



25th World Congress on

Nursing & Healthcare

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Poster

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The associations among health literacy, diabetes self-management and glycemic control in older people with poorly controlled type-2 diabetes mellitusPiyawan Kanan¹, Noppawan Piaseu², Porntip Malathum² and Thailand Basia Belza³¹Thammasat University, Thailand²Mahidol University, Thailand³University of Washington, USA

Statement of the Problem: Self-management demands adequate health literacy because people with type-2 Diabetes Mellitus (DM) who have limited health literacy tend to be less likely to achieve chronic diseases management. Therefore, to accomplish optimal diabetes self-management, people with type-2 DM need to utilize definite information and decision-making skills over the multiple tasks of self-management. This study was a part of a large mixed methods research that aimed to examine the influence among health literacy on diabetes self-management and glycemic control. The conceptual framework is developed based on bio-ecological theory and health literacy concept.

Method: Through convenience sampling with inclusion criteria, the sample included 166 older people with poorly controlled type-2 DM at two hospitals including one district hospital and one university hospital in Pathum Thani Province, Thailand. Data were collected using structured interview and laboratory. Data were then analyzed using descriptive statistics and Multivariate Regression Analysis.

Findings: Functional health literacy did not affect diabetes self-management dimensions. Communicative health literacy was a predictor for frequency of overall diabetes self-management ($\beta=0.196$, $p<0.05$), exercise ($\beta=0.329$, $p<0.001$) and foot care ($\beta=0.205$, $p<0.05$). In addition, critical health literacy could predict frequency of self-monitoring ($\beta=-0.199$, $p<0.05$); however, it did not predict frequency of diet control and medication. All domains of health literacy did not show any associations with a current HbA1C level.

Conclusion: The findings served as preliminary information for health care providers to develop health literacy tailored intervention to promote diabetes self-management.

Recommendations: Health care providers should basically concern about educational materials for people with limited health literacy, including pictures explaining more details with simplified materials.

Biography

Piyawan Kanan is pursuing her PhD in Nursing from Ramathibodi School of Nursing, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Thailand. She has completed her Bachelor's degree in Nursing Science from Faculty of Nursing, Prince of Songkla University and Master's degree in Nursing Science, Adult Nursing, Faculty of Nursing, Mahidol University, Thailand. Her area of interest is diabetes caring in adult and older people.

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Accepted Abstracts

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Cost-effectiveness analysis of IEV drug regimen versus ESHAP drug regimen for the patients with Hodgkin and Non-Hodgkin's lymphoma in IranAbdolsaleh Jafari¹, Nahid Hatam², Shamim Yasami², Mehdi Dehghani² and Andrew J Palmer¹¹University of Tasmania, Australia²Shiraz University of Medical Sciences, Iran

Background: Chemotherapy for lymph node cancer is often composed of several drugs that are used in a treatment program. The aim of this study was to perform a cost-effectiveness analysis of IEV drug regimen (Ifosfamide, Epirubicin and Etoposide) versus ESHAP drug regimen (etoposide, methylprednisolone, high-dose cytarabine and cisplatin) in patients with lymphoma in the south of Iran.

Method: This was a cost-effectiveness analysis conducted in patients who were admitted to hospital in the south of Iran from 2014 to 2017. Using a decision tree model the Incremental Cost-Effectiveness Ratio (ICER) was estimated. A threshold for incremental costs per relapse/readmission avoided was determined by willingness to pay questionnaire administered to cancer patients.

Result: There were 105 people treated for lymphoma patients in the study period and who answered the willingness to pay questionnaire. The average willingness to pay for relapse/readmission avoided was USD 10,000. The results showed that the expected cost was USD 38,926 in the ESHAP arm and USD 33,949 in the IEV arm and the expected effectiveness was 60.1% in the ESHAP arm and 57.8% in the IEV arm. The ICER was USD 216,391 per relapse and readmission avoided which was higher than the threshold of USD 10,000.

Conclusion: According to the results of this study, it is recommended that oncologists use IEV instead of ESHAP in the treatment of patients with lymphoma and because of high costs of IEV drug costs, it is suggested that IEV drugs be reimbursed by insurance.

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The necessity and trends in language education for nurses

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Since the time of Nightingale, nursing profession has undergone immense changes as well as challenges. From the beginning nursing has faced scrutiny and has worked to foster respect within the medical profession and the wider community. In many countries the situation for nurses has improved, yet, there is more pressure on nurses to become more highly educated and to excel in fields which may not be directly related to medicine. In a modern context nursing is undergoing a further phase in its evolution which will affect healthcare for years to come. Over the past few years, English as a lingua franca in the field of medicine has bolstered the need for nurses to know English for the sake of employment or to gain better opportunities. Medical tourism as well as a more connected global medical community means that there is a great need for specialist education in English for medical purposes. How can employers assist nurses in improving academically? How realistic is English education for nursing? How does English fluency affect nurses and hospitals? How important is a nursing core with English competency? In what ways does English education affect healthcare as a whole? These and many other questions along with the trend in nursing towards English competency requirements will be thoroughly explored in this presentation.

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Innovative advanced practice nursing education that promotes and instills inter professional education and collaborative practice utilizing mobile medical health clinics

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IAPNE is educational and healthcare delivery model with a two-fold purpose of creating a built, yet flexible environment that promotes, fosters and extends inter professional collaborative practice for service agencies, while improving the Health-Related Quality Of Life (HRQOL) for underserved populations. This innovative practice is a system transforming model that achieves the World Health Organization's (WHO) call for inter professional education and collaborative practice and the United States' Healthy People 2020 objective of increase in self-reported better physical and mental health for the adult population. This practice model of IAPNE utilizes HRQOL initiatives that encompass physical, mental, emotional and social functioning. These four areas are addressed through a Mobile Medical Health Clinic (MMHC) that includes the inter professional education and collaboration of nurse practitioners, baccalaureate prepared nurses, pharmacists, occupational therapists, physical therapists, chiropractors, health managers, social work, mental health providers, barber/beauticians and spiritual guides. This delivery model works to improve access and coordination of health-services for vulnerable populations while decreasing tension among service agencies. The setting of the MMHC further works to increase patient and practitioner satisfaction, promote greater acceptance of treatment, reduce health-care cost and improve mental and emotional health. The culture shift that has been created by IAPNE has provided students of service agencies with an understanding and consideration of vulnerable, underserved populations and instilled the necessity of inter-professional collaboration with the professional obligation to support communities for which they serve.

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Role of mHealth applications for improving antenatal and postnatal care in low and middle-income countries: A systematic review**Anam Feroz, Shagufta Perveen and Wafa Aftab**
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Background & Objective: From 1990 to 2015, the number of maternal deaths globally has dropped by 43%. Despite this, progress in attaining MDG 5 is not remarkable in LMICs. Only 52% of pregnant women in LMICs obtain WHO recommended minimum of four antenatal consultations and the coverage of postnatal care is relatively poor. In recent years, the increased cellphone penetration has brought the potential for mHealth to improve preventive maternal healthcare services. The objective of this review is to assess the effectiveness of mHealth solutions on a range of maternal health outcomes by categorizing the interventions according to the types of mHealth applications.

Method: Three international online electronic databases were searched between January 1, 2000 and January 25, 2016 to identify studies exploring the role of mHealth solutions in improving preventive maternal healthcare services. Of 1262 titles screened after duplication, 69 potentially relevant abstracts were obtained. Out of 69 abstracts, 42 abstracts were shortlisted. Full text of 42 articles was reviewed using data extraction sheet. A total of 14 full text studies were included in the final analysis.

Result: The 14 final studies were categorized in to five mHealth applications defined in the conceptual framework. Based on our analysis, the most reported use of mHealth was for client education and behavior change communication, such as SMS and voice reminders (n=9, 65%). The categorization provided the understanding that much work has been done on client education and behavior change communication. Most of the studies showed that mHealth interventions have proven to be effective to improve antenatal care and postnatal care services, especially those that are aimed at changing behavior of pregnant women and women in postnatal period. However, little evidence exists on other type of mHealth applications.

Conclusion: This review suggests that mHealth solutions targeted at pregnant women and women in postnatal period can improve preventive maternal healthcare services. However, there is a need to conduct more controlled-trials and quasi-experimental studies to strengthen the literature in this research area. The review recommends that mHealth researchers, sponsors and publishers should prioritize the transparent reporting of interventions to allow effective interpretation of extracted data.

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An illustration of the modification task model of the primary team and experience of the nurses in preventing decubitus and phlebitis in Hasanuddin University Hospital, Indonesia

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The level of the nosocomial infection in the care room 1 of Hasanuddin University Hospital shows a value of 5.56% in the fourth quarter of 2014 indicated the higher value compared to the standard Decision of the Health Minister (DHM) No. 129 of 2008, which is <1.5%. Some effort to prevent it, is the management implementation of the primary team task method and the study of the nurses' experiences about the patient safety. The aim of the research is to look at the illustration of the application of the primary team model and the experience of the Hasanuddin University Hospital. The research used a combined method of the quantitative and qualitative approach. The data collection was conducted through questionnaires, interviews, observation and documentation study. The research resulted four themes of the qualitative findings were found namely the illustration of the prevention of decubitus and phlebitis, the effectiveness of the primary team method in preventing the decubitus and phlebitis, the nurses' discipline in their effort to prevent infection and the nurses' main constraints in preventing infections such as the inadequate availability of the decubitus mattresses with the ratio of 1:50 patients and the inadequate number of nurses against the number of patients with the ratio of 1:9. Thus, it could be concluded that the application of the primary team modification and the effort to prevent the decubitus and phlebitis had been carried out well, the experience of the nurses had proven that the primary team tasks had helped the effort to prevent infection.

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Prevalence of sarcopenia and factors related to components of sarcopenia in older adults with type-2 diabetes mellitus

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This correlational research aimed to describe prevalence of sarcopenia and investigate relationship of personal factors and health and behavioral factors with components of sarcopenia in older adults with type-2 diabetes mellitus. Sample included 396 older adults from Bangkok and surrounding areas. Data were collected using structured interview, nutritional assessment, body composition analyzer, handgrip strength test and 6-meter walk test. Data were analyzed using descriptive statistics, Spearman Rank Order Correlation, Point Biserial Correlation and Biserial Correlation. The results revealed that the majority of the sample were female with mean age of 68.6 ± 6.8 years and the prevalence of sarcopenia was 1.3 %. Also, the findings found that the components of sarcopenia comprising of low muscle mass, low handgrip strength and low gait speed were significantly correlated with personal factors of age ($r_s = 0.307$, $p < .001$), gender ($r_{pb} = -0.204$, $p < 0.001$) and co-morbidity ($r_s = 0.124$, $p = 0.013$); moreover, they were significantly correlated with health and behavioral factors of depression ($r_s = 0.237$, $p < 0.001$), level of physical activity ($r_s = -0.178$, $p < 0.001$), waist circumference ($r_s = -0.145$, $p = 0.004$), alcohol consumption ($r_b = -0.204$, $p < 0.001$) and cigarette smoking ($r_b = -0.147$, $p = 0.003$). However, two personal factors, diabetes duration and hemoglobin A1c and one of health and behavioral factors, body mass index, were not significantly correlated with the components of sarcopenia. The results suggest that nurses promote physical activity and adequate protein consumption, monitor depression and advise for reduction of alcohol consumption and cigarette smoking, particularly in female older adults with co-morbidity.

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Advances in preoperative oral carbohydrates in patients with gastric cancer

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Enhanced Recovery Surgery (ERAS) is a multi-modal approach in improving medical and nursing outcomes to optimize patient perioperative processes and improve outcomes. Gastrointestinal resection of gastric cancer to the patient to bring physical and psychological stress, leading to metabolic disorders, the traditional preoperative fasting increased the degree of this reaction. The core is the occurrence of postoperative insulin resistance, a direct impact on the development of complications and clinical outcome. Preoperative oral carbohydrate updates the preoperative treatment measures, which can effectively regulate the metabolic response of patients with gastric cancer, improve the occurrence of postoperative insulin resistance, support the ultimate goal of ERAS program to promote the rapid recovery of the body, shorten the hospital stay. However, this reform of traditional clinical practice has not yet been broadened and standardized. To review the current status of preoperative oral carbohydrates in patients with gastric cancer under the concept of Enhanced Recovery Surgery, including the relationship between preoperative fasting and insulin resistance, the relationship between oral carbohydrate and insulin resistance before surgery and possible mechanisms, safety of oral carbohydrate before surgery, program and application effects (healing effects, immunity and inflammation, nutrition and body temperature), nursing interventions, etc., in order to provide guidance for the implementation of preoperative oral carbohydrates in patients with gastric cancer in clinical gastric cancer.

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Nurses' perceptions of factors affecting hand hygiene practices in level II hospitals in Manila city

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Aim: This study aims to identify the perceptions of nurses in hospitals located in the City of Manila regarding factors affecting hand hygiene practices among intensive care units and non-intensive care units.

Method: This study utilized a survey research design with multi-stage stratified cluster sampling by means of the WHO perception survey for healthcare workers (Cronbach's alpha=0.81) and one question from Larson's attitudes regarding practice guidelines questionnaire (Cronbach's alpha=0.83) to gather data. Chi-square test of independence and t-test for independent samples were utilized for data analysis.

Result: Factors affecting hand hygiene are categorized into three, namely, predisposing, enabling and reinforcing. Tolerance of the hands to using alcohol based hand rub is not statistically significant between ICU and non-ICU nurses among the predisposing factors affecting hand hygiene. Among the enabling factors, there is no significant association between being an ICU or non-ICU nurse in formal training in hand hygiene practice and routine alcohol based hand rub use. Lastly, all reinforcing factors affecting hand hygiene are reported to be statistically significant between ICU and non-ICU nurses except the importance of hand hygiene to colleagues.

Conclusion: The results of the study necessitates implementation of hand hygiene campaigns, focusing mainly on provision of formal training to all nurses regardless of area of assignment, regular feedback regarding hand hygiene performance from unit managers and being a good example to colleagues as a positive reinforcement and patient-initiated reminders.

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The effect of need based psycho-educational intervention on level of anxiety and satisfaction of family member off patients with traumatic brain injury in intensive care units of hospitals affiliated to Shiraz University of Medical Sciences in Iran

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This study was conducted to determine the effectiveness of a needs-based psycho-educational intervention on level of anxiety and satisfaction of family members of traumatic brain injury patients admitted in intensive care units of hospitals affiliated to Shiraz University of Medical Sciences in Iran. In this quasi-experimental design study of 60 family members were selected with a convenience sampling method. They were assigned either to an experimental group or a control group (control n=30 and experimental n=30). To determine the level of anxiety the Spielberger Anxiety Inventory was used. To investigate the level of needs and satisfaction with care, the critical care family need inventory were applied. After the pre-test, each family member in the experimental group received education sessions and psychological support, on Day 1 to Day 3 of admission. The content of the sessions was formulated based on the results of the needs assessment. Based on the results, more important needs of these families were need for assurance and information. Post-test was performed for both groups after education on day 4 after admission. The results showed that family members in experimental group, reported low level of state anxiety and high level of satisfaction than control group ($p\text{-value}<0.05$). In control group, the level of anxiety of family members was same in both pretest and post-test ($p\text{-value}>0.05$), however, post-test level of satisfaction was lower than pre-test ($p\text{-value}<0.05$). The results demonstrated that, needs based education program can decrease level of family anxiety and increase level of satisfaction.

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Hospital readmission risk screening tools for older adults: A systematic review

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Background & Aim: Hospital readmissions are defined as multiple inpatient stays within a specified time period by the same patient (Agency for Healthcare Research and Quality, 2013). Screening is the first step in identifying patients at risk for hospital readmissions and predicting readmission to the hospital. The study aims to identify, summarize and evaluate readmission screening tools for older adults.

Method: A systematic review of articles written in English and identified via CINAHL, MEDLINE/PubMed, Ovid UML and Cochrane Library was conducted. Additional studies were identified by through reference lists of the identified articles and by Google search. Search items included keywords for readmission, risk assessment, tools and the terms hospital settings and older adults. Reliability, validity and predictors of readmission tools were extracted independently by two authors and categorized by the authors classification tool.

Result: 14 studies using five screening tools were identified. Based on the author developed scale screening tools, ISAR, TRST and hospital score showed low to moderate validity and moderate to good reliability. The RRAT validity and reliability scores were low to moderate, and the LACE index validity score was low to moderate, but the reliability of the tool was not reported. Independent variables that were most often identified as predictors of hospital readmission were history of hospital admission, polypharmacy, cognitive and memory problems, the need for help as well as difficulties in walking, the length of stay and comorbid conditions.

Conclusion: No single older adult readmission tool stands out as the best hospital readmissions risk screening tool. Tools can be chosen based on ease of use, predictors and hospital needs. Future studies comparing tools with patients with different diagnosis should be conducted.

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Using transformational leadership and innovative marketing strategies to achieve empirical outcomes in an emergency department

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Transformational leadership is a style of leadership, where a leader works with subordinates to identify needed change, creating a vision to guide the change through inspiration and executing the change with committed members of a group. Emergency departments are increasingly confronting challenges such as overcrowding, understaffing, increased waiting times, poor patient satisfaction and staff burnout. Transformational leadership can play a key role in revitalizing and assisting stressed emergency departments where resource limitation presents real and consistent roadblocks to significant performance improvement, staff morale and motivation. As a transformational leader, one must find ways to influence and change behavior. Integral to creating changes in the different issues in the emergency department is staff engagement. Due to patient-care demands and increasing institutional requirements, staff members are becoming increasingly overwhelmed by the amount of information they receive and initiatives with which they must comply. Traditionally, hospital leaders use a linear approach to communicate with staff. An example is a manager reads a policy to staff with the expectation that they will follow the requirements. As hospitals become increasingly tactical in their approach to innovation, it is recognized that the top-down approach to performance improvement is ineffective. The most valuable asset in the workplace is the staff. Their engagement and productivity can dictate the success of a project. So, how do hospital leaders influence staff to engage in the hospital's initiatives and facilitate change? Innovative marketing strategy as an innovative approach ED staff engagement utilizing marketing strategy as an innovative approach. Marketing is the process of creating, communicating, delivering and exchanging offerings that have value to customers and the target audience. The basic premise of marketing is to influence consumer behavior and drive change.

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Survival prognosis of non-cancer patients at the end-of-stages within 1-year

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The mortality rate from non-cancer is increasing with increasing population aging. Generally, it is difficult to accurately identify the clinical course of non-cancer chronic diseases and to predict their prognoses. If the length of survival in patients with chronic diseases can be predicted, healthcare providers can perform flexible interventions for patients and their families according to clinical stages. Therefore, this study aimed to identify non-cancer patients with a survival prognosis of 1-year by using predictive survival analysis. We conducted a prospective cohort study of 106 patients at home with non-cancer (e.g. cerebrovascular, cardiovascular, musculoskeletal, neurological diseases and dementia) who were receiving home care from Seoul St. Mary's Hospital, had Palliative Performance Scale (PPS) scores of less than 40% in their medical records. Upon follow-up with the 1-year survival of patients, there were 35 deceased patients (33.0%) and 69 survived patients (67.0%). The average length of survival of them was 306 days. Among them, 76 were females (71.7%) and the mean age was 80.3 years. They had an average of 1.5 comorbidities. The results of analyzing the Cox Proportional Hazard Model showed that the age (Hazard Ratio: 1.041), number of comorbidities (Hazard Ratio: 1.522), duration of required nursing (Hazard Ratio: 9.445), waist circumference (Hazard Ratio: 0.954) and PPS (Hazard Ratio: 0.530) were the significant prognostic factors that increased the risk of mortality. The results of the present study can be used as baseline data for predicting the length of survival and prognosis of home-based patients with non-cancer chronic diseases.

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Development of a workforce competency framework for older people with complex needs

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Health and social services are challenged to meet the care needs of increasing numbers of older people who are highly dependent and have complex multi-morbidities. Providing quality care for older people requires a highly competent workforce. Researchers have reported that currently, the workforce is not adequately proficient. A multi-disciplinary, multi-sector Pathways of Care team was set up to identify competencies required for a skilled workforce. The team commissioned this study to develop understanding of required competencies of the workforce caring for older people, develop a workforce competency framework for Enhanced Care for Older people with Complex Needs (EnCOP) and develop understanding of priority areas for development by mapping staff against the EnCOP framework. A mixed methods study was undertaken. Thematic analysis of focus groups with staff working in health, social and voluntary sector services informed understanding of the required competencies. This, together with analyses of existing workforce competency research literature and discussions with the Pathways of Care team informed development of the EnCOP framework. Statistical analysis of surveys and practice observations and qualitative thematic analysis of stakeholder focus groups and workshops informed a competency gap analysis. A standardized, integrated competency framework working across sectors and professions is required. Gap analyses found competency development is required in teaching, learning and support across organizational and sector boundaries, if competency in clinical care is to be successfully developed. Agreement and support across all sectors, organizations and professions for adoption of an integrated competency framework is required.

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SeRUN® study: Development of running profiles using a mixed methods analysis**Manuela Besomi^{1,2}, Jaime Leppe¹, Maria Cristina Di Silvestre¹ and Jenny Setchell²**¹Universidad del Desarrollo, Chile²University of Queensland, Australia

Aim: The study aims to determine profiles of urban runners based on socio-demographic, health, motivational, training characteristics and running-related beliefs and behaviors.

Method: Mixed, exploratory, sequential study with two stages: Quantitative, using an online survey and Qualitative, using semi-structured interviews with runners from the previous stage. Participants were recruited via running routes commonly attended by runners, eight races, previous databases and social media networks. The survey collected information on six dimensions: Socio-demographic, health, motivations, training characteristics, running-related behavior and beliefs and perceptions about health. Profiles were identified using a two-step hierarchical clustering analysis. Subsequently, 15 interviews were conducted with participating runners across each of the identified profiles. Qualitative analysis complemented the profiles characterization, explaining motivations to start and continue running, beliefs about risk factors and injury prevention, and the physical therapist's role in rehabilitation. Statistical analysis from stage one was conducted using SPSS 22 with a confidence level of 5%. Qualitative data were analyzed using thematic and content analyses.

Results & Conclusion: A total of 821 surveys were analyzed (46% female), mean aged 36.6 ± 10.0 years. Cluster analysis delineated four profiles (n=752) according to years of running experience, weekly running volume and hours of weekly training. Profiles were named Beginner (n=163) Basic (n=164) Middle (n=160) and Advanced (n=265). Profiles were statistically different according to sex, age, years of running experience, training characteristics, previous injuries and use of technological devices ($p < 0.05$). There were identified motivations to start and continue running. Beliefs about risk factors vary among stretching, footwear, training surface and overload. Runners identified the physical therapist as a specialist, involved in the rehabilitation process and showing empathy towards the patient. These findings might need to be considered when developing preventive and educational strategies for running injuries.

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A cross-sectional study about the quality of discharge teaching in depression patient

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Successful self-management of recovery at home benefits from high quality of discharge teaching associated with accurately discharge teaching quality assessment. The Quality of Discharge Teaching Scale (QDTS), identified 2-factor structure (content and delivery) has been used in various patients without depression patients. A cross-sectional study, conducted to measure the quality of teaching discharge in depression patients, enrolled 370 depressions in patients by accidental sampling at a psychiatric department of a tertiary comprehensive hospital in China. The results showed that the average item score of QDTS (7.94 ± 1.58), delivery (7.97 ± 1.78), needed content (7.88 ± 1.90) and received content (7.16 ± 2.26). There was a significant difference in needed content and received content ($p < 0.05$). Depression patients received less informational content than they perceived they need. Nowadays the difference between received content and needed content in depression patient's perception should be gradually decreased by nurse through giving more knowledge and skill to ensure high quality of discharge teaching.

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Endotracheal intubation in inter-professional neonatal emergencies simulation workshops versus neonatal resuscitation program courses

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Introduction & Aim: The use of simulation during the Neonatal Resuscitation Program (NRP) course allows clinicians to solidify their cognitive skills, practice their technical skills and improve their behavioral skills to optimize communication, teamwork and patient safety. Maintaining resuscitation skill requires continuous practice, supplemented by simulation maintenance training as needed. The aim of the study is to assess the inter-professional simulation outcome in the decision making, timing and skills of neonatal endotracheal intubation. The study compares the outcome in those with and without Neonatal Resuscitation Program (NRP) certification.

Method: The Mobile Pediatric Simulation (MPS) team conducted two inter-professional multiphasic hands on neonatal emergencies simulation workshops in Qatar and Egypt. We used the online survey tool to measure the effectiveness of the workshops, surveys were sent to the attendees immediately after the workshops. The survey defines the NRP certification but the identities of the responders were not disclosed.

Results: We received 22 questionnaire's responses from different levels of the attendees. Half of them only are NRP certified. There was a highly positive correlation between the pre and post workshop neonatal intubation decision making, timing ($R=0.83$) and hand skills ($R=0.82$). Unexpectedly, there was no significant correlation between those who have a valid NRP certification and those who do not regarding the intubation hand skills, timing and decision making.

Conclusion: It is concluded that the inter-professional hands on neonatal emergencies simulation workshops were very effective and essential learning tools to improve the decision making, timing and skills of neonatal endotracheal intubation. It is an essential adjuvant tool for the NRP to promptly save lives and enhance the patient safety.

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Effects of arm swing exercise program on nutritional status in female older adults at risk for metabolic syndrome

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This quasi-experimental research with one-group self-control design aimed to investigate effects of arm swing exercise program on Body Mass Index (BMI) and Waist Circumference (WC) in female older adults at risk of metabolic syndrome. Sample included 55 female older adults with excessive WC, residing in an urban community in Bangkok. Data were collected using questionnaire and nutritional assessment at baseline, before (4-week control period) and after the program (4-week experimental period). Data were analyzed using descriptive statistics, Oneway ANOVA with repeated measures and multiple comparisons. Results revealed that after the program, mean BMI of the sample ($27.0 \pm 3.2 \text{ kg./m}^2$) was less than the baseline ($27.3 \pm 3.2 \text{ kg/m}^2$) and before the program ($27.4 \pm 3.3 \text{ kg/m}^2$) with statistical significance ($F=31.296, p<0.001$). The mean WC ($93.6 \pm 8.9 \text{ cm}$) was less than the baseline ($94.6 \pm 9.2 \text{ cm}$) and after the program ($94.7 \pm 9.2 \text{ cm}$) with statistical significance ($F=18.645, p<0.001$). The results indicated that the arm swing exercise program was effective in reducing BMI and WC in female older adults. Community nurse practitioners and health team could apply the program for health promotion in female older adults residing in communities.

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Towards the concept of global health nursing

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Background & Aim: Global health nursing describes health related work across borders and focuses more on the differences between the nurses' role between countries and identified why nursing care in particular country differs from another. It also helps in analyzing the health issues and concerns that transcend national borders class, race, ethnicity and culture. The primary objective of this study is to introduce the concept of global health nursing, and the article also argues for the need for global health nursing.

Method: This review assesses available evidences, both published and unpublished, on issues relating to the global health nursing and the nurses role in global health. The review is qualitative based.

Result: Globalization, modern technologies, travel, migration and changes in diseases trend globally has made the nursing role to become more diverse and less traditional. These issues change the nurse's role in the health care industry to become enormous and very challenging. This article considers response to issues of emerging global health nursing concept, challenges, purposes, global health nursing activities in both developed and developing countries and the nurses role globally in maternal-newborn health; preparedness for advocacy in global health within a framework of social justice, equity; and health system strengthening globally.

Conclusion: Global health nursing goes beyond the intervention to care for a patient with a particular health problem but, however health is interconnected to political, economic and social context and therefore this explain the need of multi-professional and multi-sectorial approach to achieve the goal of global health and the need for global health nursing. Global health equity can be promoted and if the profile of nursing and nurses will be raised and enable nurses to be aware of global health issues so as to enable them to work to their full maximum potential, to attain greater health outcome and wellness.

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Awareness and utilization of cervical cancer screening services among women in selected rural communities in IFE east local government, Osun State, Nigeria

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Cervical cancer is a deadly disease that is preventable but has claimed the lives of many Nigerian women. This high fatality is due to its late presentation. It is believed that widespread screening of women for precursor lesion and early detection of the invasive disease can lead to a reduction in cervical cancer and cervical cancer deaths. The study assessed the knowledge and utilization of cervical cancer screening among women in selected rural communities in Ife East Local Government, Ile Ife. The study adopted a cross-sectional descriptive design in conducting the study and it was delimited to women. A sample size of 426 women who participated in the study were selected randomly from various rural communities. Semi structured questionnaires tested for validity and reliability was used to collect data, data was coded, entered into statistical package for social sciences version 17. Data were presented in frequency tables and cross tabulations and then Chi square and T-test were used to determine association among variables of interest at a level of significance of <0.05 . Results showed that the mean age of the respondents was 41 ± 5 years; the women who participated in the study were aware of cervical cancer (77%) but were not aware of papanicolaou smear as the screening test for cervical cancer (62.9%). Above average (54.5%) of the respondents had a fair knowledge about cervical cancer and screening but only a few percentage (9.4%) reported to have done pap smear test before, identified barriers to the uptake of the test were finances, pain, lack of awareness, embarrassment. The study demonstrated a significant association between women's knowledge about cervical cancer and cervical cancer screening (results) and their age ($X^2=21.15$, $df=8$, $P=0.007$). There was also a significant difference in between illiterate and literate in their knowledge about cervical cancer and screening services ($p=0.027$). In conclusion, there is need to increase awareness on Papanicolaou smear as a method of screening and its importance in the prevention of cervical cancer. The government should also be sensitized to support women's participation by subsidizing the cost as cost remains a major challenge for women in utilizing the service.

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The associations among health literacy, diabetes self-management and glycemic control in older people with poorly controlled type-2 diabetes mellitus**Piyawan Kanan¹, Noppawan Piaseu², Porntip Malathum² and Thailand Basia Belza³**¹Thammasat University, Thailand²Mahidol University, Thailand³University of Washington, USA

Statement of the Problem: Self-management demands adequate health literacy because people with type-2 Diabetes Mellitus (DM) who have limited health literacy tend to be less likely to achieve chronic diseases management. Therefore, to accomplish optimal diabetes self-management, people with type-2 DM need to utilize definite information and decision-making skills over the multiple tasks of self-management. This study was a part of a large mixed methods research that aimed to examine the influence among health literacy on diabetes self-management and glycemic control. The conceptual framework is developed based on bio-ecological theory and health literacy concept.

Method: Through convenience sampling with inclusion criteria, the sample included 166 older people with poorly controlled type-2 DM at two hospitals including one district hospital and one university hospital in Pathum Thani Province, Thailand. Data were collected using structured interview and laboratory. Data were then analyzed using descriptive statistics and Multivariate Regression Analysis.

Findings: Functional health literacy did not affect diabetes self-management dimensions. Communicative health literacy was a predictor for frequency of overall diabetes self-management ($\beta=0.196$, $p<0.05$), exercise ($\beta=0.329$, $p<0.001$) and foot care ($\beta=0.205$, $p<0.05$). In addition, critical health literacy could predict frequency of self-monitoring ($\beta=-0.199$, $p<0.05$); however, it did not predict frequency of diet control and medication. All domains of health literacy did not show any associations with a current HbA1C level.

Conclusion: The findings served as preliminary information for health care providers to develop health literacy tailored intervention to promote diabetes self-management.

Recommendations: Health care providers should basically concern about educational materials for people with limited health literacy, including pictures explaining more details with simplified materials.

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The calming effect of mother breast milk odor on neonates during BCG vaccination

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The relief of pain or distress during health related procedure is a basic human right. It appears that early pain/stress may influence the developing brain and thereby neurodevelopmental and stress-sensitive behaviors, particularly in the neonates. Non-pharmacological interventions help parents to reduce their infant's stress which may be brain-protective. The study aims to determine the calming effect of mothers' breast milk odor on neonate during BCG vaccination. The research study was carried out at the immunization clinic of BPKIHS Dharan. Probability sampling technique and post-test only design was used. 100 term neonates were enrolled and randomly assigned into two groups using lottery method without replacement. During BCG vaccination, experimental group neonates were exposed to own mother milk odor and non-experimental group was deprived of from it. A filter paper containing mother breast milk 2 ml was kept near the neonate's nose, above the lips from 2 minutes prior vaccination and was continued during vaccination. Video recording of neonates were done to record the neonates' pain response during vaccination. The recorded video was compared with NIPS tool for the interpretation of neonates' response to pain. The mean rank of pain was 32.89 in mother breast milk exposed neonates whereas in non-exposed group it was 62.11 with p value of <0.001. The NIPS score was found to be significantly lower in neonates exposed to the mother breast milk odor than in non-exposed group. Breast milk odor has an analgesic effect and can be used as a safe method for pain relief during vaccination.

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Evaluation of a nurse-led intervention to improve adherence to recommended guidelines for prevention of venous thromboembolism for hip and knee arthroplasty patients: A quasi-experimental study

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Background & Aim: Venous thromboembolism morbidity and mortality of hospitalized patients is a major concern for health professionals. Venous thromboembolism prevention guidelines have been developed, however adherence to guidelines is variable. The aim of this study was to measure adherence to a nurse-led evidence based venous thromboembolism prevention program (intervention) compared to usual care in hip and knee arthroplasty patients and associated clinical outcomes.

Method: There were 410 potential participants who were adult patients' booked for elective hip or knee arthroplasty at the two study sites during a two-year period (2011-2013). Of these, 27 did not meet the inclusion criteria and the remaining were eligible for inclusion in the study (intervention site n=196 and control site n=187, total population n=383). This study adopted a quasi-experimental design, using an intervention and control study site, conducted in two private hospitals in a regional area in Australia.

Result: The intervention group had a mean compliance score of 11.09, higher than the control group score of 7.19. This is equivalent to a compliance rate of 85% and 55%, respectively and indicates that adherence at the study site was significantly higher. Patient adherence and outcomes in the post-discharge period were not significantly different between the study sites.

Conclusion: This study demonstrated a nurse-led intervention achieved high adherence with translating evidence-based guidelines into routine patient care for hip and knee arthroplasty patients. Nurses can be critical to implementing clinical practice guidelines and adopting preventive programs in acute care to improve patient outcomes and reduce postoperative VTE in arthroplasty patients.

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Effectiveness of simulation in first year undergraduate nursing students in tertiary education setting

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Globally, simulation has been considered one of the vital component in nursing curricula. While much innovative pedagogies have taken momentum in imparting the nursing curriculum, simulation has emerged as a significant method that is being adopted to teach clinical courses. Evidence prove that simulation enhances the knowledge and skills of nursing techniques and also it imptoves critical thinking and problem solving skills for the nursing students. It is quite evident that simulation is useful in creating a good learning environment which contributes to safety practice and confidence in the clinical settings. There are various types of simulation techinques utilized in the nursing education such a low-fidelity, high-fidelity, 3D and video unfolding case simulations. Due to rapid changes in clinical placements, patient safety issues and ethical concerns, students' direct experience with patient care and opportunities to handle problem-based clinical situations have been diminished. Simulation plays an important role in enhancing the students' knowledge and skills and best prepare them for the clinical practice. Simulation offers the chance to increase the speed of acquisition of clinical skills to a defined level of competence by allowing the opportunity for repetitive practice at the learner's own pace. Therefore, to conclude, simulation is an effective method of teaching-learning strategy in an undergraduate nursing education curriculum.

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Resources management for older people with dependency: A challenging role for families and communities in Thailand 4.0

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The older people with dependency are those who lose their ability to function physically, mentally and cannot help themselves in their daily activities. They need caregiving from caregivers, family and community to provide resources provision and to increase the caregiver's ability coping with problems and needs in order to the expected health is to be healthy. This study aims to learn resources management approach that can be applied to caregiving for older people with dependency properly and effectively. An analysis shows the results that caregivers must be able to manage their sandwich roles, families must have good potential to support and there were many caregiving models in the urban, semi-urban and rural area of communities, therefore, they needed to manage the good deeds resources and accessibility. The author convinced that potential by empowering caregivers, families and communities that is an important turning point supporting quality of care and well-being except for these older people with dependency living alone.

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A comparative study of the effects of mint tea bag, mint cream and breast milk on the treatment of cracked nipple in the lactation period: A randomized clinical trial study

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The purpose of the present study was to compare the effects of mint tea bag, mint cream and breast milk on the healing of cracked nipple during lactation. This was a clinical trial with a control group and pre-test and post-test design. This study was conducted in Health Centers of Hamadan University of Medical Sciences in 2016-2017. Samples were divided into three groups (n=72 subjects in each group). Interventions were performed at least 4 times a day for 14 days after the start of treatment. Data was collected through the cracked nipple measuring checklist, the amount of wound and demographic questionnaire before the intervention and on days 4, 8 and 14 after the intervention. Data analysis was conducted using descriptive and inferential statistics via the SPSS v.21 software. There was a decreasing trend in the mean score of crack pain on days 0-14 in the groups of mint cream, mint tea and breast milk after the intervention. However, there was a statistically significant difference in the breast milk group ($p<0.001$). Additionally, in the comparison between the groups, there was a decreasing trend with a significant difference in the mean score of wound in three groups before the intervention ($p<0.001$) and on the fourth day after the intervention ($p=0.003$). The results of the present study indicated that breast milk was more effective than mint cream and mint tea in the treatment of cracked nipple.

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The purpose of temperature of fever

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When the disease becomes threat to life or organs blood circulation decreases, temperature of fever will emerge to increase prevailing blood circulation and it acts as a protective covering of the body to sustain life. When blood flow decreases to brain, the patient becomes fainted or delirious. If we try to decrease temperature of fever, the blood circulation will further get reduced. Blood circulation never increases without temperature increase. Delirious can never be cured without increase in blood circulation. The temperature of fever is not a surplus temperature, or it is not to be eliminated from the body. During fever, our body temperature increases like a brooding hen's body temperature. The actual treatment of fever is to increase blood circulation. There are two ways to increase blood circulation: (1) Never allow body temperature to lose; (2) Apply heat from outside to the body. When the temperature produced by body due to fever and heat which we applied on the body combines, the blood circulation increases. Then body will stop producing heat to increase blood circulation. And body will get extra heat from outside without any usage of energy. How can we prove that the temperature of fever is to increase blood circulation? If we ask any type of question related to fever by assuming that the temperature of fever is to increase blood circulation, we will get a clear answer. If avoid or evade from this definition, we will never get proper answer to even a single question. If we do any type of treatment by assuming that the temperature of fever is to increase blood circulation, the body will accept, at the same time body will resist whatever treatment to decrease blood circulation. No further evidence is required to prove the temperature of fever is to increase blood circulation.

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Development and initial cross-cultural validation of the Confucian orientation beliefs scale

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A series of cross-cultural studies were conducted to develop and validate a cultural measure, Confucian Orientation Beliefs (COB) scale. The original 66-item acculturation scale was constructed among Chinese-American immigrants residing in greater Chicago area (n=211) with specific aim to assess a broad range of traditional Chinese beliefs. Through examinations of content validity, internal consistency ($\alpha=0.86$) and an inter-item correlation of 0.27 ($p<0.001$), the initial Exploratory Factor Analysis (EFA) suggested 3 principal components familialism ($\alpha=0.84$), male and physician paternalism ($\alpha=0.82$) and death taboos ($\alpha=0.89$). CO among overseas Chinese was found highly positive correlated with American acculturation, attitudes towards life-sustaining treatment and palliative care usage. A following Confirmatory Factor Analysis (CFA) was supportive with a goodness of fit of 0.95 in a relatively smaller Taiwan suburban sample (n=122). Further EFA and CFA among hospitalized patients from various Taiwan areas (n=508) yielded a slightly different structure male paternalism, filial piety and death taboo jointly captured a salient cultural factor ($\alpha=0.83$), a single dimension was revealed as an individual's propensity to conform to Confucian traditions and this orientation is specifically related to life-sustaining treatment attitudes (AVE=55.39, AGFI=0.966, $p=0.009$). A data-driven and efficient tool, the 6-item COB scale (short form), was created with strong psychometric properties. While CO remains prominent in modern Chinese-ethnic societies to affect family caregivers' life-sustaining treatment decision-making, future research is necessary to replicate studies for temporal stability across heterogeneous Chinese-speaking and Confucianism-oriented samples.

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