

2472nd Conference



21st World Congress on
REGISTERED NURSE AND NURSE PRACTITIONER MEETING
&
NURSING EDUCATION AND MANAGEMENT

December 05-06, 2018 | Chicago, USA

Poster Presentations

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Implementing a two year longitudinal interprofessional collaborative care curriculum (IPCC) across five colleges: Opportunities and lessons learned

Fiona Jensen

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Background/Rationale: Interprofessional education is foundational to graduating healthcare practitioners in preparation for collaborative practice. According to the Canadian Interprofessional Health Collaborative (2010), collaboration requires seven competencies: team functioning, role clarification, interprofessional communication, client/family/ community-centered care, interprofessional conflict resolution and collaborative leadership. An innovative two-year interprofessional collaborative care curriculum was implemented in September 2016 at the University of Manitoba Rady Faculty of Health Sciences involving beginning health profession students in 9 programs (N= 341) in the Colleges of Nursing, Medicine, Rehabilitation Sciences, Dentistry, and Dental Hygiene. College of Nursing (CON) students located on another campus, and beginning a revised nursing curriculum, formally began the IP longitudinal curriculum in September 2017.

Methodology: Students from the five Colleges were placed in interprofessional learning (IP) cohorts in the first year of their respective programs and progressed through the 2 year IPCC curriculum together. Each term began with a facilitated face to face session followed by two online discussions, an end of term reflection activity on interprofessional team collaboration, and a group assignment. In the CON, students entered the IPCC curriculum at two points (September and January) due to two intakes in the academic year. The activities in the IPCC curriculum were embedded in courses within the respective colleges and programs. While learning about IP the competencies critical to collaboration, the curriculum content focused on two main themes: population health (Public Health Agency of Canada, 2001) in the first year and patient safety in the second year.

Results/Outcomes: Multiple methods were used to evaluate the program from the student's perspectives. Students completed the Interprofessional Socialization and Valuing Scale (ISVS- 9) at the beginning of the IPCC curriculum, at the end of year 1 and at the completion of the 2-year collaboration activities. The need for early and on-going communication around the overall curriculum map; the desire for the more face-to-face time; and the challenges of blended learning were overarching themes. In the College of Nursing, with two intake points and a location distant from the other colleges, students valued learning together in interprofessional student teams, yet some unique challenges for team learning and team cohesiveness occurred.

Biography

Fiona Jensen is a Senior Instructor in the Rady Faculty of Health Sciences College of Nursing, at the University of Manitoba, Winnipeg, Canada. She is one of five college representatives who developed and implemented a 2- year interprofessional collaborative care curriculum for all incoming health profession students at the University of Manitoba. She teaches in the College of Nursing where her interests are in the areas of Gerontology and interprofessional collaboration and education.

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Healthcare and management

Osaigbovo Joy Ethinomen
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Healthcare management also defined as healthcare administration, the administration, management or supervision of healthcare systems, public health systems, hospitals, hospital networks or other medical facilities. Duties of these professionals in these fields include ensuring that individual departments run smoothly, the employment of professionals, dissemination of efficient information throughout the organization, among many other responsibilities. There are general healthcare managers and those who are considered specialists. Generalists oversee entire facilities, while specialists focus on the administration of specific departments like marketing, finance, policy analysis or accounting. The role of Nigeria's government has been narrowed to the management of Federal Medical Centers and Universities affairs. The state government is responsible for general local hospitals and providing primary health care centers in Nigeria. The total cost of GDP from the healthcare sector in Nigeria is 4.6%. At the same time, the expenditure on GDP from the government's side is 1.5%. However, researches conducted has proven to us that many of the healthcare centers in Nigeria lack the following qualities listed below which are not expected to be in a good health sector:

1. Corruption in healthcare
2. Bad education of management specialist
3. Poor education of doctors
4. Lack of finances
5. Lack of tools
6. Lack of medicine etc.
7. Lack of empathy.

Few out of many lookout for a good health care management solutions are:

1. Intergration with good regulatory body
2. Allowing workflow communication
3. Having a strong zeal of reporting capabilities
4. Control Access

Biography

Osaigbovo Joy Ethinomen is a senior nursing officer at Central Hospital, started are the nursing career in 2007 in Benin. She attended st Cammilus School of midwifery, uromi in the year 2000 and also state school of nursing Benin City, Nigeria. 2003.

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Evaluating stress relief & stress effects with cognitive appraisal & perceived stress constructs

Dale Hilty

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Researchers investigating cognitive appraisal and stress have focused on applying their findings to the creative arts, pregnancy, psychotherapy, academic, and sleep quality (Erschens et al., 2018; Martin, et al., 2018; Gonzalez-Ochoa, 2018; Wersbe et al., 2018; You-wei et al., 2018).

The purpose of this educational intervention was to examine the effects of stress and stressors experienced by first semester Bachelor of Science of Nursing undergraduate students. One-hundred and eighty-four questionnaires were completed by the participants. The questionnaire consisted of two sections. First, the Brief College Student Hassle Scale (BCSHC) measured stressors (Ward & Hay, 2015) where participants rated their school and personal stress levels.

Hypothesis 1: Determine whether the stress was a multidimensional construct for BSN students. Using SPSS 25, exploratory factor analysis principle axis (EFAPE) was used to select underlying factors and items (loadings $>.50$). **Hypothesis 2:** Determine if the coefficient alpha reliability coefficients for the EFAPE common factors had estimates greater than $.70$. **Hypothesis 3:** Determine the difference between participant ratings on questions measuring School Stress Level and Personal Stress Level. Using SPSS 25, the independent t-test would be to determine significant differences between the two groups. **Hypothesis 4:** Determine whether a mean difference in the answers measuring stress relieving techniques and the effects of stress was presented for the fore-mentioned groups. Using SPSS 25, chi-square test would evaluate this hypothesis.

Results: Hypothesis 1: The EFAPE analysis found two factors (eigenvalues: 2.25, 1.71) based on the scree test accounting for 65.9% of the variance. Six of the BCSHC hassles/frustrations had factor loadings greater than $.50$. The common factors were named School (three questions) Personal (three questions). **Hypothesis 2:** Coefficient alpha estimates: School, $.748$ and Personal, $.721$. **Hypothesis 3:** Independent t-test found significant differences for the two groups (School, $p=.004$; Personal, $p=.000$). **Hypothesis 4:** Chi-square test was applied to relieving stress techniques and stress effects data, resulting significant findings ($p=.012-.041$).

Biography

Dale M. Hilty, Associate Professor at the Mt. Carmel College of Nursing. He received his PhD in counseling psychology from the Department of Psychology at The Ohio State University. He has published studies in the areas of psychology, sociology, and religion. Between April 2017 and April 2018, his ten research teams published 55 posters at local, state, regional, national, and international nursing conferences.

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Preliminary analysis of self-efficacy, self-compassion, & compassion for others

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Researchers have used self-efficacy to investigate online learning, physical therapist, diabetes type 2, work engagement, teacher education, exercise behavior, chemotherapy treatment, Alzheimer disease, counseling, clinical reasoning, and online shopping (Bradley et al., 2017; Costello et al., 2017; Lalnuntluangi, et al., 2017; Lee, 2017; Lisbona et al., 2018; Malinauskas et al., 2018; Middelkamp et al., 2017; Papadopoulou et al. 2016; Salamizadeh, et al., 2017; Ümmet, 2017; Venskus & Craig, 2017; & Yahong et al., 2018).

Instrumentation used were self-efficacy (Schwarzer & Jerusalem, 1995), compassion scale (Pommier, 2011), self-compassion scale (Neff, 2003). Pommier's (2011) scale measures compassion toward others. Subscale are: kindness, judgment, common humanity, isolation, mindfulness, and disengagement. Neff's (2003) scale measures compassion toward self. Subscale are: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identified.

Participants (N=69) in this educational intervention were BSN junior students. The self-efficacy scale was used to create two groups (e.g., high self-efficacy scores, moderate-low self-efficacy scores). Hypothesis 1: Kindness, common humanity, and mindfulness subscales from Pommier's compassion towards others questionnaire would have different mean scores for the two self-efficacy groups. Hypothesis 2: The common humanity, mindfulness, and over-identified subscales from Neff's compassion towards self questionnaire would have different mean scores for the two self-efficacy groups.

Independent t-test analyses (SPSS #25) were significant for Pommier subscales (kindness, $p=.007$; common humanity, $p=.001$; mindfulness, $p=.001$) and for Neff's subscales (common humanity, $p=.045$; mindfulness, $p=.001$; over-identified, $p=.019$). Barring over-identified significant finding, BSN students with high scores on SE had high mean scores on the remaining five subscales.

Biography

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Using interdisciplinary teaching to illustrate the relationship between nursing specialties & statistics

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It is hypothesized that interdisciplinary team-teaching with cognitive-affective strategy would increase student engagement by demonstrating relationship between nursing specialties and statistics.

Many students come to college with rudimentary understanding of statistical principals. Students report high levels of motivation and self-efficacy for nursing courses, and low levels of motivation and self-efficacy for the statistics course based on past beliefs, attitudes, and experiences. They also lack the critical thinking skills necessary to apply statistical principles in order to understand the profound impact of evidence in nursing. This difficulty is compounded by their apparent lack of passion about statistics, resulting in an inability for the knowledge to take root.

The Health Statistics is designed to introduce the nursing students to statistics. Seven nurse faculty offer 20-minute presentation in their area of expertise (e.g., angina, hypertension). Statistics faculty provide a 10-minute demonstration converting nursing constructs to nursing research variables with hypothetical-fictional data based on published findings. Students received a graded worksheet assignment and interpreted the SPSS findings based on ANOVA and linear regression.

First, pre-post (five knowledge/comprehension questions) data showed significance ($p=.001-.031$) using dependent t-test. Second, qualitative theme analysis reported students found meaning, relevancy to nursing practice. Third, thirty students volunteered to design and implement research projects not for class/grade for the purposes of developing a professional poster. Four, the interdisciplinary team reported experiential learning while designing the guiding worksheet questions which students applied to patient care and self-care.

Biography

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The power of influence, improving and advancing staff engagement

Martie L Moore

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New studies indicate that employee engagement has a higher impact on morbidity and mortality in care settings than staffing numbers. This session will explore what leaders can do to develop, advance and sustain employee engagement within their organizations. Tangible action steps will be explored with real-life examples that can be utilized immediately will be given. Three Learning Objectives: (a) Participants will explore the latest research on the impact that a lack of employee engagement has not only on productivity but quality outcomes and resident satisfaction. (b) Participants will delve into the methodology to change organizational culture and advance employee engagement. (c) Participants will take away tangible action steps to be utilized within their individual settings.

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The new pedagogy norteadada by the multiple intelligence theory

Renato Rafael Costa Lima

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Introduction: Howard Gardner's Theory sees every thought of the human being as a struggle for the ideal of scientific thought. Through this concept, it is necessary to reflect on human thinking in a broader and more comprehensive way of those accepted by sociocultural aspects and traditional cognitive studies. We decided to relate a little about "Multiple Intelligences" to emphasize an infinite and unknown number of differentiated human capacities, from musical intelligence to the intelligence involved in self-understanding (intrapersonal). The best way to understand each intelligence is to conceive -as interrelated, with the degree of existential possibility and intellectual profiles in different groups; To this end, a new role can be associated with the educator.

Objective: To take a brief consideration of the variety of human intelligence that leads to a new vision of education.

Methodology: A bibliographic research was carried out in the Scientific Electronic Library Online database. Descriptors used were; intelligence, Theory, Education thought. We found 20 articles with the theme studied from September to October 2014. Articles with different themes were excluded.

Results and Discussion: For Gardner, criticism was not enough. Their work consisted of abandoning tests and their correlations, and starting to observe the most naturalistic sources of information about how people throughout the world develop important skills for their way of life.

Conclusion: In the model proposed by Gardner.

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Too big to be seen: Weight-based discrimination among nursing students

Maryanne Barra

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An educational intervention was conducted to determine the efficacy of an obesity sensitivity program to determine nursing students' attitudes toward obese clients. As part of the clinical curriculum, nursing students (N=103) received weekly obesity sensitivity education on weight-based discrimination. Students' completed a pre- and post- Attitudes Toward Obese Person Scale (Barra, 2015) to evaluate discriminatory beliefs and actions. All clinical groups had a significant positive change in their own weight prejudices post obesity education intervention. Chi-square analyses were utilized as a measure of association between pre- and post-obesity education with clinical application concerning obesity size, body odor, appearance, and lifestyle, along with provider fear of a back injury. Promoting nursing student awareness of obese client bias can dissipate negative stigmas to promote a therapeutic patient-provider relationship.

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Perceptions of nursing care to promote self-management in chronic kidney disease

Rahel Bahru

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Introduction: Hemodialysis patients often deal with complex lifestyle changes such as diet and fluid restrictions that may alter their physical and emotional well-being. Nurses play an important role in promoting self-management and assisting patients to cope with these changes.

Purpose: To explore hemodialysis patients' perspectives of nursing care that enables or hinders their ability to manage their illness.

Methods: A qualitative descriptive design was used. Six male and three female hemodialysis patients were interviewed during their outpatient dialysis treatment at a university-affiliated hospital.

Result: Three major themes emerged: (1) What it means to live with chronic kidney disease (2) Managing the illness and treatment regimen, and (3) Nature of the therapeutic relationship with nurses to promote self-management. Patients' narratives also revealed six important features of the nurse-patient relationship.

Conclusion: Patients identified the nurse's friendly demeanor and being patient-centered as care that assisted them to self-manage. These findings underscore the importance of creating a nurturing and supportive environment and focusing on patients' individual needs. Reflective practice may be a helpful strategy to assist the nurse to consider the interpersonal aspect of the nurse-patient relationship. The nurse's use of motivational interviewing may help to gain the patients' perspective and engage them in their care.

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Non-formal CNE program barriers to participation: A comparative study among hospital nurses of two provinces in Pakistan

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Rapid scientific and technological discoveries have increased the demands of specialized nursing care. Knowledge and skills can be restored by engaging nurses in a set amount of continuing nursing education (CNE) program activities. Literature suggested that degree or license is not the end point of education after basic nursing study. Apparently, basic nursing education for practice becomes obsolete within five to ten years of graduation. This obsolescence can lead to the poor performance of nurses in clinical practice. Therefore, the study was designed to investigate and compare barriers to participation among hospital nurses of two provinces in Pakistan. Cross-sectional descriptive study approach used to collect data through a convenience sampling technique of three hundred (n=300) nurses. "Barriers to Participation Questionnaire" (BPQ) was used as a research tool. Quantitatively, result interpretation was set as "the lower the mean score in each type of barrier, higher the barrier was measured due to reverse Likert scale rating. Generally, an administrative barrier was found higher and most prevalent barrier, the work-related barrier was more predictive and financial barriers as predicting barrier as compared to family and personal barrier. Data also revealed that Punjab nurses have greater administrative with the mean score of 2.16 ± 0.87 and work-related barriers with the mean score of 2.43 ± 0.81 than the nurses from Sindh province with a mean score of 2.26 ± 0.75 and 2.81 ± 0.90 . Regarding the financial barrier, both provincial nurses have equal level barriers than the family and personal barriers among nurses of two provinces. To keep nurses connected with advanced knowledge in a rapidly changing healthcare environment, more opportunities of non-formal CNE programs should be provided for all employed nurses in all provinces.

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The use of traditional medicine by women during pregnancy in Sub-Saharan Africa: A scoping review

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Purpose: The purpose of this study was to describe the traditional medicines utilized in sub-Saharan Africa, during pregnancy and their possible adverse effects.

Method: A scoping review was used; five databases (PubMed, Cinahl, Cinahl plus, Wiley Online, Scopus and SAGE) were the search for the collection of data, with specific search terms such as sub-Saharan Africa, adverse effects, traditional medicine, and complementary alternative medicine, pregnancy, labor and postpartum. The literature had to be in English, have a full abstract. Data included literature from sub-Saharan Africa of both quantitative, qualitative articles and grey literature in peer-reviewed journals published between January 2007 and August 2018. A data extraction sheet was developed to record the authors, year study was published, the country study was conducted, research aim and question, participants and methods and the key themes.

Results: Results revealed three themes such as factors that precipitate the use of traditional medicine by women, and that women had their own reasons for using traditional medicines and the prevalence of traditional medicine use in sub-Saharan Africa.

Conclusion: There is significant use of traditional medicine amongst women in sub-Saharan Africa to treat various conditions related to pregnancy. However, little is known of the adverse effects that these traditional medicines may have on the women or the unborn baby. This lack of knowledge poses a risk to both mother and the unborn baby; therefore, further investigation is required on the use and safety of traditional medicines.

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How does organizational culture impact RN engagement

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There is a wide range of literature that focuses on the importance of RN engagement; however, there are few healthcare organizations that have taken the initiative to implement programs that foster RN engagement. In multiple studies, RN engagement correlates directly with patient safety, quality, and patient experiences. Hence the understanding of RN engagement and its drivers must be a intentional goal of an organization. This project focused on the relationship between the levels of RN engagement and their perceptions of their organizational culture. Focusing on a small community hospital in New York, the research question addressed existing levels of RN engagement and their perceptions of their organizational culture. As described by Kolcaba, a humanistic approach to meeting the needs of RN staff will benefit both the RN and the organization. The correlational design included the review of the National Database of Nursing Quality Indicators (NDNQI RN) engagement surveys conducted from 2012 to 2014. The findings noted concerns related to nursing participation in hospital affairs as well as staffing and resource adequacy. Nursing foundations for quality of care were the only significant driver related to RN levels of engagement. RN engagement is crucial to the profession's sustainability when considering the influence of demographic, economic, and technological pressures felt throughout the healthcare industry. RN engagement is also crucial to the success of strategies to improve healthcare delivery outcomes across the continuum of care.

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A structural equation model of factors influencing the quality of life among incarcerated Filipino older adults

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Statement of the Problem: Among older adults, incarceration is challenging because of their complex health and social care needs (Maschi, Viola & Morgen, 2013); inadequate social support (Asberg & Renk, 2014); diminished contact with family and friends outside (Crossman, 2017); and social isolation (Kang & Ridgway, 1996; Matt & Dean, 1993). Hence, incarcerated older adults are likely to feel lonely, jeopardizing their mental well-being and increasing self-destruction (Khorshid, Eser, Zaybak, Yapucu, Arslan & Cinar, 2004) and depression (Arslantaş, Adana, Abacigil, Kayar & Acar, 2015). Thus, with these circumstances, the quality of life (QoL) of incarcerated older adults is greatly affected. Although QoL has been well studied among the general population, QoL among incarcerated older adults remains less explored. This study aims to examine the relationships between and among factors such as social engagement, depression, loneliness and social support and quality of life of incarcerated Filipino older adults.

Methodology & Theoretical Orientation: Accordingly, this descriptive correlational study draws on the power of structural equation modeling (SEM) to analyze data from 315 purposively selected incarcerated Filipino older adults.

Findings: The emerging model suggests that social engagement directly influences depression ($\beta = -.267, p < .01$) and social support ($\beta = .619, p < .01$). Social support, for its part, has a direct influence on loneliness ($\beta = -.342, p < .01$) and quality of life ($\beta = .217, p < .01$). Further, loneliness positively influences depression ($\beta = .416, p < .01$). Lastly, the results also showed that decreased quality of life ($\beta = -.292, p < .01$) is more likely to occur with incarcerated older adults who are depressed.

Conclusion: This study highlights that social engagement, social support, loneliness, and depression predict the quality of life among incarcerated older adults. But despite being incarcerated, older adults can still achieve the quality of life by strengthening social support systems and social engagement as well as decreasing levels of loneliness and depression.

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The effects of progressive muscle relaxation training as a complementary nursing therapy on fatigue and sleep quality in patients with breast cancer receiving chemotherapy

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Background: Fatigue and sleep disturbances are reported as two of the most common and distressing symptoms for patients with cancer as a result of the disease and as a side effect of chemotherapy treatment. Progressive muscle relaxation is one of the complementary interventions that are used in combination with pharmacological drugs to reduce the effects of fatigue and improve quality of sleep among patients with breast cancer.

Purpose: The purpose of this study was to examine the effects of progressive muscle relaxation training on fatigue and quality of sleep in patients with breast cancer and receiving chemotherapy in Jordan.

Methods: This study used a Quasi-experimental design with experimental and control groups. A purposive sample of 60 participants with breast cancer was divided into the two groups. The participants in the experimental group received training on PMRT and were given an audio CD to practice PMRT daily for four weeks. Participants in the control group received usual care. Both groups were asked to self-report fatigue severity and quality of sleep every week for the total of four weeks by using Piper Fatigue Scale-12 and Pittsburgh Sleep Quality Index.

Results: The participants in the experimental group didn't show a significant difference in fatigue severity but within the group, the comparison showed a significant reduction in fatigue severity over time. The participants in the experimental group showed a significant improvement in sleep quality compared to the control group. Also, within-group comparison showed a significant improvement in sleep quality over time. The control group didn't show a significant improvement.

Conclusion: The results of this study revealed that progressive muscle relaxation can be used as a complementary nursing intervention to reduce fatigue and improve quality of sleep among patients with breast cancer receiving chemotherapy.

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Postpartum hemorrhage simulation project

Carolyn Bottone-Post

University of Northern Colorado, USA

Postpartum Hemorrhage (PPH) is a problem of global significance; accounting for 25 percent of maternal deaths, it is a leading cause of maternal mortality worldwide, often occurring in healthy women devoid of significant risk factors. Because of its relative infrequency, student nurses may miss opportunities to practice critical hemorrhage assessment and management skills while in a supervised learning environment. Simulation offers students an arena to practice low-frequency, high-stakes events like PPH, in an environment where no harm results from missteps. This DNP Capstone Project investigated the effect of simulation on knowledge, confidence, and clinical judgment of 33 third semester, traditionally enrolled baccalaureate nursing students. A one-group, pretest-posttest design assessing knowledge and confidence was performed; knowledge scores showed mixed improvement. Surveys revealed satisfaction with simulation improved ($p < 0.0$ to 0.003 at 0.05), although confidence in skills and responsibility for learning did not. Student self-reflections correlated with the researcher. Student-identified themes of importance emerged, including prioritization and communication.

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The relationship between nurse educators' and nurse leaders' views on readiness for practice in graduate nurses

Diane Robinson
USA

Statement of the problem: There is a paucity of research on a common understanding between nursing educators and hospital nurse leaders on student preparation and the required expectations for novice nurses. Ten percent of the current workforce in nursing is derived from novice nurses (Berkow, Virkstis, Stewart, & Conway, 2009). It is well published in the literature that these new graduate nurses experience difficulty during the transition period that begins after graduation and continues as they are learning their new role as a graduate nurse, although communication between these two major stakeholders is scarce (AL-Dossary, Kitsantas, & Maddox, 2014; Berkow et. al., 2009). Few studies have been conducted that compare the ideals from the perspective of the major stakeholders. A review of the literature indicates that a common expectation for new graduate nurses remains unclear at the onset of practice (El Haddad, Moxham, & Broadbent, 2017).

Description of the Study: This study will be a non-experimental quantitative descriptive study with a cross-sectional design. Data will be collected by providing a survey that utilizes Schwirian's Six Dimension Scale of Nursing Performance (1978) to evaluate the desired competencies for new novice nurses. The study will use a convenience sample of nursing educators and nurses working in the hospital in one of three of the following roles; nurse manager, nurse preceptor, and hospital nurse educator.

Methodology & Theoretical Orientation: A descriptive, non-experimental method will be applied using surveys to gather data that will be utilized to explore the beliefs of these two selected groups of individuals. The survey will be a modification of Schwirian's Six Dimension tool that will allow me to examine if differences exist between these two major stakeholders (1978). Benner's From Novice to expert theory will be utilized as a framework for this study. Benner's theory was developed from the Dreyfus Model of Skill Acquisition which can be utilized to help determine the differences between an experienced and novice nurse (Benner, 1982).

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Care coordination: What happens in-between medical visits is more important than what happens at the visit

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Care Coordination is a core element of the Veteran-centered experience and requires an effective, well-educated nursing staff. A greater understanding of roles and tasks being carried out by nurses in primary care was needed to help determine how best to implement care coordination and transform the PACT model. We conducted an observational study of primary care nursing at the Miami VAHS by creating a classification schema for nursing responsibilities, directly observing and tracking nurses work, and categorizing their activities. The vast majority of nursing time was spent on vaccine and medication administration; telephone work; and charting and paperwork, while a minimal amount of their time was spent on activities classified broadly as Care Coordination. Care Coordination work appeared to be subsumed by other daily tasks, many of which could have been accomplished by other, lesser trained members of the healthcare team. Practices looking to implement Care Coordination need a detailed look at workflow, task assignments, and a critical assessment of staffing, adhering to the principal of each team member working to the highest level of his or her education or license. Care Coordination represents a distinct responsibility that requires dedicated nursing time, separate from the day to day tasks in a busy practice. It is imperative that we support non-visit-based work to achieve improved clinical outcomes and enhance the efficiency of the health system. How Care Coordination has fit into the role currently being filled by primary care nurses remains an unanswered question. Redesigning the primary care system in America has become a national priority as the USA struggles to solve issues of poor access, high cost, and sub-optimal quality. The Institute of Medicine (IOM) recently highlighted the critical role that nurses will play in this redesign, emphasizing the need for nurses to practice to the full extent of their education and training (IOM, 2011). We have implemented PACT, an enhanced model of primary care delivery that requires extensive practice redesign. This model contains many elements that require an effective, well-educated nursing staff. A greater understanding of the roles and tasks of nursing in this model is needed to help guide practices implementing the PACT. Nurses play a natural role as facilitators in Care Coordination models, particularly in a relational care context or when acting as boundary spanners. Enhanced access to primary care is only one element to consider when addressing the expansion of nursing scope-of-practice. The fragmentation of our health care system demands that resources be applied to improving care coordination as a whole. If done with care, this will result in better healthcare. With this in mind, any further attempt to broaden scopes of practice in the healthcare industry should err on the broader side. Primary care providers, whether physicians, nurses, pharmacists, social workers, or other community services support workers, should be permitted and encouraged to practice to the fullest extent of their licenses, but more importantly, all providers should be trained to engage and support the patient as a key member of his or her own health team.

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An electronic workflow document to insure staff participation and accountability in the transition to value based care

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Statement of the Problem: Healthcare is mandating a fundamental change from Volume Based to Value-Based Care. This transition requires the evaluation of a vast number of evidence-based care measures that have been identified as defining Value in the primary care setting. The number and complexity of measures warrant a team-based approach for this change. This shift is essential for all providers to ensure evidenced-based, patient-centered care. It will present a challenge for those practices accustomed to the traditional provider is driven, models. A successful strategy will require clear staff roles and defined value measures. An electronic process was created to serve as a checklist for evaluating the status of required care measures and assigned to staff commensurate with licensure. Clear workflow processes were established. The electronic document served as the data collection tool for the primary measure of staff accountability

Methodology: A comparative ratio was used to define staff accountability in the review of measures assigned and evaluated front office, nursing, and providers. It reviewed the numbers of measures evaluated as compared to those that required evaluation. Pre and post-study of Value-Based Care measures were obtained at a six-month interval.

Findings: Results revealed front office staff to be 92% accountable, nursing 91% and providers 76% accountable. Secondary measures demonstrated 30 of 45 measures were improved. The benefit of staff accountability and clearly defined staff roles was illuminated in attaining quality patient care. Implications for practice: The evolution of medicine to Value-Based Care models will require the ongoing development of strategies to meet Triple Aim objectives. Measures of staff accountability, clearly defined roles, and a checklist format can assist in the attainment of high quality, patient-centered care.

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Effect of implementing a nursing management protocol on the postoperative health outcomes for patients undergoing radical cystectomy with urinary diversion

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Background: Bladder cancer (BC) is the most common malignancy of the urinary tract, the 7th most common cancer in men and the 17th in women. Radical cystectomy is the primary treatment for patients with muscle-invasive bladder cancer, whereas alternative treatments are reserved for patients with extensive comorbid conditions or poor performance status. Radical cystectomy involves removal of the urinary bladder and associated organs; the prostate in men, and the uterus, ovaries, and part of the vagina in women. It was observed that the numbers of patients with BC requiring radical cystectomy accompanied with urinary diversion are increasing. These patients require meticulous collaborative care to improve the overall physical and psychological well-being. Nursing management protocols are a way of documenting and communicating patient care and should include daily aims, such as mobilization, that increased day by day.

Patient and method: A convenience sample of 50 adult patients admitted to the Urology Department at Alexandria Main University Hospital. The subjects of the sample meeting the previously mentioned criteria were sequentially divided into two equal groups; the first was the study group and comprised 25 patients and they received the nursing management protocol. The second was the control group which, comprised 25 patients and exposed to routine care only. Data collected through; demographic data, knowledge assessment sheet, self-care skills observation, quality of life assessment, and patient's satisfaction. Nursing management protocol was designed by the researcher. It was written and summarized in a simple Arabic language and supplemented by photos and illustrations to help the patient understand the content.

Results: Results showed that the study results revealed that most of the patients of the study and control group had poor knowledge pre-application protocol of nursing care, while most of the study group had fair knowledge after application of proposed protocol of nursing care. Overall total scores of functional mobility & activities with a mean (17.88 ± 1.27), were improved significantly in the study group immediately after application nursing management protocol compared with the control group. Overall total scores of caring for stoma with a mean (18.72 ± 0.98) were improved significantly in the study group after one & half months of application of nursing management protocol compared with the control group. Mean scores for each domain of patient's quality of life, including physical health, psychological health, social relationships, and environment were improved significantly in the study group after one & half month of application of nursing management protocol and the improvement was significant differences between the two groups in post protocol in all items.

Conclusion: Applying the nursing management protocol had statistically significant improvement in knowledge, self-care skills and quality of life for studied patients undergoing radical cystectomy with urinary diversion postoperatively than their controls.

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