

# 4<sup>th</sup> World Nursing Congress

September 5<sup>th</sup>, 2023 | Webinar





# *Scientific Program*

**Nursing Congress 2023**

Day 01 - September 05<sup>th</sup>, 2023

# World Nursing Congress Innovations & Reforms in Nursing

## Program at a Glance

09:45-10:00 (UK Time) **Opening Ceremony**

## Keynote Forum

10:00-10:30 (UK Time)

**Title: New tools for pediatric nursing; Discovering health consequences of cultural attitudes about lead and its association with contaminated children's play areas in Oslo, Norway and New Orleans, USA.**

**Howard Mielke, Professor, Tulane University, USA**

## Speaker Forum

Scientific Sessions

Nursing Education | Nursing Practice | Registered Nurse | Health Care Management | Neonatal Nursing | Pediatric Nursing | Geriatric Nursing | Mental Health Nursing | Innovations in Nursing Education | Effective Nursing Teaching Strategies | Nursing Programs and Courses | Nursing Informatics | Critical Care and Emergency Nursing | Midwifery | Nurse Practitioners | Telemedicine and e-Health | Digital Healthcare | Public Health Nursing | Anesthesia | Nursing Research

10:30-10:50 (UK Time)

**Title: The impact of cultural and social factors on mental health: addressing diversity and health disparities in patient care.**

**Ovenseri Rita Osayemwen, Modic Medical Center, Nigeria.**

10:50-11:10 (UK Time)

**Title: To Assess the Knowledge and Practices of Front Line Workers (3A's) Regarding Mission Indradhanush at Selected Health Centers, Hyderabad.**

**Rajeswari Muppidi, Asst professor, Apollo College of Nursing , Hyderabad , India**

11:10-11:30 (UK Time)

**Title: Assessment of common barriers affecting access to quality health care services in rural hospital facilities: case of chikwawa district hospital.**

**Patricia Singini, Professor, DMI University, (Ticia Counselling Centre), Malawi, Central Africa.**

11:30-11:50 (UK Time)

**Title: Housekeeping in six General Reference Hospitals in Lubumbashi in 2022**

**Mbutshu Lukuke Hendrick, University of Lubumbashi, Democratic Republic of Congo.**

## Panel Discussion



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SUPPORTING  
JOURNALS

## SUPPORTING JOURNALS

**Journal of Community & Public Health Nursing**

**Journal of Advanced Practices in Nursing**





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**KEYNOTE  
ABSTRACTS**

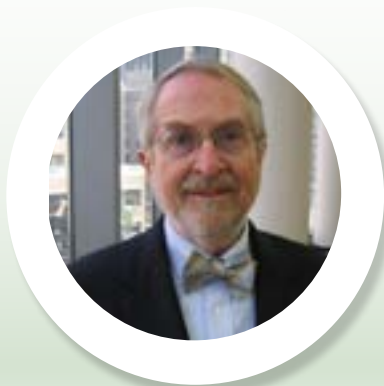
## **New tools for pediatric nursing; discovering health consequences of cultural attitudes about lead and its association with contaminated children's play areas in oslo, norway and new orleans, usa.**

### **Introduction:**

Lead is an extreme toxicant. This study applies new instruments to find and map health relevant lead in parks and childcare areas where children play. Oslo, Norway and New Orleans, USA are similarly sized cities, and provide play areas for children. The median soil lead in Oslo play areas is 25 mg/kg vs. 418 mg/kg in New Orleans play areas. Why are median play areas in Oslo 17 times lower than play areas in New Orleans? The cultural attitudes toward two commercial lead products, lead-based paints and Pb additives in gasoline, provide cause for the unusual differences in soil lead at children's play areas of these two cities. In Norway lead-based paint was banned during the 1920s, and the US, lead-based paint contained 1%-50% Pb until regulated downward in 1978. In Norway public transportation was subsidized, and automobile use was discouraged and fuel was highly taxed. In the US, public transportation dawdled, and automobile use was encouraged; leaded gasoline subsidized. The outcome of the cultural differences in attitudes about household and transportation uses of lead resulted in environmental and exposure disparities. The consequences to life expectancy, learning, behavior, and all organ systems are known when children are excessively exposed to lead. Children living in the two cities demonstrate differences that align with what is known about lead exposure. From the pediatric nursing and whole-of-society perspective, the fundamental lesson is that if Pb exposure is prevented in the first place then the outcomes is life-long health benefits for individuals and the whole society.

### **Biography**

**Howard Mielke** is in the Department of Pharmacology, Tulane University School of Medicine, New Orleans. He received his MS and PhD from the University of Michigan. He established the application of analytical instruments to urban soil metal research. His pioneering research in Baltimore soils and blood lead and soil studies in Minnesota resulted in testimony to ban lead additives in gasoline. He assisted Norway with their National Clean Soil Program, studied lead acetate in cosmetic products that spurred its elimination, and demonstrated the effectiveness of low-lead soil in remediating contaminated inner-cities. His goal is primary prevention and improving urban environments.



**Howard W. Mielke,**

Department of Pharmacology, Tulane  
University School of Medicine, USA

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ISSN: 2471-9846

## The impact of cultural and social factors on mental health: addressing diversity and health disparities in patient care

A complex interplay of biological, psychological, and environmental factors has an impact on mental health outcomes. This presentation focuses on the impact of cultural and social factors on mental health outcomes and the role of healthcare providers in addressing diversity and health disparities in patient care. Inequalities in mental health care access and outcomes have been documented across different populations, underscoring the urgent need for health care providers to address these disparities. Among these, cultural and social factors such as race, ethnicity, gender, and socioeconomic status play critical roles in shaping access to care, treatment options, and overall mental health outcomes. The presentation concludes with a discussion of the implications of this work for mental health policy and practise, emphasising the need for further efforts to improve the cultural competence of mental health care providers and to promote diversity and inclusion in mental health care delivery. Strategies to address cultural and social factors that contribute to health disparities include screening for social determinants of health, providing culturally sensitive psychotherapies, and collaborating with community-based organisations to promote equitable access to mental health services that consider the unique cultural and social factors that affect mental health outcomes. Using empirical evidence and clinical examples, we will highlight the importance of recognising the unique experiences and needs of different patient populations and providing culture-sensitive care.



**Ovensari Rita Osayemwen,**  
Modic Medical Center, Nigeria

**Keywords:** Complex interplay, social factors, health disparities, cultural, health.

### Biography

**Ovensari Rita Osayemwen** is a registered nurse who had a lot publications and presentations. She attended nursing and midwifery conferences across the globe.

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## Knowledge and practices of front line workers (3a's) regarding mission Indra dhanush at selected health centres, Hyderabad.

**Background:** As per district fact sheet Hyderabad, TELANGANA (2015- 16) child immunization among children is very poor in the state, it is 68.1 and in Hyderabad is 71.3 percent.

At the grassroots this system is upheld by three key people – 3A'S – ANM (Auxiliary Nurse Midwife), ASHA (Accredited Social Health Activist), AWW (Anganwadi Worker), like soldiers on the front line for most of India. Mission Indradhanush will consist of special immunization drives that will be driven by these 3A'S for the mission to be a success. The main objectives of this study are to assess & correlate the knowledge and practices regarding Mission Indradhanush among front line workers (3A'S) at selected health centers.

**Materials and Methods:** Non experimental Descriptive research design was used for this study and the data was collected by using self administered structured questionnaire and check list. Sample 663 were selected 3 A's, the sample comprised of 138 ANM'S, 345 ASHA workers, and 180 Anganwadi workers at selected 14 clusters of urban health centers.

**Result:** Results were described as ANM'S 75.5% ASHA'S 81.4% & AWW 'S. 87.8% were having average knowledge scores, Their practices were ANM'S 55.1% are having good expressed practices, ASHA'S 56.8 % are having fair expressed practice scores, & AWW'S 68.3% are having fair expressed practices. ANMS knowledge is not significantly correlated with practice (sig. Value is 0.713 > 0.05).

**Conclusion:** The findings of the study reveal that all front line workers are having average knowledge and fair practices on Mission Indradhanush. The study concluded that the front line workers are needed for crash course on Mission Indradhanush so that they can still improve their practices in turn the utilization of services will increase by which we can achieve the target.

**Keywords:** Front Line Workers (3A'S), Knowledge, practices, Mission Indradhanush.

### Biography

**Rajeswari Muppidi** is a Nursing Professional who had lot publications and presentations. Did Research work in Nursing. She did PhD. from Maharaja Vinayak Global University, Jaipur



**Rajeswari Muppidi,**  
Care Educational Foundation –  
Group-1, Hyderabad

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## Assessment of common barriers affecting access to quality health care services in rural hospital facilities: Case of chikwawa district hospital.

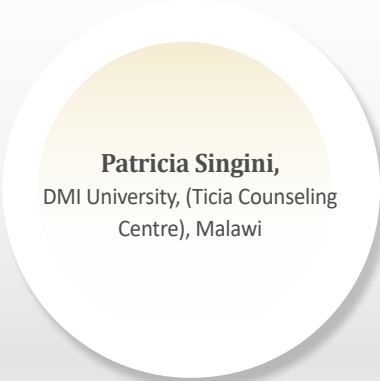
**Background:** Quality health care is care that is safe, effective, patient-centered, timely, efficient, and equitable. Quality health care has to be accessed by all citizens whether in urban or rural areas. In order to achieve access to quality healthcare for the entire researcher sought to assess the few but common barriers that affect quality health care services in rural hospitals, the case study of Chikwawa district hospital in the southern part of Malawi.

**Materials and Methods:** A mixed method of research was used where Abductive approach was employed; both qualitative and quantitative data was collected from various respondents. Random selection of 51 participants was done. The results findings showed that knowledge in patients' rights and responsibilities do affect positively to access of quality health care services as well as the cultural practices in the community. The study also revealed that the knowledge of patients' rights and responsibility is more in health care service providers than the users, it was also discovered that the users are not sensitized on this issues of public importance in which they may respond that they know but there is knowledge gap which cannot quantify their real level of knowledge. All data collected was analyzed using statistical package for social sciences in order to arrange the data and generate tables and graphs.

**Result:** Recommendation that the Ministry of health should consider training, implementation and monitoring of issues should be prioritised in health sector policy document. District health officers and District health management team and other health care service providers should prioritise implementation and sensitization of the community around the facilities

### Biography

**Patricia Singini** is a PhD development studies student, has a master of Guidance and counseling, MPH pending, Bachelors of Health systems management, graduate diploma in public health, diploma in anesthesia and care of critically ill patient, Nurse Midwife technician, done professional certificates with AAU in Thesis and dissertation writing, Research methods, digital marketing, journal establishment and management. A lecturer in health systems management, a scientist, researcher, research supervisor, development strategists, counsellor and a Consultant, tailor and designer. She developed a curriculum of Bachelor of Science in counseling and psychotherapy. She has published two books, five research articles, attended four conferences. Have four projects in uplifting Malawians.



**Patricia Singini,**  
DMI University, (Ticia Counseling  
Centre), Malawi

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## Housekeeping in six general reference hospitals in Lubumbashi 2022

**Introduction:** The objective of the study was to make an inventory of the conditions of housekeeping within these health structures.

**Methods:** This is a cross-sectional descriptive study, conducted in 6 referral general hospitals (HGR) in Lubumbashi: Sendwe, Katuba, Kampemba, Kenya, Kamalondo and Mumbunda on a sample of 266 cleaners. Two techniques were used to collect the data: observation using an observation guide and interview using a self-administered questionnaire based on the hospital environment and the interview. Household.

**Results:** The average age of respondents was  $39.13 \pm 4.8$  years. Women were in the majority (77%). 77.3% of respondents had primary education. Half of them, or 50%, had a seniority of more than 5 years. Over 83.6% had not received training in housekeeping. (72.7%) recognized that there is no hospital hygiene service. Bins and ordinary brooms were the materials available. The maintenance of the walls was done once a week (86.4%). The surface of the floor was maintained very regularly (95.5%), unlike the ceiling which had never been maintained for over 5 years. Difficulties related to housekeeping were insufficient housekeeping materials and lack of motivation. A significant association was observed between the lack of training and poor interview technique ( $p < 0.005$ ) and the lack of equipment and inputs and poor interview technique ( $p < 0.001$ ).

**Conclusion:** These hospitals are in poor housekeeping conditions, hence the need for training and the availability of inputs and equipment.

Keywords: housekeeping, hospital, hospital hygiene

### Biography

**Mbutshu Lukuke Hendrick** completed his doctorate at the age of 48 years at Lubumbashi University, where he is Professor of hospital hygiene at the Public Health School of the same university. He has published more than 25 articles in Pan African, Asian, European and American journals.



**Mbutshu Lukuke Hendrick,**  
School of Public Health, University of  
Lubumbashi, Democratic Republic of  
Congo

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## **Nursing Congress 2023**

*Bookmark Dates*

**5<sup>th</sup> World Nursing  
Congress**

February 22-23, 2024 | Zurich, Switzerland

<https://nursingcongress.annualcongress.com/>