

POSTERS

Abstracts



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INTERRUPTIONS IN NURSING WORK: SAFETY IN THE PREPARATION AND ADMINISTRATION OF THE DRUG

Cris Renata Grou Volpe, Marina Morato Stival Lima, Tania Cristina Morais Santa Barbara Rehem, Luciano Ramos de Lima, Silvana Schwerz Funghetto, Walterlânia Silva Santos, Breno de Sousa Santana and Barbara Soares Rodrigues

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Objective: To investigate the relationship between the prevalence of errors in medication process and interruptions in the nursing work in medical clinic inpatient units in two public hospitals in the Federal District, Brazil.

Method: Observational, comparative and exploratory quantitative character. Data were collected from Jul' 2012 to May' 2014. The sample consisted of health professionals involved in the medication process, is 8 in the Hospital 1 and 18 in the Hospital 2.

Results: In Hospital 1, were observed 484 doses and a total of 865 errors, of which 464 (56.3%) were directly related to work interruptions. In Hospital 2 were observed 415 doses and 583 medication errors, and these, 118 (24.4%) were associated with interruptions.

Conclusions: work interruptions negatively influence the medication process, jeopardizing patient safety. Risk management measures should be implemented in order to reduce sources of interruptions in nursing work and reduce the chance of adverse medication events.

Biography

Cris Renata Grou Volpe is currently teaching at the University of Brasilia -UNB, completed Master of Health Sciences University of Sao Paulo and a PhD in Nursing at the Graduate Nursing Program (UNB). She has experience in nursing, with emphasis on fundamental nursing, medical and gerontology acting on the following topics: nursing in adult health and elderly, medicine, nursing in public health, semiotics/semiotics and nursing process.

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ANALYSIS OF QUALITY OF LIFE ASSOCIATED WITH DIABETIC NEUROPATHY IN A GROUP OF INDIVIDUALS WITH PAIN IN PRIMARY CARE

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Objective: To analyse the quality of life (QoL) of individuals with diabetic mellitus type 2 (DM2) with neuropathy and pain treated in primary care in Brazil.

Methodology: Transverse cohort study of quantitative approach conducted in two Basic Health Unit (UBS) users of the Unified Health System (SUS) of Brazil. The sample was 251 participants and we adopted instruments: demographic and socioeconomic profile, clinical, pain (Visual Analogue Scale). Diabetic neuropathy was investigated by the protective sensitivity loss (PSP) and by the Leeds Assessment of Neuropathic Symptoms and Signs (LANSS). QoL was evaluated using SF-6D (Short-Form 6 Dimensions-SF-6D).

Results: The majority were 74.5% women, mean age 58.9±10.01 years, 68.5% with DM2 time less than 10 years. The neuropathic assessed by the LANSS was 16.3%, 97.1% had chronic pain, the neuropathic ones reported intense pain M=7.15±2.0 compared to non-neuropathic 6.4±2.3 (p=0.038), 51.2% had alteration in the monofilament test (p=0.001). The most mentioned pain descriptors were burn (p=0.004), tingling (p=0.002), and tuned and/or needling (p=0.003). The overall QoL was SF-6D averaged 0.78 points, patients with neuropathy had a lower score (mean=0.77) (p>0.05). In general, 91.2% of the QoLdor domain was the most affected among neuropathic patients, followed by mental health and vitality, and the domain less affected was social aspect, however, there was no difference between groups when compared between domains (p>0.05).

Conclusion: QoL was affected in the neuropathic mainly in the domains of QoL pain, mental health and vitality. Most had chronic pain of moderate or severe intensity. Nurses should be attending to DM2 to recognize neuropathy and prevent further QoL promotion.

Biography

Luciano Ramos de Lima has completed his Master in Nursing from Health Sciences and Technologies Program of the University of Brasilia, Brazil. Currently, he conducts research on the subject of Diabetes mellitus, Chronic pain and Quality of life. He has published more than 30 papers in journals nationals and internationals.

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NURSING DIAGNOSIS FRAGILE ELDERLY SYNDROME IN THE ELDERLY WITH CHRONIC DISEASES

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Objective: To evaluate the nursing diagnosis of fragile elderly syndrome in the elderly with chronic diseases.

Methodology: Quantitative, descriptive and cross-sectional study with 78 elderly patients with arterial hypertension and/or diabetes mellitus treated in primary care. We used a socio-demographic questionnaire, mini mental state examination, anthropometric data (weight and height), sarcopenia evaluation, body composition (bone densitometry), muscle strength (dynamometer) and functional performance evaluation (timed up and go-TUG). The nursing consultation was performed for the identification of the nursing diagnosis of the Fragile Elderly Syndrome of NANDA-I. The data were analysed in statistical software SPSS 20.0.

Results: The majority of the elderly were female, with a mean age of 68.8±6.0 years and low schooling. The majority of the elderly had associated hypertension and diabetes mellitus (53.9%), 80.8% were overweight, 44.9% had cognitive deficits, 7.7% had sarcopenia and 3.8% had severe sarcopenia. The most prevalent related factors were: previous falls (79.5%), sedentary lifestyle (48.7%) and alteration in cognitive function (44.9%). The defining characteristics were identified: 93.6% with impaired memory; 93.6% impaired physical mobility; 82.1% fatigue; 76.9% impaired walking; 53.8% self-care deficit for dressing; 43.6% activity intolerance; 35.9% social isolation; 30.8% hopelessness; 29.5% self-care deficit for food; 29.5% for bath; 12.8% for intimate hygiene and 10.3% decreased cardiac output.

Conclusion: Elderly individuals with risks for geriatric disabilities were identified. The identification of this diagnosis in the elderly in the primary care showed to be relevant when demonstrating a holistic approach of this elderly with chronic disease. This research is essential in view of the high prevalence observed mainly related to mobility and cognition. Nurses should be aware of the diversity of signs and symptoms involved in syndrome, as they may interfere with diagnostic accuracy and problems be judged in isolation rather than approaching a syndrome

Biography

Marina Morato Stival has completed her Nursing from Health Sciences and Technologies Program of the University of Brasilia, Brazil. Currently, she conducts research on the subject of Human Aging and has published more than 30 papers in national and international journals.

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THE DEPORTATION OF SICK ILLEGAL IMMIGRANTS-IS IT MORAL?

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In recent decades, efforts have been made by migrant workers from third world countries, to immigrate to developed countries in order to improve their wages and quality of life. This is often done in contravention of immigration laws of the destination country, especially when seeking a better life, such as infiltration of migrant workers to the United States from Mexico. This phenomenon also existed in Israel, especially from the Egypt border. The possibility of sick illegal immigrant's access to health care institutions in most European countries is limited to emergency situations. In the United States, hospitals deal with the constant need to health expenditures, some are choosing "unlawful" deportations of illegal patients in order to save money. Utilitarianism states that the ends justify the means' i.e. the value of an action is determined by its contribution to overall utility and happiness while minimizing the suffering. This doctrine argues that actions are morally correct, as they tend to increase happiness. This philosophy depends on consequentiality and is considered as a selfish approach, as it doesn't take into account any kind of suffering which the society may face due to a particular action plan. In contrast, deontology is based on fairness and social justice. The moral value of the action lies in the act itself. There are things that are worth doing and there are things that we will do and no matter what will be the outcome. The presentation will highlight the questions that arise from the debate about the morality of deportation of sick illegal immigrants, the ethical approaches involved and conclusions regarding health coverage for illegal immigrants.

Biography

Miriam I Siebzeher Deputy Director and Senior Researcher Israeli Center for Technology Assessment in Health Care (ICTAHC). She holds two MA's in Nursing from Tel Aviv University and in Public Administration from Harvard's John F Kennedy School of Government. She received her PhD in Health Management from Ben-Gurion University. She is the Chief Nurse Officer of the Central Health District, Ministry of Health. She has published more than 30 articles in professional Israeli and international journals. She has lectured in professional educational programs in Tel-Aviv University. During 20 years, she is a Consultant to the Israeli Foreign Ministry, Division for International Cooperation on Health Issues for Latin America and selected African countries. She has received professional awards: The International Council of Nurses and 3M, Israel Award for outstanding professional achievements, the Ministry of Health Outstanding Employee Award in recognition of highest level of excellence, The Prime Minister Office Civil Service Commission Outstanding Governmental Employee Award.

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EXPLORING THE WORKPLACE STRESS-ASSOCIATED EXPERIENCES OF THE NURSING WORKFORCE IN DEMENTIA HOSPITALS

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Cost-effective solar water splitting requires earth abundant photocatalytic materials converting photons to working electrons. Workplace stress is the resultant mismatch between job demands made on individuals and their knowledge and abilities to cope. It is especially identified to be inherent in busy and pressurised workplaces such as nursing. Risk of stress is high amongst nursing care team including health care assistants (HCAs) who work in dementia hospitals. Dementia is identified to be a neurodegenerative disease characterised by loss of memory, depression, impaired communication, confusion, poor judgement, disorientation and breakdown in communication, this alone could be a stressor to the nursing care team. Literally, some of the stressors in dementia hospital wards also include dealing with patients, high workloads, inadequate resources, bureaucracy, staffing, clashes of skill mix and dynamics, poor reward system, relationship amongst staff, fears and worries, management style, colleague's behaviours and facing of aggression. Identifying the yet-to-be published stressors and remedies in dementia hospitals have been guided by the job demand resources theory which incorporated both the job demand control support and effort reward imbalance stress models. Stress has been understudied in nursing research especially when it involves HCAs, who are also part of the nursing care team in dementia hospital wards. This study has explored staff members' stress-associated experiences, coping strategies and ways to improving workplace experience in dementia hospitals using a semi-structured individual interview and focus group. The current study has adopted qualitative research methodological approach using phenomenological underpinnings. 15 HCAs participated in the interview whereas eight HCAs participated in the focus group discussions. 15 and seven nurses also participated in both interview and focus group discussions as well respectively. An episode of stress amongst dementia nursing workforce in the United Kingdom may not only affect staff members but the patients they look after, organization and nation if left unattended.

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VALIDATION OF MATERNAL ANATOMICAL ANTHROPOMETRIC MEASUREMENTS TO PREDICT CEPHALOPELVIC DISPROPORTION AMONG PRIMIGRAVID WOMEN VISITING GOVERNMENTAL HOSPITALS IN ADDIS ABABA, ETHIOPIA

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Background: CPD (cephalopelvic disproportion) is defined as a mismatch between the maternal birth canal (the pelvis), and the fetal head. Detection of women at risk for CPD will allow physicians to make preparations and treatment decisions that can minimize maternal and neonatal morbidity. In developing countries, a significant number of maternal deaths are attributable to the complications of obstructed labor typically CPD, which leads to birth canal trauma, postpartum hemorrhage, and genital infections, etc. In patients with CPD, delay in the decision to seek care or delay in arrival to an appropriate medical care facility is common in rural hospitals.

Objective of the study: To assess validity of maternal anatomical anthropometric measurements to predict cephalopelvic disproportion among primigravid women visiting Governmental Hospitals in Addis Ababa

Methods: Hospital based prospective cohort study was carried out at Governmental Hospitals in Addis Ababa. The sample size was 384 which were recruited consecutively until the required numbers were achieved. Three hospitals were purposely selected from Addis Ababa governmental hospitals. The data was entered and analyzed using SPSS (Statistical Package for Social Sciences) version 23 statistical package. Analysis of variance (ANOVA), 95% CI (confidence interval) and P-values less than 0.05 were used to examine association between dependent and independent variables.

Results: Among 384 nulliparous mothers, 337 of them were delivered through spontaneous vaginal delivery (SVD) and 47 mothers gave birth by CS due to confirmed cephalopelvic disproportion. The mean fetal weight who delivered through spontaneous vaginal delivery was 2.96 with standard deviation of 0.55. The mean fetal weight delivered by CS was 3.38 with standard deviation of 0.4. In the present study, statistically significant decrease ($p=0.013$) in the mean fetal weight was observed in children who delivered through SVD. Significant differences were noted for height, foot length, Michaelis horizontal and head circumference of mothers with and without CPD combined anthropometric measurements showed increment in sensitivity, specificity and PPV. Foot length alone has a sensitivity percentage of 27.8, specificity percentage 89.6 and a PPV of 21.7%. When foot length is combined with other anthropometric measurements such as height, Michaelis horizontal and maternal head circumference, its sensitivity increased to 59.6%, 33.3% and 30.4% respectively

Conclusions: In the present study, the variable that predicted cephalopelvic disproportion, the most was maternal height. In addition, foot length, head circumference and Michaelis horizontal diameter were also found to be predictors of cephalopelvic disproportion.

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AVOIDING UNNECESSARY POST-OPERATIVE BLOOD TRANSFUSION IN FRACTURE NECK OF FEMUR PATIENTS: COST AND CLINICAL BENEFITS

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Fractured neck of femur (FNOF) is an increasing problem for the National Health Service (NHS). The 2015 annual report suggests over 65,000 FNOF recorded on the National Hip Fracture Database (NHFD) with the estimated cost to the NHS being over £1.5 billion per year. Many of these patients may require blood transfusion post operatively, a procedure that carries risk, expense and places high demand on scarce resource. There is considerable variation on the transfusion practices. The aim was to identify our practice against NICE guidance identify its cost implications.

Materials & Methods: Retrospective data was collected from the National Hip Fracture Database (NHFD) from Aug' 2015 to Aug' 2016. The transfusion data was collected from our hospital transfusion database. The patients' blood results were accessed through the ICE reporting system and parameters were cross checked. Patients with preoperative bleeding disorders were excluded.

Results: Around 300 FNOF fulfilled the inclusion criteria. 22% of them had blood transfusion. Out of this 82% of patients, post-transfusion Haemoglobin (Hb) exceeded NICE recommended targets. Hb check alone after each unit as recommended by NICE could have saved the trust over £7000.

Conclusion: A significant proportion of our FNOF patients' receive blood transfusion unnecessarily. Adhering to the NICE guidelines by checking the Hb after each unit transfused and assessing the need for further transfusion will not only reduce patients exposed to risk, but will reduce cost to the trust and will reduce the demand on blood and its products.

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NECK OF FEMUR PATIENTS ON WARFARIN: HOW TO OPTIMISE THEM AND ACHIEVE THE BEST PRACTICE TARIFF?

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Introduction: Management of a patient with a neck of femur (NOF) fracture is a key aspect of orthopaedic trauma care, with around 75,000 new cases in the United Kingdom annually costing the health care over £2 billion. A person on anticoagulation (warfarin) and the time spent on its reversal prior to surgery is identified to be a cause not only on patient outcome but also losing the best practice tariff (BPT).

Aim: The aim was to establish the impact, this cohort of population had on achieving the BPT and how we could improve it.

Material & Methods: Retrospective data was collected over a period of 12 months using the national hip fracture data base (NHFD). 10% of the identified cohort was delayed to theatre due to high international normalised ratio (>1.5) and failed to achieve BPT. This costs the trust a loss of around £43,200. Introduction of a simple hand held warfarin testing device (cost only £800/-) in accident, emergency and to appropriate patients will have an instant INR check. If INR>1.5 a stat 2 mg intra venous vit K (IVK) is initiated and INR rechecked at 6 hrs, and if indicated further IVK is administered.

Conclusion: Using this simple device and its introduction in the A&E department, we can avoid the time lost for the anticoagulation reversal. This will mean improved patient care and compliance with BPT can be achieved in this cohort of NOF fracture patients.

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STRATEGY TO REDUCE MORTALITY IN DENGUE HEMORRHAGIC FEVER

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Dengue fever (DF) and dengue hemorrhagic fever (DHF) are the main clinical types of dengue infection. DF runs a benign course while DHF potentially can cause dengue shock and death. Presence of a critical phase with the pathological hallmark of plasma leakage in DHF is the fundamental difference between DF and DHF. Reduction of mortality in DHF resides in the early diagnosis of dengue infection, early detection of plasma leakage and accurate fluid management during the critical phase designed to prevent both shock and fluid overload. Given the predictable stereotyped course of DHF with a febrile phase lasting 4-7 days, a critical phase lasting only 48 hours and transition to convalescence around the 7th day of illness provides a window of opportunity for optimal fluid therapy to reduce mortality. Plasma leakage commences from 3rd to 5th day of the illness. Hence, it is essential to diagnose dengue infection within the first three days; blanching erythema been useful sign. Monitoring of physiological parameters compensating for volume depletion in the face of plasma leakage permits early detection of plasma leakage. Severe vomiting, abdominal pain and tender hepatomegaly portend the advent of plasma leakage which should be confirmed early by ultrasonography before clinical evidence of ascites and pleural effusion. A calculated fluid quota of M+5% is administered over the 48 hour period of the critical phase. Fluid infusion should match the dynamics of plasma leakage enabled by hourly monitoring of pulse rate, pulse pressure, urine output, and hematocrit. Too much of fluid in the setting of leaky capillaries will result in fluid overload while too little results in shock and consequently fatal hemorrhages and organ failure triggered by tissue hypoxia. Striking the right balance in fluid therapy is the art mastered by good understanding of the disease course and application of basic cardiac physiology. I shall share the details of this art based on experience in treating over 4000 dengue patients with only one death during the guest lecture.

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LEVELS OF SUICIDAL IDEATIONS AND INTENTS AMONG THE INMATES IN THE CORRECTIONAL INSTITUTIONS IN BAGHDAD CITY

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Introduction: Suicidal ideations concern thinking about suicide or an uncommon and inappropriate preoccupation with suicide. The range of suicidal ideation and intent differs significantly from brief thoughts, to wide thoughts, to comprehensive planning, and role playing. Suicidal intents in prison are a major concern, occurring at 3-8 times the rate seen in the general community.

Objectives: To explore the levels of suicidal ideation and intent among the inmates in the prisons of Baghdad City and to find out the relationship between these levels and some demographic characteristics of those inmates.

Methodology: A descriptive study to explore levels of suicidal ideations and intents among the inmates in the correction institutions of Baghdad city was conducted from 15th Oct' 2016 to 10th Jun' 2017. A non-probability sample of one hundred of inmates in Baghdad correctional institutions was recruited. To meet the aims of current study an appropriate questionnaire has been built. This questionnaire consisted of two parts: firstly, nine demographic characteristics and 19 items represent BSI, Beck suicidal ideations and intents scale. Data were analysed by using: descriptive statistical analysis: frequencies and percentages and distribution; and inferential analysis: Chi-square.

Results: The current study finds that more than half of the inmates are from twenties and thirties decades (58.0%), 68.0% having elementary and secondary school, half of them are with six to 15 years imprisonment, and 69.0% are married. Three quarters have moderate and high levels of suicidal ideations and intents. The study also finds that the more the period of imprisonment and the less of income the inmates have the higher the levels of suicidal ideation they have.

Recommendations: To early prevent suicidal and intents risk staff of the correctional institutions should have a good awareness regarding suicide by being well-trained to identify the behavioural and verbal signs that point out to early successful suicide prevention.

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PERFORMANCE OF GENEXPERT TEST IN DETECTING PTB AND RIFAMPICIN RESISTANCE IN PATIENTS ATTENDING KITUI COUNTY HOSPITAL

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Main Objective: To evaluate the performance of GeneXpert MTB/RIF in detection of pulmonary TB and drug resistant testing.**Specific Objectives:** To determine the relationship between TB prevalence and the risk factors of gender and age; determine the performance of GeneXpert MTB/RIF; evaluate the effectiveness of the assay in smear positive and smear negative pulmonary specimens and determine the operational feasibility and cost effectiveness of GeneXpert MTB/RIF in routine use.**Design:** Descriptive cross-sectional study.**Setting:** Kitui County Hospital.**Study subjects:** Adult patients of 18 years and above presenting to Kitui County hospital with symptoms suggestive of pulmonary tuberculosis or multi-drug resistant tuberculosis.**Main outcome measures:** Smear microscopy test method had the highest number of false positives (28%) and false negatives (9.6%).**Results:** 400 samples were analyzed, 37.5% were smear positive of which 60% ($p < 0.05$) were male. For culture and GeneXpert, the positive samples were 33% and 32.25% respectively. Smear microscopy had the highest number of false positives (28%) and false negatives (9.6%). For bacilli identification, the sensitivity, specificity, positive predictive value and negative predictive values for smear microscopy were 81.8%, 84.3%, 72% and 90.4%; GeneXpert were 97.7%, 100%, 100% and 98.9% respectively. Drug susceptibility testing using culture method showed 23 isolates were rifampicin resistant with GeneXpert, they were 26, implying 3 false positives. The sensitivity, specificity, positive predictive value and negative predictive value for GeneXpert in drug susceptibility testing was 100%, 97%, 89% and 100%. Cost of testing samples with GeneXpert assay was high, but offers rapid detection.**Conclusion:** GeneXpert MTB/RIF offers high potential for rapid diagnosis of TB and drug susceptibility testing.**Recommendation:** GeneXpert be considered for routine drug susceptibility testing of TB samples.

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CURRENT STATUS OF PUBLIC HEALTH NURSING IN WORLD, PROBLEMS ENCOUNTERED AND SOLUTION PROPOSALS

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The aim of the study is to analyse the work environment and problems of public health nurses working within the primary health care system in underdeveloped and developing countries worldwide, and propose solutions from a societal and nursing point of view. In the world, the need for quality work force in primary health care has increased due to the expansion of health care coverage today. Despite the fact that there are graduate and doctoral programs in Public Health Nursing Departments of universities in various countries, nurses and nurse midwives working in community health centres and family health centres carry out the duties of public health nurses within healthcare system. The number of public health nurses employed in primary healthcare institutions is very low and insufficient. The conditions in these primary work environments affect public health nurses negatively in terms of physical, psychological and social aspects. It is necessary to improve the employee personal rights of public health nurses and improve the conditions for providing holistic health care.

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PATIENT-REPORTED OUTCOMES IN CHRONIC MAINTENANCE HAEMODIALYSIS PATIENTS: A CROSS-SECTIONAL MULTI-CENTER STUDY

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Background: Maintenance haemodialysis (MHD) does not always elevate dialysis symptoms. Information about symptoms' burden and control can be useful for developing adequate MHD patient's services.

Objectives: To characterize and examine the presence and burden of dialysis symptoms among MHD patients, and their correlations with age, time on dialysis, daily function, co-morbidity, depression and quality of life.

Methods: A multi-center, cross-sectional study of 336 MHD patients was done. The study tools included: dialysis symptom index (DSI); kidney disease quality of life short form (KDQOL-SF); mini international psychiatric interview (MINI); functional independence measure (FIM); Karnofsky performance status scale (KPS); Charlson's co-morbidity index (CCI); montreal cognitive assessment (MoCA) for screening. Data were collected using patients' and nephrologists' interviews.

Results: The burden of symptoms was found to be positively and consistently associated with time on dialysis >24 months and the presence of major depression, and inversely associated with daily function and the quality of life. In multivariate quantile regression models, time on dialysis >24 months was associated with an increase in the OBS and OSSS by 2.3-3.1 points and 8.6-11.6 points, respectively. Depression was associated with an increase in the OBS and OSSS by 7.3-7.5 and 30-40 points, respectively. An increase in the burden of symptoms was associated with a decrease in daily function and in quality of life metrics.

Conclusions: In addition to providing haemodialysis treatments, clinical and research resources should be directed at controlling of symptoms in MHD patients. Controlling symptoms, while providing multidisciplinary personalized care, may contribute to the patient's quality of life.

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INADEQUACY OF EDUCATION IN MATERNITY CARE SYSTEM, AS A BARRIER TO ADVOCACY FOR NORMAL BIRTH: A QUALITATIVE STUDY

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Background & Objective: The role of obstetricians and midwives in the advocacy of normal birth is emphasized in the international statement on midwifery care. Advocacy can change the attitudes of authorities and pregnant women in favour of normal birth as a low-risk and healthy way for mother and babies outcome. So exploring the barriers of advocacy for normal birth by stake holders, in the real context like delivery wards in hospitals, can help planning in the most effective advocacy programs.

Participants & Methods: This qualitative exploratory research was conducted using grounded theory. Participants were purposefully selected from the community of obstetricians and midwives whom involved in childbirth advocacy in governmental and non-governmental hospitals and private clinics in Tehran, Iran. 18 deep interviews were conducted, which lasted 35 to 120 minutes during Jun'-Feb' 2017. All interviews were fully recorded, written and then all transcripts entered MAXQDA software (ver. 10). The coding, reviewing and analysis processes of the texts were carried out using Strauss and Corbin paradigm.

Findings: The inadequacy of education in maternity care system is one of the causes of the barriers to advocacy for normal birth. It consists of two main categories of weak human resource training and inadequate education and public awareness policies on normal birth. The present article describes a theme and its sub-themes: disregard for ethics in the human resource education system and weakness in the clinical education system for normal birth.

Conclusion: The findings of this research suggest an effective manpower training strategy for normal birth, a change in the curriculum content and provision of more effective clinical education.

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CERVICAL CANCER SCREENING PRACTICE AND ASSOCIATED FACTORS AMONG WOMEN AGED 21-49 YEARS LIVES IN NEKEMTE TOWN, WEST ETHIOPIA, 2018

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Background: Cervical cancer is one of the most frequently occurring types of reproductive cancers in women worldwide. Cancer is predicted to be an increasingly important cause of morbidity and mortality in the next few decades, in all regions of the world. Within the forecasted changes in population demographics in the next two decades, even if current global cancer rates remain unchanged, the estimated incidence of 12.7 million new cancer cases in 2008 will rise to 21.4 million by 2030.

Objective: To assess cervical cancer screening practice and associated factors among women of 21-49 years lives in Nekemte Town, West Ethiopia.

Method: A community based cross-sectional study was conducted from 11th-20th Jun' 2016. Multi stage sampling was utilized and a total of 786 women were included in the study. Data was checked for completeness and entered to EPI data and analyzed using SPSS version 20. Variables found to have association with the dependent variables ($p < 0.25$) in bivariate analysis were entered in to multiple logistic regression for controlling the possible effect of confounders. Finally, the variables that have p-value of < 0.05 were considered statistically significant. The strength of association between independent and dependent variable was assessed using odds ratio with 95% confidence interval.

Result: A total of 786 women aged 21-49 years were participated in this study with a response rate of 93%. The proportion of cervical cancer screening practice was 3.1%. Knowledge and attitude of the respondents were significantly associated with cervical cancer screening practice with an adjusted odd ratio (AOR) of 7.52, 95% CI (2.36-23.91) and 3.778, 95% CI (1.063-13.428), respectively.

Conclusion & Recommendation: This study revealed that the cervical cancer screening practice is low. Knowledge and attitude towards cervical cancer screening were found to be significant predictors of cervical cancer screening practice. Health offices and their stakeholders should work on community at the grass root level through sustained community involvement to improve knowledge and attitude towards cervical cancer screening.

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