SD=0.20$) and knowledge application ($M=3.93$, $SD=0.21$) by questionnaires.

Conclusion: Team-based learning within a flipped classroom in the nursing class teaching improved student learning motivation and learning effectiveness. It is a method aimed at developing proactive learning and enhancing the skills of critical thinking, and team communication and cooperation. On the other hand, this approach also promotes and increases diversity of teaching for educators.

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

AN EXPLORATORY STUDY OF FACTORS INFLUENCING STUDENT NURSE'S EMPATHY

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Introduction: Healthcare providers' empathetic attitude towards patient care significantly plays a role in the success of patient-centered outcome. However, across the empathy literature, there have been numerous studies which indicate that there had been a significant change in the level of empathy among nursing students in line with the length of their clinical exposure. Considering these studies, little is known on the factors affecting empathy. Hence, this study has purported to explore the factors influencing nursing students' level of empathy.

Methods: A descriptive-correlational research design was utilized. This study employed factor analysis to explore the factors which influence student nurses' level of empathy. Data was analyzed through SPSS Version 21. Inclusion criteria include regular nursing students with at least 18 years of age and above, on their 15th week of RLE and are currently enrolled in the academic year 2017-2018. A total of 255 nursing students were purposively selected from a tertiary institution in Manila.

Results: Nine factor dimensions identified namely: engaging, efficiency, emic, estranging, encumbering, enduing, emotive, embracing, and enervating factors. Out of the nine variables that were identified, only four have been identified to have a direct effect on empathy which are: engaging, efficiency, estranging and encumbering factors. Moreover, engaging and efficiency factors positively affect empathy while estranging and encumbering factors negatively affect empathy. Notably, engaging factors had the most impact among the student nurses' level of empathy.

Conclusions: Several factors affecting the nursing students' empathy are combination of personal, patient and environmental. Since it was revealed that some factors can cause decrease in empathy among the nursing students, selection of educators who will serve as positive role models should be considered. Likewise, empathy trainings may be conducted such as self-awareness and reflective listening among the nursing students before they face their patients.

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

THE IMPACT OF SIMULATION ON PEDIATRIC NURSING STUDENTS' KNOWLEDGE, SELF-EFFICACY, SATISFACTION AND CONFIDENCE

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The simulation technology is rapidly expanding and has been used in several nursing programs around the world and in Saudi Arabia too. The aim of this study was to evaluate the effect of using a simulation based scenarios on the pediatric nursing students' knowledge, self-efficacy, satisfaction, and confidence. This study used Bandura's social cognitive learning theory as a theoretical framework. One hundred and fifty eight, third year baccalaureate nursing students enrolled in a pediatric nursing course participated in the study. Data was collected using demographic data profile questionnaire, knowledge questionnaire, learner satisfaction and self-confidence in learning questionnaire and the general self-efficacy. The simulation activities were conducted in the pediatric nursing lab. The simulation activities consisted of three respiratory problems and one cardiac scenario. High and low fidelity simulators were

used. The majority of the students was unmarried (96.84%) and had no previous experience in simulation. There was a significant statistical difference in pre- and post-test knowledge and self-efficacy scores. Students were satisfied with the simulation experience and their self-confident scores were higher after the simulation session. That post simulation self-efficacy was positively correlated with satisfaction ($r=.46$, $P=0.001$) and self-confidence ($r=.50$, $P=0.001$). Satisfaction with simulation was also positively correlated with self-confidence ($r=0.46$, $P=0.001$). Although the interpretation of the study results is limited due to the short time frame between the pretest and the posttest. This study provides a stepping point for understanding how simulation may affect the pediatric nursing students' knowledge, self-efficacy and confidence.

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

NURSING LEADERSHIP FOR NEW MILLENNIUM: TOWARDS PROFESSIONALIZATION

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In this millennium of supersonic speed of managed care, leadership development is important for the future spectrum in nursing. Optimism and courage are the trademarks of great leaders. Leadership is a collective function and integrated synergies expression of a group's efforts. It is not the sum of individual dominance and contributions, it is their interrelationships. There is a need to identify current and future challenges in health care and create a roadmap for nursing practice that can meet the needs of the 21st century. Nurses are acknowledged as the backbone of health care delivery system, thus the nurses today need to rise to the occasion and contribute wholeheartedly towards redefining and restructuring the nursing profession beyond its traditional boundaries. Thus, nursing profession demands leaders with a

vision and determination to mould nursing education and practice in new dimensions. Rarely does one have the luxury and time to reflect on the optimal way to create something new. Present day situation is a wonderful and unique opportunity for nurse leaders and managers to provide an arena to discuss change to create a better system. Every nurse must develop leadership competencies among themselves and make partnership with health professionals to improve healthcare delivery system. There are several important leadership competencies when used effectively, will help ensure success. This paper discusses further the cascade of leadership development competencies required for nurses in the new millennium.

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Nursing Education & Research

April 23-25, 2018
Rome, Italy

J Nurs Health Stud 2018, Volume 3
DOI: 10.21767/2574-2825-C1-003

REFLECTION AS TOOL FOR THE FACILITATION OF CRITICAL THINKING

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Introduction: Reflection is a meta-cognitive process where a person consciously thinks about his/her own thinking. It is of crucial importance during the learning process. The use of reflection as a teaching strategy can be utilized as an innovative tool to enhance student's ability to think critically. Thinking processes are developed and problem-solving skills established through reflection. Reflection must be used during class and in the clinical field. Reflective journals consist of memory, indicating opinions, perceptions, patterns and trends.

Methods: Reflection as learning tool was introduced to students in the beginning of the academic year. The students were asked to write their reflection in a journal on a daily basis. It was posted on Blackboard. Blackboard is an internet assisted educational programme and can be utilized by students in a safe environment. Timely feedback on a regular basis is made possible. Reflective journals were the data collection tools. Census sampling provided 33 students who gave consent to participate.

Results: Qualitative data from reflective journals were analyzed with Tesch's method. Results proofed significant positive results regarding the students learning experiences and group learning. The interaction with peers proofed positive and motivating.

Conclusion: Reflection is of high importance for all health care professionals and facilitates thinking about clinical experiences. Reflection must be reinforced by clinical accompaniment. If reflection is used in the clinical field, the lecturer can facilitate the link between theory and the sickness processes of the patient and in doing so develop critical thinking of students. Facilitation of the reflective cycle with clear instructions is imperative from the first year of study.

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