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# 23<sup>rd</sup> World Nurse Practitioner Conference

September 28-29, 2017 Dubai, UAE

## Scientific Tracks & Abstracts (Day 1)



# 23<sup>Rd</sup> WORLD NURSE PRACTITIONER CONFERENCE

September 28-29, 2017 Dubai, UAE

## Patient and quality of care associated metrics in team-based care models in military intensive care units

Melissa Wilson

US Air Force School of Aerospace Medicine, USA

Health care systems are facing an increased demand for intensive care coupled with a shortage of intensivist trained physicians in the United States. Recognizing that patients improve with around the clock intensivist coverage, health care organizations are adopting health care models that expand these traditional physician intensivist models. Institutions are incorporating Acute Care Nurse Practitioners (ACNPs) into team based care models to intercede for patient care in Intensive Care Units (ICUs). While military hospitals have begun to adopt these team based care models, no studies have addressed outcomes of ACNPs in the ICUs. The purpose of this study is to identify patient and quality of care outcome measures utilizing a team-based care model in military ICUs. The aims include the following: (1) Identify if outcomes of care utilized to establish ACNP-associated metrics exist within military ICUs, (2) Identify the incidence of the outcomes identified in aim 1 within a military treatment hospital unit utilizing a team-based care model to those within a military treatment hospital utilizing the traditional care model, and (3) Describe the association between the incidence of outcomes identified in aims 1 and 2 with comparable civilian units. A retrospective review of medical records was conducted of all patients admitted to either medical, surgical or trauma ICUs at one military medical center for the 12 months prior to study initiation. The facility selected currently utilizes a traditional physician based model of care in one ICU and a team based model in the other ICU. A review of literature was completed to identify clinical outcome measures to examine patient and quality care outcomes of intensive care patients.

### Biography

Melissa Wilson is currently a Nurse Scientist for the Department of Aeromedical Research, United States Air Force School of Aerospace Medicine (USAFSAM) at Wright Patterson Air Force Base in Dayton, Ohio. She is leading research in the areas of moral distress in aeromedical health care practitioners, pain management, provider type in military services and the use of health technologies in aeromedical transport. She is also currently building two mobile apps for use in military patient care environments in collaboration with the Defense Health Agency. Prior to her current role with USAFSAM, she most recently comes from an academic institution where she was the Associate Director of Nursing and an Assistant Professor for nine years. In addition to her role at the university, she was practicing as an Advanced Practice Nurse and still maintains board certification as a Clinical Nurse Specialist.

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**Work samples application at a psychiatric clinic of a university hospital in nursing services****Eda Kes**

Karabük University, Turkey

**Introduction:** In health care services, requirements for patient focused, timely, high-quality care are increasing. Nursing services that constitute the most important source of health care services intend to employ the right number of qualified nurses and to conduct their activities more efficiently and economically. For these reasons, it is necessary to know the nursing workload requirements for direct patient care and to estimate the actual staff needs, the proportion of the nursing workload devoted to other activities and how it can change throughout the day.

**Aims:** The purpose of this study is to determine the definition, distribution and rates of the nurses' direct, indirect care and other nursing activities in a psychiatric clinic.

**Method:** The descriptive study was carried out after obtaining the permission of Ethics committee and the institution in Hacettepe University Hospitals Psychiatry Clinic. Data form and psychiatric nursing activities job sampling observation form were used as the data collection tool for demographic information of the nurses. The activities performed by the nurses working in the psychiatric clinic were recorded for 3 months at 20 minute intervals after the pilot observations and during the day shift (08-16), evening and night shifts (16-24, 24-08).

**Results:** A total of 2,686 nursing activities were observed. It was determined that 39% of the nurses time were directed to nursing activities during the 8-16 day shifts and 16-24 evening shifts and 33% of the nurses time were directed to patient care activities during the 24-08 night shifts. The time allocated for indirect nursing activities took second place with close percentages in every 3 shifts. The maximum time allocated for personal activities was determined as 24-08 night shift.

**Conclusion:** In this study, it was observed that the nurses devote most of their time to direct care activities carried out with patients and/or their families and to indirect nursing activities including the coordination and preparation of the services. The study provides basic data's for psychiatric clinics to determine the parameters to support the correct employment process of nurses and to further research.

**Biography**

Eda Kes is committed to highest standard of excellence at Nursing, Karabük University in Turkey. Eda has gained a plethora of knowledge in related field. Her international experience includes various programs, contributions to reputed journals and participation in different international conferences in diverse fields of study.

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**The relationship of psychosocial distress quality of sleep with suspected colorectal cancer****Chien-Yu Hsu**

Cathay General Hospital, Taiwan

**Purpose:** The aim of this study was to investigate the correlation and prediction of psychosocial distress and sleep quality during the diagnosis of suspected colorectal abnormalities.

**Method:** This was a correlation study. A consecutive sample of 140 people from the Colorectal Surgery department clinics in a medical center in the north of Taiwan participated in this study. They were at least 20 years old with colorectal abnormal foci or positive in colorectal cancer screening, but no history of colorectal cancer. A structured questionnaire was used to investigate the psychosocial distress and sleep quality during the diagnosis. Multiple linear regression analysis was performed with SPSS 20.0 software.

**Results:** The sample consisted of subjects with average age of 53.3 ( $\pm 12.7$ ). The majority of them had education of college or higher, was married, worked currently; found colorectal abnormality from screening or health check and 67.9% had fine colonoscopy for the first time. The people reported a psychosocial distress before the clinic consultation for diagnosis as a mean of 2.44 ( $\pm 2.53$ ) on distress thermometer and of 3.31 ( $\pm 3.53$ ) on Brief Symptom Rating Scale. But, 3.5% of them reported mild to moderate suicidal thought. The people also reported poor sleep quality with the total score of 6.54 ( $\pm 3.84$ ) on Pittsburgh Sleep Quality Index and 52.1% had sleep disturbance. Multiple regression analysis showed that the level of education ( $\beta=1.434$ ), physical distress ( $\beta=1.457$ ), psychosocial distress ( $\beta=0.353$ ), fatigue degree ( $\beta=0.372$ ) to predict the quality of sleep and can explain 38.9% variance.

**Implications for Practice:** In the phase during the diagnosis of colorectal abnormal psychological state of society have an impact; significantly influence the quality of sleep. Future for this population should be given care and psychosocial care during the diagnosis, the patient can achieve physical and mental well-being of the state of society.

**Biography**

Chien-Yu Hsu is a RN of Division of General Surgery in Cathay General Hospital, Taipei, Taiwan.

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**Patient satisfaction and experience in oncology ward settings in Saudi Arabia: A mixed methods study****Manal S Banaser**

King Fahd Medical City, KSA

**Statement of the Problem:** Since the 1980s, Saudi Arabia's socio economic transformation has led to vast social development. As a result there has been increased adoption of behaviors such as smoking and sedentary life styles. It is anticipated that cancer incidence will double over the next two decades. Thus, it is vital that high quality of care is provided to meet the growing health care demands. A narrative synthesis of the existing literature about patient satisfaction in the Saudi context and beyond illuminated the lack of evidence about the assessment of patient satisfaction. The aim of the study is to examine the extent to which clinical effectiveness impacts upon patient satisfaction in oncology ward settings in the Kingdom of Saudi Arabia (KSA).

**Methodology & Theoretical Orientation:** A sequential explanatory mixed methods design is employed. The Donabedian quality framework (1980) and patient experience model (Reimann and Strech 2010) are used to assess patient satisfaction with quality of care provided. In the first phase, the European Organization for Research and Treatment of Cancer (EORTC) IN-PATSAT32 validated questionnaire was used to collect data from 100 adult oncology inpatients at a Cancer Centre in Riyadh. The second qualitative phase involved semi-structured telephone and face to face interviews with 22 adult oncology inpatients who previously answered the questionnaire.

**Findings:** The main findings were that patient satisfaction levels are influenced by the clinical effectiveness of doctors and nurses, accessibility to health care and socio demographic factors. It emerged that doctor patient relationships, nurse shortages and language barrier are particular areas where changes could be made to improve care, thereby enhancing patient satisfaction.

**Conclusion & Significance:** This study has provided new evidence supporting the need for stronger interpersonal relations and a more patient centered approach in the oncology health system in KSA. In particular, the influential role of cultural issues in influencing patient satisfaction in oncology ward settings was apparent.

**Biography**

Manal S Banaser has completed her PhD in Nursing (2016) from University of Stirling, UK. Currently, she is a Program Director of Postgraduate Nursing Specialty Diploma at King Fahd Medical City at Riyadh. She has 14 years the experience in Saudi health care settings and her specialty is oncology nursing including clinical nursing education and research. She aims to create and raise a culture of patient centeredness in Saudi Health context.

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## Persistent taboo-understanding mental illness and stigma among Indonesian adults through grounded theory

**Muhammad Arsyad Subu**  
Gulf Medical University, UAE

This study explored stigma associated with mental illness among Indonesian adults living in Indonesia. It investigated how mentally ill adults perceive mental illness and how they respond to stigmatization on a daily basis. Given the current state of knowledge with regards to the meaning and process of stigma and mental illness among adults in Indonesia, a constructivist grounded theory was considered to be the method of choice for this study. We recruited 15 nurses and 15 patients to participate in the study; all from a psychiatric hospital in Indonesia. Data collection methods involved semi-structured interviews with the 30 participants as well as mute evidence, field notes and memos. In keeping with the basic principles of a grounded theory method as well as Paille's structure for data analysis which are congruent with Charmaz's principles and include stages of codification, categorization, linking categories, integration, conceptualization, and theorization, 5 discrete but interrelated categories were produced: 1) treatment of mental illness; 2) violence; 3) fear; 4) constructing cursed citizens; and 5) stigmatization. Research results show that the experience of stigma for mentally ill patients in Indonesia is pervasive and impedes mental health services utilization. The stigmatization of mental illness is manifested by family members, members of the community, mental health professionals and staff, and also by governmental institutions and the media. Stigma affects patients at many levels. Until stigma associated with mental illness is addressed nationwide, those suffering from mental illness will continue to suffer and be prevented from accessing mental health services. As study results have shown, patients seeking treatment experience violence and fear. Families and their relatives have been expelled by their community, or have simply disappeared. Both physical and psychological abuse and humiliation have led to patients being avoided, rejected, and neglected, and thus isolated, hidden, or abandoned to the streets.

### Biography

Muhammad Arsyad Subu is currently working as Head of Psychiatric Mental Health Nursing Program, Gulf Medical University in UAE. He has worked for more than 1 year in the related field and gained a plethora of knowledge in related field. His international experience includes various programs, contributions to reputed journals and participation in different international conferences in diverse fields of study.

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## Blood withdrawal from intravenous catheters by ED nurses: Comparison of two practices

Houry Nazaretian

University of Beirut, Lebanon

**Problem:** Laboratory tests are essential for diagnosis and treatment in the emergency department but they can result in prolonged waiting times for patients, multiple needle pricks and complaints about pain and discomfort. The goal of this project is to assess if a change in the blood collection process will lead to any improvement and benefit in care delivered with regard to time, patient comfort and cost.

**Methods:** A feasibility study was conducted to evaluate the change in practice from cost, time and applicability perspectives. Using an observational approach, data were collected about the management of a possible change in practice in the emergency department at American University of Beirut Medical Center. Trials of 2 proposed changes to practice were conducted and compared with the current practice. The nurses were trained in the proper use of blood withdrawal using a Vacutainer Luer adaptor.

**Results:** It was shown that intravenous line insertion and blood collection processes using the Vacutainer Luer adaptor were conducted in 46.2 seconds, which is less time spent than the current process but requires a small investment.

**Conclusion:** Allowing registered nurses to withdraw blood with the start of a peripheral intravenous line will significantly reduce length of stay and costs and enhance patient experience in the emergency department at American University of Beirut Medical Center.

### Biography

Houry Nazaretian, is committed to highest standard of excellence at Nursing, University of Beirut in Lebanon. She has gained a plethora of knowledge in related field. Her international experience includes various programs, contributions to reputed journals and participation in different international conferences in diverse fields of study.

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**Maternal near miss approach to evaluate quality of care in Alborz province, Iran****Razieh Lotfi**

Alborz University of Medical Sciences, Iran

**Statement of the Problem:** The maternal near miss approach has been developed by World Health Organization for assessing and improving the quality of care. This study aimed to examine the incidence, characteristics and features of the care provided for maternal near miss cases in public and private hospitals in Alborz province, Iran.

**Methodology & Theoretical Orientation:** A cross sectional, facility based study was conducted in all 13 public and private hospitals of Alborz province between April 2012 and December 2012. The World Health Organization near miss criteria were applied to gather and analyze the data and indicators related to maternal near miss, access to and quality of maternal care.

**Findings:** 38,715 deliveries were assessed. There were 38,663 live births, 419 (1.08%) had potentially life threatening conditions and 199 had severe maternal outcomes (SMO) (192 near miss cases and 7 maternal deaths). The maternal near miss ratio was 4.97 cases per 1000 live births. The incidence of severe maternal outcome was 5.15 cases per 1000 live births. Severe mortality outcomes index within 12 hours of hospital stay from admission (SMO12) was 3.52%. The proportion of SMO12 cases from the total SMO cases was 99.5%. The Intensive Care Unit (ICU) admission rate among women with SMO was 72.7%, while the overall admission rate was 0.7%. Overall, hypertensive disorder was the most frequent condition among women with potentially life-threatening conditions and maternal near-miss cases. Cardiovascular dysfunction and respiratory dysfunction were the most prevalent dysfunctions among maternal near miss (MNM) cases and maternal death cases respectively.

**Conclusion & Significance:** The WHO maternal near miss criteria help to identify issues that may lead to life threatening conditions and can be used to monitor and improve the quality of care in maternity settings. Hypertensive disorders related to near miss conditions need more attention to prevent maternal severe outcomes in Alborz province.

**Biography**

Razieh Lotfi has her expertise in evaluation and passion in improving the maternal health. She has worked in the field of quality assessment of maternal health in some projects common with Ministry of Health and WHO regional office in Iran.

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**Prevalence and associated factors of obstructed labor and its outcome among mothers delivered at Gimbi Public Hospital, Wollega, Western Ethiopia, 2015: Retrospective cross-sectional study****Daniel Shiferaw**

Mizan-Tepi University, Ethiopia

**Introduction:** Obstructed labor is a major cause of maternal morbidity and mortality and of adverse outcome for women and newborns in developing countries, mainly the problem caused by maternal pelvis or the fetus or both.

**Aim & Methods:** A retrospective cross-sectional study was carried out to assess the magnitude and associated factors of obstructed labor and its fetal and maternal outcome among women delivered in Gimbi Public Hospital, Wollega, Western Ethiopia from February to March 2015. A total of 321 deliveries registered from 2012-2014 was reviewed. Single population proportion formula was used to determine sample size. The study participants were selected by systematic sampling technique. Bivariable and multivariable logistic regression analysis were applied. Independent variables with  $p < 0.05$  in multivariable logistic regression analysis were considered as predictors of obstructed labor.

**Results:** Prevalence of obstructed labor was 18.1% and the main causes were cephalo pelvic disproportion 61.3% followed by malpresentation 27.1%. Risk of obstructed labor was significantly associated with age, 15-19 year (AOR 11.22, 95% CI: 4.43-28.42), 25-29 year (AOR 1.23, 95% CI: 0.07-2.56); parity (nullipara) (AOR 24.96, 95% CI: 10.73-56.85) and birth weight, 2.5-4 kg, (AOR 4.76, 95% CI: 1.20-18.90). The major maternal complications were post-partum hemorrhage, ruptured uterus and puerperal sepsis. From the total obstructed deliveries 45 (78.9%) of them were live birth and 13 (21.1%) were still birth. Poor perinatal outcome including perinatal mortality was higher among obstructed deliveries. Prenatal complication was related with parity and prolonged duration of labor. The perinatal mortality rate was 310 per 1000 total births for women who had obstructed labor and 42 per 1000 total births among women non obstructed group. Overall the perinatal mortality rate was 90 per 1000 total births.

**Conclusion:** The prevalence of obstructed labor was high. Age of the mother, parity and birth weight were significantly associated with obstructed labor. Birth preparedness and complication readiness also need to be addressed within the health system and the community level.

**Biography**

Daniel Shiferaw currently works at Mizan-Tepi University, Ethiopia.

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## Scientific Tracks & Abstracts (Day 2)



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## The role of gender and dyadic coping on quality of life among cancer patients and their spouses

Mashaal Dewan

Oregon Health & Science University, USA

Cancer Survivors (SVRs) and spouses experience significantly higher depressive symptoms and anxiety than age-matched controls with evidence suggesting depression plays an important role in SVR quality of life and mortality and the spouse caregiver's ability to effectively provide needed support and care. The Developmental Contextual Model of Couples Coping with Illness proposes that couples with high levels of dyadic coping (e.g., more collaboration and communication) will have lower levels of depression and anxiety. Additionally, gender is seen as an important contextual factor. This cross-sectional study is the first known to examine the role of gender on psychological quality of life in young and middle-aged couples (age 21-57). A mail survey was used to gather data from 48 SVRs and their spouses/partners. SVRs age were on average 42 (SD=0.48), had been diagnosed on average 6 years (SD=2.3) years, knew their spouse on average 18.7 (SD=16.5) years and were predominantly women. SVRs were significantly more likely to experience more depressive symptoms when they reported higher levels of protective buffering; male SVRs were significantly more likely to report less depressive symptoms when they reported higher levels of protective buffering ( $p<0.05$ ). Discussion will focus on the important roles of gender and dyadic coping within couples in the context of cancer.

### Biography

Mashaal Dewan is currently a PhD Nursing student at Oregon Health & Science University (OHSU), Portland, Oregon. She is working as Oncology Chemotherapy certified RN at KFSH-Jeddah and Nursing American Board certified in State of Florida and Oregon. She has an MSN as Clinical Nurse Leader from Florida Atlantic University, practiced at Boca Raton Regional Hospital and Baptist Hospital-Miami, Florida. She is also a Member at honor international nurse's organization-Sigma Theta Tau. Her current research project is to examine the impact of cancer on Arab couples' relationship and also assists her chair, Dr. Lyons with her ongoing research.

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**Pain beliefs of chronic headache patients: A focus group study****Burcu Babadag**

Eskişehir Osmangazi University, Turkey

**Statement of the Problem:** The pain beliefs are the basis of the system of person's thought and this concept is based on subjective experiences and notifications. For this reason, there is need for qualitative works which are related with pain beliefs and are explained verbal statements of pain patients. This study was designed to explore the origin of the pain beliefs of chronic headache patients.

**Methodology & Theoretical Orientation:** This qualitative research has been designed using a case study method. Selected using the criterion sampling method, patients consisted of a total of 6 chronic headache patients in algology outpatient clinic at Eskişehir Osmangazi University Hospital in Turkey. These datas were collected using focus group methods between November 29<sup>th</sup> and January 29<sup>th</sup> 2017. Data were obtained using a semi-structured interview form composed of 9 open-ended questions. The focus group interview was conducted in a single session with a duration of approximately 60 minutes and were used voice recording. The focus group interview was conducted with a manager, a rapporteur and an observer, all of whom were researchers. Data was evaluated both a descriptive and content analysis. Ethical approval for the study and informed consent of the individuals included in the study were obtained.

**Results:** Chronic headache patient's views on why they live pain and which beliefs they have about origin of the pain are presented in Table 1. This theme is composed of the following 3 sub-themes: (i) organic beliefs, (ii) psychological beliefs and (iii) environmental beliefs. Patient's beliefs related to organic beliefs were grouped under the sub-theme organic beliefs, with patient's most frequently cited genetics (familial) and than physiological needs, tissue damage, surgery, and heavy lifting. Patient's beliefs related to psychological beliefs were grouped under the sub-theme psychological beliefs, with patient's most frequently cited stress and than sadness and sensitive personality traits.

**Conclusion & Significance:** It is suggested to take pain beliefs differences and qualitative researches into consideration in the management of pain in nursing care.

**Biography**

Burcu Babadag has worked as a research assistant at Eskişehir Osmangazi University, Nursing Department in Turkey. PhD Degree: Eskişehir Osmangazi University, Institute of Health Sciences. Nursing Department (2014) Master Degree: Eskişehir Osmangazi University, Institute of Health Sciences. Surgical Nursing Department (2012-2014). Her master thesis is "The Relationship Between Pain Beliefs and Coping With Pain of Algology Patient's" Bachelors's Degree: Hacettepe University, Faculty of Health Science, Nursing Department. Burcu have published about pain, pain beliefs and nursing managements on pain as a young researcher in reputed journals such as Pain Management Nursing, Clinical Rheumatology.

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## Knowledge, Attitude and Practices (KAP) on fall prevention among nurses at King Abdulaziz Hospital, Saudi Arabia

**Malini Ganabathi**  
King Abdulaziz Hospital, KSA

Knowledge, Attitude and Practices (KAP) on Fall Prevention (FP) among Registered Nurses (RN) at King Abdulaziz Hospital (KAH) were assessed by using quantitative descriptive research design. A random sampling method was used to select the sample. A validated questionnaire on socio-demographic and KAP on FP were used. Informed consent and Ethical clearance obtained. A total of 197 RN were responded; among them, 96% were females, 55% had <5 year experience, 2.5% had worked >10 years. The average FP-related knowledge level among participants was  $16.26 \pm 1.2$  (Range: 0 to 20). Minority were aware of relationship between falls and feet-numbness and depression (13.2% and 28.9%, respectively). The average score of the participant's attitude toward FP was  $2.14 \pm 0.75$  (5 points in-total). In 12/20 items, the average score was <2. The practices score was averaged 4.26 out of 5 ( $\pm 0.93$ ). The items with highest and lowest average values were falls with no obvious harm are always reported ( $4.94 \pm 0.27$ ) and participation in making FP policies ( $3.02 \pm 1.75$ ). Good knowledge did not correlate to positive attitude ( $p=0.8$ ). The total score for nurses KAP on FP has a mean of 17.03 and  $\pm 1.702$  Standard Deviation (SD); (13.79 with  $\pm 2.061$  SD and 11.08 with SD of  $\pm 2.263$ ). The study showed overall good knowledge and practice of FP at KAH, however there is a concern that the significance and potential impact of falls on patient's outcomes are underestimated. Further, continuous training should be offered to highlight various falls risk factors and improve attitudes towards falls.

### Biography

Malini Ganabathi is a Board Certified Nurse. She started her career as a Registered Nurse since 2007 in one of the hospital at Malaysia as a Ward Nurse. She has nearly 10 years of experience in various departments (Dialysis, Stepdown and Intensive Care unit) and currently she is working at King Abdulaziz Hospital, Saudi Arabia as a Critical Care Nurse in Intensive Care Unit. She also has an outstanding academic background that includes Bachelor's degrees in Nursing from the Northumbria University, Newcastle, a Master in Nursing from Mahsa University, Malaysia and enrolling a Doctor of Philosophy in Nursing.

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## Quality of life using AQLQ (S), ACT and GINA in patients with bronchial asthma in South India

Priyadarsini John

D Y Patil College of Nursing, India

**Introduction:** Asthma has been notified as a chronic illness that impacts a large number of individuals and affects their quality of life.

**Aim:** To measure the quality of life in patients with bronchial asthma in a tertiary care setting in South India.

**Method:** Structured face to face interviews were conducted using standardized tools i.e., standardized version of Juniper's Asthma Quality of Life Questionnaire and the responses were classified under the domains of activity limitations, symptoms, emotions and exposure to environmental stimuli. The Asthma Control Test was also used categorizing respondents as demonstrating total control, well controlled or uncontrolled asthma. GINA guidelines was used to classify the patients based on severity of asthma as intermittent, mild persistent, moderate persistent and severe persistent.

**Result:** 200 physician diagnosed patients with bronchial asthma participated in the study. Majority were male (n=115) and rest female (n=85). 143 were married and many were graduates (n=52). The mean QOL of the patients was 4.83 on a 7 point scale. The lowest mean score achieved was 4.14 for the domain exposure to environmental stimuli. More than half of the sample population (57% n=114) were found to experience uncontrolled asthma. The average score received in Asthma Control Test was 17 against a maximum of 25. Less than half the patients (37.5% n =75) in the study were classified as having moderate asthma.

**Conclusion:** The findings suggest that there is a need to control asthma and the environmental factors that trigger it. Educating patients on treatment and precautionary measures may be a potential solution to enhance the overall sense of well-being in patients with bronchial asthma.

### Biography

Priyadarsini John is committed to highest standard of excellence at Nursing, D Y Patil College of Nursing in India. Her international experience includes various programs, contributions to reputed journals and participation in different international conferences in diverse fields of study.

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## **Nurse practitioner led E-memory clinics: Evaluation of the integrated living Australia, a digital memory wellness program**

**Helga Merl**

Integrated living, Australia

In Australia, the gap between discussing symptoms with the GP and diagnosis of Dementia is 3 years. The delay to diagnosis is longer in rural and remote communities with limited access to specialists. Currently, 280000 Australians remain undiagnosed and unable to access vital treatments, information and support services with negative repercussions for all involved. Integrated living Australia has addressed this issue through an innovative Memory Wellness clinic and program led by the Nurse Practitioner (NP). This program was a finalist in the 2016 and 2017 Asia Pacific Aged Care Awards for best new dementia program and innovation of the year. The model is E-Health enabled e.g., Apps installed to iPad, give the NP access to best practice dementia care including cognitive assessment. Videocase conference identifies those at risk of dementia and consumers are then set on the localized diagnosis and management pathway. All clinic consumers have access to the memory wellness program. In remote communities these programs are based on a hub model with consumers linked via video conference to the NP and guest speakers. iPads and Misfits are available to build the capacity of consumers to self-manage e.g., brain training apps. A partnership with the University of Tasmania has enabled research of the dual aims of the memory wellness clinic and program such as improve timely and early diagnosis of dementia and improve health literacy about lifestyle modifications that reduce risk, provide motivation and support for behavior change amongst older persons. Findings from the research will be highlighted including the programs ability for timely diagnose of dementia and improving the cognition of participating older persons.

### **Biography**

Helga Merl is a Nurse Practitioner Clinical Services Manager with integratedliving, Australia and has a passion for memory wellness and dementia care. She also co-ordinates the aged care postgraduate courses and the postgraduate Primary health care and chronic and complex courses for the faculties of Nursing & Midwifery, Public Health and Medicine at the University of Newcastle.

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**Health promotion and disease prevention through population-based interventions, including action to address social determinants and health inequity****Mini Radhakrishnan**

Danat Al Emarat Women and Children Hospital, UAE

**Public health connects us all:** Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighbourhood, or as big as an entire country or region of the world. Public health professionals try to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services and conducting research in contrast to clinical professionals like doctors and nurses, who focus primarily on treating individuals after they become sick or injured. Public health also works to limit health disparities.

**Disease prevention:** Disease prevention, understood as specific, population-based and individual-based interventions for primary and secondary (early detection) prevention, aiming to minimize the burden of diseases and associated risk factors. Primary prevention refers to actions aimed at avoiding the manifestation of a disease (this may include actions to improve health through changing the impact of social and economic determinants on health; the provision of information on behavioral and medical health risks, alongside consultation and measures to decrease them at the personal and community level; nutritional and food supplementation; oral and dental hygiene education; and clinical preventive services such as immunization and vaccination of children, adults and the elderly, as well as vaccination or post-exposure prophylaxis for people exposed to a communicable disease).

**Health promotion:** Health promotion is the process of empowering people to increase control over their health and its determinants through health literacy efforts and multisectoral action to increase healthy behaviors. This process includes activities for the community-at-large or for populations at increased risk of negative health outcomes. Health promotion usually addresses behavioral risk factors such as tobacco use, obesity, diet and physical inactivity, as well as the areas of mental health, injury prevention, drug abuse control, alcohol control, health behavior related to HIV, and sexual health.

**Scope of the function****Disease prevention**

- **Primary prevention services and activities include:**

Vaccination and post-exposure prophylaxis of children, adults and the elderly; Provision of information on behavioral and medical health risks, and measures to reduce risks at the individual and population levels; Inclusion of disease prevention programmes at primary and specialized health care levels, such as access to preventive services (e.g., counselling); and Nutritional and food supplementation; and Dental hygiene education and oral health services.

- **Secondary prevention includes activities such as:**

Population-based screening programmes for early detection of diseases; Provision of maternal and child health programmes, including screening and prevention of congenital malformations; and Provision of chemo-prophylactic agents to control risk factors (e.g., hypertension).

**Support mechanisms for health promotion and disease prevention**

- Multisectoral partnerships for health promotion and disease prevention
- Educational and social communication activities aimed at promoting healthy conditions, lifestyles, behavior and environments
- Reorientation of health services to develop care models that encourage disease prevention and health promotion
- Risk communication

**Biography**

Mini Radhakrishnan is an Infection Control Practitioner working in Danat Al Emarat Women and Children Hospital, Abu Dhabi. She is a certified Infection Control Practitioner, CIC from CBIC, USA. She has completed her Bachelor of Science in Nursing from India and obtained her NCLEX Rn License from Vermont Board, USA.

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# 23<sup>Rd</sup> WORLD NURSE PRACTITIONER CONFERENCE

September 28-29, 2017 Dubai, UAE

## Barrier to treatment for post-exposure prophylaxis antiretroviral therapy in populations with high risk of HIV transmission

**Deirdre Keane**

Johns Hopkins University, USA

This presentation will discuss barriers to filling PEP prescriptions for patients due to insurance difficulties and ways that providers can overcome these obstacles. Truvada is the treatment of choice for post-exposure prophylaxis (PEP) for HIV. According to the World Health Organization 2015, the current protocol is to administer 28 days of Truvada within 72 hours of likely exposure to HIV. In primary care sites, patients often have a challenging time having a Truvada prescription filled. Truvada comes prepackaged with 30 pills in a container. Many pharmacies will only sell Truvada in its original packaging. Medicaid will deny approval for a 30 pill bottle for a 28 day prescription. Pharmacists then must contact the prescriber to change the prescription to 30 days in order for it to be filled. This results in added time that pharmacists, prescribers and patients may not have. My recommendation to providers prescribing PEP is to follow the WHO protocol for a PrEP prescription. By writing a one-time prescription for 30 days of Truvada, instead of 28 days, all clients that may have been exposed to HIV can receive the necessary treatment to prevent the spread of infection in a timely manner, in order to move towards eradication of the infection in the future. This modification would also lead to efficient reimbursement by insurance companies, as well as efficient use of time for both pharmacies and providers leading to the delivery of quality healthcare in a timely manner.

### Biography

Deirdre Keane is currently working as an FNP in the Johns Hopkins, USA. With a Master's in Public Health in International Health and a Master's of Science in Nursing (MSN) from Johns Hopkins School of Nursing (c/o 2006), she has worked as an NP for eight years in Washington, DC. She gained healthcare experience in USA and has served in leadership roles.

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### Notes:

# 23<sup>Rd</sup> WORLD NURSE PRACTITIONER CONFERENCE

September 28-29, 2017 Dubai, UAE

## Performance Management System vs. the old regular annual appraisal system

**Bassam Sherkawi**

Clemenceau Medicine Center, Lebanon

This mixed approach research discussed the pros and cons of the new Performance Management System (PMS) in comparison with those of the old regular annual appraisal system. Focusing mainly on the objectivity of the process as the core of the research's hypothesis which stated that the new performance management system has a positive impact on the objectivity of the evaluation process for the employees in companies and this was proven positively by the end of the study. The study was conducted during November-December 2013 in a reputable private hospital in Beirut considered as a pioneer corporation especially in implementing the PMS after they shifted from using the annual appraisal system since 2009. In addition to discussing other aspects like the developmental effect of the system on employees' skills and knowledge, also the degree of positive effect induced by the PMS on major variables related to work process, like the degree of loyalty towards the institution, motivation, engagement, moral incentives, monetary incentives and other. The main scope of the research was focused on the growing need of implementing a system of appraisal that is more objective and has developmental effects or outcomes on the parties involved, the employee and the company. This purpose of the study was to prove that when a company, mainly in the private health sector in Lebanon shifts from relying on the regular old appraisal system to the performance management system this initiative will give better outcomes regarding objectivity of appraisals and evaluation processes, developmental opportunities for staff and also for the company, higher loyalty levels and increased employees retention rates as was concluded from the results of the survey.

### Biography

Bassam Sherkawi is a Nursing Consultant at Clemenceau Medicine Center, Lebanon. Besides his administrative posts Bassam was practicing his academic responsibilities in providing courses about Quality and health care management at the nursing and other health sciences faculties of various Lebanese universities. After acquiring his BS degree (2002), he achieved his first Master's degree in Nursing Sciences (2008) and his second Master's degree in Business Administration (MBA, Entrepreneurship) with Staffordshire University England and Modern University Lebanon. He has joined CMC in 2009 as Assistant Director of nursing responsible for policies and procedures formation, achieving and maintaining accreditation programs, practice and health care standardization, staff and business development, plotting performance improvement plans and quality improvement plans in addition to other operational management responsibilities. Currently he is the Nursing Consultant at Clemenceau Medicine International and Nursing Business Development Manager at CMC (Clemenceau Medical Center Affiliated with Johns Hopkins International, USA).

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### Notes:

# 23<sup>Rd</sup> WORLD NURSE PRACTITIONER CONFERENCE

September 28-29, 2017 Dubai, UAE

## **Saving mothers, review into confidential enquiries into maternal deaths in South Africa: Is the country on track?**

**Lebitsi Maud Modiba**  
University of South Africa, South Africa

**Introduction:** South Africa is one of the few developing countries with a national confidential inquiry into maternal deaths. The establishment of the confidential enquiry into maternal deaths in South Africa was to allow the country to determine at what level there is a breakdown in the health system and in turn this will allow for remedial action. The information for saving mothers comes from an analysis of data on women who died in South Africa during pregnancy, pregnancy, labor or the puerperium in the five quintuple and were reported to the National Committee on Confidential Enquiries into Maternal Deaths (NccEMD).

**Statement of the Problem:** All the reports from the inception of NccEMD made recommendations, but poor review and report on what the country has achieved with regards to maternal mortality.

**Purpose:** To establish progress made in South Africa with regards to maternal mortality and to assess the levels of maternal morbidity and morbidity in South Arica and to report findings and make recommendations.

**Research Design:** A retrospective, comparative study was done to assess all the NccEMD reports from 1998 to 2015 (Systematic review).

**Conclusion:** The death of a woman who leaves behind a young family has devastating consequences for these survivors with increased chances of disadvantage, illness and premature death, especially in poorer societies.

### **Biography**

Lebitsi Maud Modibais committed to highest standard of excellence at Nursing, University of South Africa in South Africa. Lebitsi has gained a plethora of knowledge in related field. Lebitsi international experience includes various programs, contributions to reputed journals and participation in different international conferences in diverse fields of study.

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### **Notes:**