



17th World Congress on

Clinical Nursing & Practice

August 29-30, 2018 | Zurich, Switzerland

Keynote Forum

Day 1

Clinical Nursing 2018

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Nicki Fouché

University of Cape Town, South Africa

What happens behind the curtains? an exploration of ICU nurses experiences of post mortem care

Aim: The aim of this study was to explore the experiences of ICU nurses performing post mortem care in an intensive care unit at a private hospital in Cape Town. In addition, the study was set out to identify educational needs and to offer recommendations that may address these needs for this sample of ICU nurses.

Background: Post mortem care (care after the death of a human being) is still viewed by contemporary society as a taboo and clandestine aspect of life and is more often avoided both in conversation, writing and thinking. In many hospitals and other healthcare facilities, post mortem care is performed behind closed doors, in which an aura of mystery is created as to what happens to the dead body in this scenario. The nurses' experience of post mortem care differs from that of other occupational groups (ambulance officers, medical practitioners and police) as the nurse sees the body before and after death and has an established relationship with the person who has died. The practical procedure of post mortem care is widely explored by many authors using various procedural guidelines and/or manuals. However, little is known about the nurse's experiences of post mortem care.

Methodology: A qualitative research design using a descriptive method was used to explore the experiences of a purposive heterogeneous sample of six ICU nurses who were working in an ICU of a private hospital in Cape Town.

Data Collection & Analysis: A semi-structured interview which was audio-taped and transcribed verbatim was employed to collect data. Colaizzi's (1978) seven step inductive method was used to formulate naïve themes. Following participant feedback, three main themes emerged: care of the dead body; detachment and thanatophobia.

Findings: Safeguarding the integrity and physical appearance of the dead body was the major finding and of the utmost priority for the participants in this study. Regardless of how the ICU nurses felt about death, providing professional and quality care to the dead body and the family was seen as significantly important. The ICU nurses, whilst performing post mortem care, experienced detachment from various relationships. This comprised of the ICU nurse detaching him/herself professionally and emotionally from the dead patient, the family and him/herself from the death experience. This unspoken experience of thanatophobia became apparent when the ICU nurses were confronted by the reality of their own deaths.

Conclusion & Recommendations: These three themes were discussed in relation to the available literature and recommendations put forward for education and nursing practice and further research.

Biography

Nicki started her ICU career at Grootte Schuur Hospital in Cape Town in 1988. She is qualified with the Diploma in Intensive Nursing Science in 1990. She worked in the ICUs at GSH until 2000 when she accepted a Lecturer position as the Critical Care Nursing Convenor. She has completed her PhD (Education) at Faculty Humanities at UCT. Her research areas are Death and Dying, Death Education, End-of-Life Care, Thanatology, Heideggerian Phenomenology. Currently, she is the Head of the Division Nursing and Midwifery University of Cape Town.

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Jeong-Ah Kim

Federation University, Australia

Predictive risk for patient safety culture

Medical errors impact up to 440,000 people's lives, per year in the US, with more people dying from medical errors each year than highway accidents, breast cancer, or AIDS combined. This makes medical errors the third leading cause of death in the US alone, after cancer and heart disease, and are responsible for 11% of all deaths in Australia. In other words, medical errors in western healthcare has been implicated in more than 5 million deaths, contributed to the disability-adjusted life years of more than 20 million people and had cost healthcare approximately \$1 trillion over the past decade. Health care services are yet to recognise and appreciate such measurable approaches and continue to rely on post mortem or misadventure examinations. This has contributed to a restricted, deficient or non-existent database that can provide predictive measurements of healthcare incidents, or calculate quality intervention relationships between organisational determinants and clinical outcomes. A systematic review of the patient safety culture within health care settings was undertaken to examine and provide a deeper understanding of the significance of predictive measurement of organisational factors to enhance the culture of patient safety. In doing so, solutions are provided that may address organisational culture challenges. These include actions that organizations can undertake to identify, measure and adopt innovative safety and quality improvement strategies. Further, it is highlighted how to initiate, maintain and sustain a culture of organisational safety through a predictive measure of the risks that closes the gap between patient safety and health care delivery.

Biography

Jeong-Ah Kim is a Registered Nurse. She has completed a MPH in Public Health and PhD in Occupational Health Management System at Queensland University of Technology, Australia. She is the winner of the National Award for Excellence in PhD. She is a Lecturer at Federation University with an expertise in the field of nursing, public and occupational health and patient safety for the last 20 years

Notes:



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Elisabeth Jacob

Edith Cowan University, Australia

Blood sampling through peripheral intravenous cannulas: A look at current practice in Australia

Patients are often subjected to numerous blood samples to diagnosis conditions and monitor response to treatment. Blood samples are traditionally drawn from peripheral venepuncture, a painful technique that can cause bruising, haematomas, infections, vasovagal reactions and peripheral nerve injury. Increasingly intravenous cannulas are being used for blood sampling. Arguments for obtaining blood samples from intravenous cannula include decreased pain, convenience and appropriateness for certain populations, such as children, patients with blood disorders or requiring frequent samples. Arguments against the practice suggest risk to infection control, patency of cannula and blood vessel and quality of blood samples. There is a paucity of evidence on which to base policies for or against blood sampling from intravenous cannula. This study aimed to explore the prevalence of the practice of blood sampling from intravenous cannulas in Australia. Using a cross-sectional design, participants were recruited through an anonymous survey distributed electronically by nursing organizations and snowballing. Five-hundred and forty-two nurses participated in the survey, with 409 providing usable responses. The practice was reported by 94% (n=388) of participants, with 57% (n=235) only taking blood from newly inserted cannulas. Reasons for use included difficult venepuncture (n=270, 66%), patient comfort (n=228, 56%) and frequency of sampling (n=210, 51%). Use was state dependent and differed between specialty areas. There is a large variance in practice regarding obtaining blood samples from intravenous samples between states in Australia, types of clinical practice and individual nurses.

Biography

Elisabeth Jacob is currently working as an Associate Dean (Nursing) at ECU. She practiced as a registered nurse for over 20 years in both rural and metropolitan hospitals. She has completed her PhD at Monash University in 2014. She has published more than 30 papers in reputed journals. Her research interests include: development of the nursing workforce; skill mix and its effect on patient outcomes; critical thinking and patient outcomes; acute nursing and mixed methods research.

Notes:

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Beth Harkness

Children's National Health System, USA

Advancing worldwide nursing practice strategies to transform the global health of families through the translation of contemporary genetic/genomic science and technology into practice

In this era of precision medicine, limited strategies are available for educating the workforce of nurses to the global science of genetics/genomics. In response to this contemporary issue, this presentation will describe methods for translating the recent advances in genetics/genomics into the infrastructure global nurse education. A multi-modality educational program and implementation framework was developed based on Everett Rogers's Diffusion of Innovations Theory and the genetic / genomic competencies for nursing comparative approaches and outcomes were evaluated. Surveys were implemented pre and post interventions to nurse participants with broad demographic backgrounds. The national collaboration stimulated a synergy that created a convergent vision leading to the development of an electronic process platform. Post survey findings; nurses stated greater understanding of implication of genetics/genomics; family history as the first genetic tool for the prevention and treatment of genetic conditions, concise electronic communication/education preferred, increased belief that genetics/genomics is part of each of nurses scope of practice. Time constraints and leadership resources challenged success and sustainability. Infrastructure for policy, procedures and sustainability needed to be established for greater success. Leveraging various national cohorts increased education and awareness of clinical family nursing practice in the precision medicine era. A web platform has been developed with the aggregate of resources from the research collaboration and an implementation pathway for nurse leadership and educators around the globe. Post survey results demonstrated the family nursing profession is poised and ready for the challenge of translating new science into practice to promote preventive care and treatment for families globally.

Biography

Beth Harkness has over a decade of experience providing clinical care and disease management to the pediatric and adult cystic fibrosis population and managing cystic fibrosis research at Children's National in Washington, DC, USA. Her special area of interest focuses on the diagnosis of cystic fibrosis disease and connections to care for the population affected with this genetic disease. In 2009, she has conceptualized and implemented a program for the advancement of genetic/genomic awareness and education at Children's National and now works in collaboration with National Institute of Health (NIH) on Methods for Introducing New Competencies (MINC) in nursing.

Notes:

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Tony O'Brien

The University of Newcastle, Australia

Men's preconception health, healthy fathers, a practice nurse approach

This presentation addresses what practice nurses can do while working with men regarding preconception health improvement to become healthy fathers. Australian men live longer than previous years; however, they have not reached the levels of overall longevity that Australian women enjoy. Men have higher mortality rates for suicide, accidents and injury and higher mortality rates for the leading causes of death; tobacco smoking, hypertension, obesity, inactivity, cholesterol abnormality, and alcohol. Men are also vulnerable to the epigenetic effects on epigenomes that can potentially influence the transgenerational inheritance health of offspring during their lifetime. Australia's first people, Aboriginal and Torres Strait Islander (ATSI) men, continue to die well before non-indigenous men and also figure highly in mortality statistics for cancer, circulatory system disorders, respiratory disorders and endocrine and metabolic disorders. Wenitong (2002) argues in the context of Aboriginal and Torres Strait Islander men that a tailored indigenous cultural approach is critical to improve Aboriginal and Torres Strait Islander men's health. Many of the health problems that occur with indigenous and non-indigenous men are associated with preconception male health including, depression, alcohol abuse, COPD, diabetes and smoking-leading to health priority illnesses. This paper highlights men's preconception health needs in the context of primary health care and what practice nurses can do to promote healthy male preconception behaviour.

Biography

Tony O'Brien is a Registered Hospital Trained Nurse in Mental Health and General at the Nursing and Midwifery Board of Australia. He has held Nurse Registration in Singapore, New Zealand and United Kingdom and worked as an RN in these countries. He has extensive clinical experience in mental health community case management, acute mental health nursing, mental health intake assessment and aged care. As a nurse academic, he has provided curriculum consultation to nursing groups and universities in Indonesia, Philippines, Japan, Brunei and Singapore; including curriculum review and development workshops. He has published over 200 publications including, reports, monographs, book chapters and journal articles. He has been the Lead or Co-investigator on over 40 nursing research projects during his academic career, to a total of over 2 million dollars. His research profile has focused on quality nursing interventions, practice development, service re-design, models of care and translating clinical research to improve the quality of patient care; more recently men's preconception health.

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