



28<sup>th</sup> International Conference on

# PEDIATRIC NURSING & HEALTHCARE

September 04-05, 2017 | Edinburgh, Scotland

## Scientific Tracks & Abstracts Day 1

Pediatric Nursing 2017

## Major Sessions:

Day 1 September 04, 2017

### Pediatric Care and Nursing | Pediatric Healthcare | Pediatric Mental Health | Neonatology | Adolescent Cardiology

**Session Chair**  
**Bonnie Garner**

Mountain Area Health Education Center, USA

**Session Co-Chair**  
**Tiffany Gwartney**

Johns Hopkins All Children's Hospital, USA

#### Session Introduction

**Title: Collaborative Pediatric International Cultural Learning: Mutual Learning Success**

**Sharon Elizabeth Metcalfe**, Western Carolina University, USA

**Title: Parental role and involvement in decisions regarding children's healthcare in the hospital**

**Antje Aarhun**, University of Stavanger, Norway

**Title: Maternal, Fetal and Neonatal Care in Open Fetal Surgery for Congenital Cystic Adenomatoid Malformation**

**Jinping Feng**, Southern Medical University Affiliated Maternal & Child Health Hospital of Foshan, China

**Title: The Urgent Need for U.S. Community-Based Pediatric Psychiatric Care**

**Margaret Levvis**, Central Connecticut State University Department of Nursing, USA

**Title: Using Serious Games and Gamification to Motivate Patients Do CBT Homework**

**Ho Ming Lau**, Institute of Psychiatry and Mental Health, Netherlands

**Title: Nurses' Response to Parents' "Speaking-up" Efforts to Ensure Their Hospitalized Child's Safety: An Attribution Theory Perspective**

**Sondos Bsharat**, The Emek Medical Center, Israel

**Title: Gaming Approach in atraumatic care**

**Sema Bayraktar**, Bezmialem Vakıf University, Istanbul

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## Collaborative pediatric international cultural learning: Mutual learning success

Sharon Elizabeth Metcalfe  
Western Carolina University, USA

**Statement of the Problem:** The nursing profession is evolving, and expanding to become more international in scope. Jie, Andreatta, Liping, and Sijian (2010) found that immersion for student nurses experiencing an international perspective facilitates their personal and professional growth, and allows them to understand different cultures and global issues. International experiences provide students an awareness of pediatric global nursing issues.

**Methodology & Theoretical Orientation:** In a systematic review of 23 empirical articles regarding international student exchange experiences, Kolbuk, Mitchell, Glick, and Greiner (2012) found that there were not any articles describing two-way exchange experiences in global pediatric nursing education and there were not any models for best practice for international student clinical immersion exchanges.

**Findings:** This presentation describes the need for understanding pediatric global nursing through exchange programs and discusses a collaborative partnership between two schools of nursing and a pediatric hospital in the United Kingdom and United States of America. This partnership has been in existence for eight years.

**Conclusions & Significance:** The program prepares students for global awareness of pediatric nursing roles through clinical immersion and self-directed learning experiences. Students are transformed in the clinical mentoring that takes place with guidance of pediatric nurses in both the pediatric hospital in the United Kingdom and the United States. Students are guided and led through pediatric clinical experiences with both ambulatory and critically-ill children and are exposed to international differences and similarities in nursing and medical care. The students learn the various differences in pediatric care within both countries and appreciate the nursing care practices in delivery of care. This program continues to be successful and proves to be an educational foundation in pediatrics.

### Biography

Sharon Elizabeth Metcalfe is an Interim Director and Associate Professor at Western Carolina University in Asheville, North Carolina, USA. She has been a Dean of Nursing for a private college and an educational grant Researcher with colleges and hospitals. Currently, she is serving on the Board of the North Carolina Nursing Association Foundation. Her research agenda is on global leadership development and mentoring transformational nurse leaders with pediatric nursing students. She has been serving as the Program Director of the NN-CAT Program (Nursing Network-Careers and Technology), a national program that provides scholarships, stipends, and personal mentors to under-represented ethnic minority students.

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## Parental role and involvement in decisions regarding children's healthcare in the hospital

**Antje Aarhun**

University of Stavanger, Norway

**Statement of the Problem:** Parents are important partners in the coproduction and implementation of their children's healthcare. In many Western countries parents have a legal right to be involved in their children's healthcare decisions. However, they are not involved in these decisions as much as they would prefer, and they seem to face a particularly vulnerable situation during their children's hospitalization. There is little research on parents' role and needs in terms of their involvement in decision-making about shaping their children's healthcare in the hospital. The aim of this study was to explore parents' experiences with the parental role and their involvement in shaping their child's healthcare in the hospital and to identify how health professionals can support parents and improve parental involvement.

**Methodology:** The study has an explorative descriptive qualitative design within a constructivist research paradigm. Individual semi-structured interviews were conducted with a purposive sample of 12 parents. Qualitative content analysis was performed.

**Findings:** The parents were highly concerned about their child's healthcare and had a demanding parental role during their child's hospitalization. Their ability to participate in decision-making regarding their child's healthcare seemed to be dependent on their health literacy and health professionals' facilitation of parental involvement. Individual tailored and respectful facilitation of parental involvement in decision-making regarding their child's healthcare by health professionals appeared to promote and enable parents' influence, control and ability to cope with the parental role during children's hospitalizations.

**Conclusion & Significance:** The health professionals have an essential role in facilitating parental involvement in decisions regarding children's healthcare and in improving parents' ability to cope with the parental role. The study includes the perspectives of parental involvement in decision-making, family-centered care and health promotion and thereby provides unique insight into the parental role during children's hospitalization.

### Biography

Antje Aarhun is a PhD-candidate in Health and Medicine in Department of Health Studies, Faculty of Social Sciences, University of Stavanger in Norway. Her PhD-project is about parental involvement in decision making about children's healthcare in the hospital. In addition, she works in Department of Pediatrics at Stavanger University Hospital. She is a Special Physiotherapist in Pediatrics and has Master's degree in Health Sciences.

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## Maternal, fetal and neonatal care in open fetal surgery for congenital cystic adenomatoid malformation

**Jinping Feng and Zhengping Liu**

Southern Medical University Affiliated Maternal &amp; Child Health Hospital of Foshan, China

Congenital cystic adenomatoid malformation (CCAM), also called congenital pulmonary adenomatoid malformation (CPAM), is a rare hamartomatous cystic lesion. Our previous study noted that the occurrence is approximately 4.01:10,000 in China. Open fetal surgery currently provides a potential therapeutic option for management of the fetus with CCAM diagnosis. A 22-year-old G2P0 female presented at 211/7 weeks' gestation for evaluation of a fetus with a left lung lesion and diagnosed as CCAM at 283/7 weeks' gestation. Open fetal surgery was performed to resection the lesion at 292/7 weeks' gestation under deep maternal general anesthesia. The mother presented at 35/7 weeks after open fetal surgery with preterm premature rupture of membranes (PPROM) and underwent cesarean delivery at 326/7 weeks' gestation. A vigorous female infant of 1955 g, with good Apgar score, was delivered. At one month, 4 years, and present, 6 years after birth, she has continued to do well without any obvious deficit and both respiration and circulation were well maintained. Complex care undergoing fetal surgery requires a well-coordinated multidisciplinary team. Nurses in many roles are essential members of the team that cares for this woman across the continuum. A basic maternal medical, obstetric history, information about family support, family's anxiety level, and their understanding of the diagnosis are obtained during the initial screening. The surgical procedure and potential risks and benefits are reviewed, informed consent obtained, and any remaining questions the family may have been answered before the surgery. After discharge, psychosocial support of the women and her family is extremely important throughout this experience. Follow-up assessments continue for the child each year and long term follow-up will continue at 10 and 15 years. The nursing care undergoing fetal surgery is complex and provides an essential thread of continuity through the process.

### Biography

Jinping Feng is an Associate Professor and Deputy Director of Nursing at Southern Medical University Affiliated Maternal & Child Health Hospital of Foshan; Head Nurse of the Department of Obstetrics at Southern Medical University Affiliated Maternal & Child Health Hospital of Foshan; Deputy Director of Foshan Midwife Association; Member of Education Committee of Guangdong Nursing Association and; Member of Nursing Committee of Guangdong Women and Children's Health Association.

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## The urgent need for US community-based pediatric psychiatric care

**Margaret Levvis**

Central Connecticut State University Department of Nursing, USA

Data from the state of Connecticut's major hospitals' emergency departments demonstrates an 81% increase in the number of pediatric patients in crisis since 2013 with waiting times from 6 hours to 3 weeks. Most of these hospitals have only a small amount of inpatient beds reserved for pediatric psychiatric patients due to budget constraints. In the past, patients not admitted have been sent to residential treatment programs but access to these programs has also been curtailed by financial considerations and by the use of the over-worked Department of Children and Families (DCF) as the sole determinant for admission to residential treatment programs. As a result, some of these children have been sent to out-of-state facilities, away from their families, complicating their return to good health. Codes of ethics implore us to be advocates for our patients, especially our most vulnerable populations. There must be a better system of community-based care easily accessible to children with serious mental health issues and their families and the health care professional's responsibility must be to advocate at the state legislative level for assistance in responding to this crisis. A review of various cases indicates that this is a community issue that hospitals alone cannot solve; there must be a statewide effort launched if the therapeutic environment of these patients and their families is to be improved. An example of what such a community network would look like follows in this paper.

### Biography

Margaret Levvis is an Associate Professor and Chairperson of the Department of Nursing, primarily teaching courses in health policy, ethics, and nursing theory. She also serves as a Bioethics Consultant for various health institutions in the state of Connecticut and is currently working on a book *A Human Rights Model for Pediatric Palliative Care*.

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## Using serious games and gamification to motivate patients do CBT homework

**Ho Ming Lau**

Institute of Psychiatry and Mental Health, Netherlands

Homework has been viewed as a central part of Cognitive Behavioral Therapy (CBT). Research findings show that the quantity and quality of homework completed can predict therapy outcome. However, patients face motivational barriers completing CBT homework. Videogames possess characteristics that can engage and motivate players and thus seem attractive to explore their use in CBT. The current study aims to find which gaming principles can help motivate patients to do homework assignments.

### Biography

Ho Ming Lau is a Serious Games & Gamification Researcher from Amsterdam who has a passion for innovation, technology and user interface/interaction design. His research focuses on using games to change people's behavior and mental health. Currently, he is working as both Research Manager and Head of Data Management and Research IT in the Department of Research and Innovation at GGZ inGeest, Institute of Psychiatry and Mental Health. He governs data of 50+ projects and invents web-based solutions for research and mental health care. Furthermore, he is the Founder and Director of the Dreamspire Foundation helping youth to reach their full potential. He is also the Owner of Pixel Passion, a design and development studio combining design, data and psychology to make good-looking and intuitive digital products.

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## Nurses' response to parents' speaking-up efforts to ensure their hospitalized child's safety: An attribution theory perspective

Sondos Bsharat<sup>1</sup> and Anat Drach-Zahavy<sup>2</sup><sup>1</sup>HaEmek Medical Center, Israel<sup>2</sup>Haifa University, Israel

**Background:** Participation of parents in maintaining their child's safety is shown to reduce the incidence of and risk of clinical errors. Unless nurses respond appropriately to parents' safety alerts, this potential source of support could diminish.

**Aim:** Aim of this study is to understand how attribution processes (control and stability), which the nurse attributes to parental involvement in maintaining child safety, determine the nurse's response to a safety alert.

**Design:** A 2 (controllability: high vs. low) × 2 (consistency: high vs. low) factorial design.

**Methods:** Data were collected during the period 2013–2014 in pediatric wards. Four variants of scenarios were created corresponding to the different combinations of these variables. A total of 126 nurses read a scenario and completed self-report questionnaires measuring their response to the parent's safety alert. Additional data were collected about the manipulation check, safety norms in the ward, and demographic variables. Data were analyzed using analysis of variance.

**Findings:** Results showed a main effect of stability, and a significant two-way interaction effect of stability and controllability, on a nurse's tendency to help the parent and fix the safety problem. Nurses who attributed lower controllability and lower stability to the parent's behavior tended to help the parent more than in the other three conditions. Further, safety norms were significantly related to nurses' response.

**Conclusion:** These findings contribute to the understanding of antecedents that affect nurses' responses to parents' speaking-up initiatives: whether nurses will reject or heed the alert. Theoretical and practical implications for promoting parents' engagement in their safety are discussed.

### Biography

Sondos Bsharat is a PICU Nurse, Clinical and CPR Instructor, Parental Guide on various topics. Her research focuses on "The issue of parents' participation in the treatment of their hospitalized child, particularly in maintaining the child's safety".

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## Gaming approach in atraumatic care

Sema Bayraktar and Elif Koyuncuoglu  
Bezmialem Vakif University, Turkey

Despite all advancements in the field of pediatrics, the treatments of disorder are still traumatic, painful and frightening for the child. Therefore, atraumatic care is one of the new prominent concepts. Atraumatic care is a care approach that removes or reduces the psychological and physical disorder suffered by children and their families. The procedures applied may induce anxiety, despair, obscurity, fear and loss of control in the child and the family. Atraumatic care is based on the principle of avoiding harm. Pediatric nurses should determine how many children should be protected where, when, how and why for the sake of their psychological and physical well-being. In her conceptual model, Wong defined three principles for atraumatic care. The first is to prevent or limit the child's breaking away from family. The second is to develop the sense of self-control in the child and family. And the third is to prevent bodily injury and manage the pain in order to ensure the child's comfort. Also, in addition to Wong's principles, identifying stress factors for the family and facilitating to a common dialogue between family and health professionals are also the concepts of atraumatic care. The main areas of practice of atraumatic care are pain, medication, reflexology, massage and game. Game helps the children to relax, cope with stress, be aware of their condition, and express their feelings and opinion. Setting up a small playground for hospitalized children relaxes both the latter and their families. Gaming approaches in atraumatic care involve parents in the child's treatment process and speed up recovery. When children play, they better tolerate routine examinations and painful treatments. Therefore, playgrounds should be built in hospitals and equipped with medical toys. For instance, a hairless baby doll, a baby doll with removable organs and a baby doll with stoma are examples of such therapeutic toys used to describe post-chemotherapy condition, bodily structure and post-surgery condition of the child respectively. Therapeutic games and toys make it easier for children to describe the events they experience in the hospital. At the same time, painting and story-telling activities help children to express themselves. In conclusion, novel treatments and practices aimed at eliminating stressors in procedures applied to children should be discovered. Atraumatic care is an innovative and up-to-date care approach where pediatric nurses can also deploy their professional independent roles.

## Biography

Sema Bayraktar completed her Graduation at Istanbul University in 2008, Master's degree in Pediatric Nursing at Istanbul University and pursuing PhD in this program. Between 2008 and 2009, she worked as a Pediatric Nurse in Pediatric Cardiovascular Intensive Care Unit at Baskent University (Istanbul) and worked as a Neonatal Nurse in NICU at Istanbul University in 2009-2015. Since 2015, she has been working as a Lecturer at Bezmialem Vakif University.

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## Scientific Tracks & Abstracts Day 2

Pediatric Nursing 2017

## Sessions:

Day 2 September 05, 2017

### Pediatric Emergency Medicine | Child Right & Safety | Pediatric Healthcare | General Pediatrics | Parent Education & Knowledge Translation in Pediatric Care

**Session Chair**  
**Giselle Melendez**  
Memorial Sloan Kettering, USA

**Session Co-Chair**  
**Margaret Levvis**  
Central Connecticut State University Department of Nursing, USA

#### Session Introduction

**Title: A pediatric sepsis early recognition simulation and checklist; Final data and lessons learned**

**Mindi Anderson**, University of Central Florida, USA

**Title: A pediatric sepsis early recognition simulation and checklist; Final data and lessons learned**

**Desiree Diaz**, University of Central Florida, USA

**Title: Exploring parental reasons for attendance at emergency departments for children with minor illness: A mixed methods systematic review**

**Ahmet Butun**, Queen's University Belfast, UK

**Title: Prerequisites and obstacles for parental participation in taking care of hospitalized children: A Qualitative study in Iran**

**Parvaneh Vasli**, Shahid Beheshti University of Medical Sciences, Iran

**Title: Rights of Children & Safety.**

**Dipti Sorte**, Himalayan College of Nursing, India

**Title: Proactive HIV Testing Among Youth in South Florida**

**Oluwamuyiwa Winifred Adebayo**, University of Miami, USA

**Title: Stunting and Associated Factors among Children Aged 6-59 Months in Lasta Woreda, North East Ethiopia. A Community Based Cross Sectional Study Design**

**Azeb Atenafu**, University of Gondar, Ethiopia

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## A pediatric sepsis early recognition simulation and checklist; final data and lessons learned

**Mindi Anderson, Desiree A Diaz, Caroline Chu, K D Clark, Cindy Kling and Magen Orth**

University of Central Florida College of Nursing, USA

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Pediatric sepsis is a global problem. Early recognition is key in preventing sepsis progression, because deferred recognition leads to patient deterioration. Recognition of pediatric sepsis is frequently delayed, because nurses often lack the knowledge of the signs and symptoms of early sepsis. Educational interventions that include patient deterioration and warning signs of pediatric sepsis deterioration are encouraged. Simulation is one way through which it can be done. Currently, the literature is lacking regarding a simulation tool that is valid and reliable in evaluating performance with recognizing/intervening with pediatric sepsis. The purpose of this study is to validate a simulation and an early recognition of pediatric sepsis performance checklist, based off a current instrument used in a local hospital, utilizing simulation experts/faculty, students, and content experts from industry. This simulation and tool will be implemented with an estimated 150 pre-licensure nursing students to evaluate their performance and to assess the psychometric properties of the pediatric sepsis performance checklist. The results and lessons learned, as well as, suggestions on how to collaborate between academic and industry will be presented. The results could create an expository of valid and reliable simulation scenarios which will shape and foster improved teaching strategies. Following this study, the goal is to use and test the scenario with practicing pediatric nurses.

### Biography

Mindi Anderson is employed at University of Central Florida College of Nursing, where she is an Associate Professor and the Coordinator of the Nursing and Health Care Simulation Program. Additionally, she works for Orlando Health as a Nurse Scientist. She is an expert in Healthcare Simulation and publishes widely in peer-reviewed journals. Currently, she has over 15 published articles. She speaks locally, nationally, and internationally on simulation-related topics. She serves as a reviewer for multiple nursing and simulation journals and is joining the editorial board for the journal, Simulation in Healthcare.

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## A pediatric sepsis early recognition simulation and checklist; final data and lessons learned

**Desiree A Diaz, Mindi Anderson, Caroline Chu, K D Clark, Cindy Kling and Magen Orth**

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### Biography

Desiree Diaz is an Assistant Clinical Professor at the University Of Central Florida College Of Nursing. She has been a nurse educator for the past 13 years. She earned her PhD in Nursing with a focus on simulation and Limited English Proficient Patients. She is interested in and investigating simulation best practice and using simulation as a mode of education to decrease healthcare disparities with vulnerable populations. Her current research activities include looking at different types of simulation and student outcomes and improving missed care with correctional healthcare nurses via simulation. She completed a simulation research post-doc with Dr. Pamela Jeffries at John Hopkins University. Desiree is an ANCC Board certified Medical-Surgical Nurse and Certified Nurse Educator. She is one of the 20 people in the world to be a Certified Healthcare Simulation Educator - Advanced. She also practices in the acute care setting to assure clinical relevance in her work. Cultural awareness and linguistically competent care are hallmarks of her teaching, scholarship and practice—a true commitment to diversity.

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## Exploring parental reasons for attendance at emergency departments for children with minor illness: A mixed methods systematic review

Ahmet Butun, Mark Linden, Fiona Lynn and Jennifer McGaughey  
Queen's University Belfast, UK

**Statement of the Problem:** The demand for urgent healthcare services is increasing, and the pressure on emergency departments (EDs) is of significant concern worldwide. The usage of EDs by parents of children with minor illness is an important and still unresolved problem causing a burden to healthcare services. The aim of this review was to explore the literature surrounding parental reasons for visiting ED for children with minor illness.

**Method:** Seven electronic databases (Medline, Embase, PsycINFO, CINAHL, PubMed, Web of Science, and Scopus) were comprehensively searched during a two-week period in August 2016. The study selection process was undertaken independently by two authors. Data were analysed by means of narrative synthesis.

**Results:** 22 studies were included. 12 studies employed quantitative methods, nine studies used qualitative methods, and one study used mixed methods. Parental reasons for using ED included perceived urgency, ED advantages (e.g. faster service, superior ED resources and efficiency), and difficulties with getting a GP appointment, lack of facilities in primary healthcare services, lack of health insurance, reassurance, convenience and access.

**Conclusion & Significance:** This review identified some of the reasons why parents bring their children to the ED for minor illnesses highlighting the multifaceted nature of this problem. Identifying such reasons may help us to better design targeted interventions which seek to reduce unnecessary ED visits which would save overstretched healthcare resources. This review may help inform emergency care policy makers and healthcare staffs in better understanding why parents choose to visit the ED for non-urgent childhood illnesses.

### Biography

Ahmet Butun has expertise in the field of Emergency Nursing. He obtained his Master's degree at University of Nottingham. His master's dissertation focused on "Why parents choose to use the emergency department for children presenting with minor illness". He is currently a PhD student at Queen's University Belfast and his research project seeks to identify parental reasons for visiting ED rather than their primary healthcare providers in the context of developing countries.

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## Prerequisites and obstacles for parental participation in taking care of hospitalized children: A qualitative study in Iran

**Parvaneh Vasli**

Shahid Beheshti University of Medical Sciences, Iran

**Background & Aim:** Although family-centered care (FCC) is an accepted approach in pediatric nursing, there are still practices and policies that limit parental participation in the care of their child. This qualitative study aimed to explore the nurses' experience about prerequisites and barriers of parental participation in pediatric care in Iran.

**Materials & Methods:** This qualitative study was carried out using content analysis approach. 12 pediatric nurses were purposefully selected from a pediatric hospital in Tehran, as a capital of Iran. Data collection was through face-to-face semi-structured interviews until data saturation was finalized. Interviews were lasted for 1 hour with every participant. Data analysis was conducted using content analysis.

**Results:** The results classified in two categories: Prerequisites and obstacles. Four themes emerged as prerequisites included: Gaining parents' trust toward nurses; giving the required information and education to the parents about care and treatment process; involving the parents in caregiving process and; clarifying the parents' role. The themes related to obstacles were emerged as: Lack of mutual motivation and interest; ineffective management and; lack of confidence in the nursing profession.

**Conclusion:** Findings revealed the prerequisites and obstacles of parental participation in caring for their hospitalized children. Managers and nurses can take advantage of these findings to improve and strengthen parental participation in pediatric care units during hospitalization.

### Biography

Parvaneh Vasli is an Assistant Professor in School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences (SBMU). She completed her MSc in Pediatric Nursing and worked in the Pediatric Nursing field for some years. She has also experience of teaching in Pediatric Nursing. She has published some papers in Iranian and international journal. She is an Editor of an Iranian nursing journal.

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## Rights of Children & Safety

**Dipti Sorte**

Himalayan College of Nursing, India

Children are recognised as complete persons, and they have legal and constitutional rights that are independent of those of their parents. When children are too young to care for themselves, parents or their substitutes are required to provide food, clothing, shelter, education and medical care for them. They also are expected to provide love, support and protection. If children are at risk such as when neglected or abused, other persons, such as neighbours, relatives and nurses as professional persons, are legally mandated to report these problems and to intervene for help. For those children who are physically or mentally handicapped the government has established some additionally rights. Are the right to live in as normal a setting as possible, the right to equal opportunity for public education, the right to equity medical care and right to receive it in the least restrictive setting. The right to equal employment opportunities the right not to be sterilized even if parents give their consent, and the right to have legal counsel at the time of commitment hearing. Children do have the right to express their desires when decisions are made about them, in divorce proceedings, when custody of the children is at stake, the court often appoints separate legal counsel for children. Children also have right to state a preference concerning the parent with whom they would prefer to live. Adults who are competent and able to give consent of various procedures, but children may or may not be permitted to do so. Parents do not have the legal right to withhold medical care from a child. When medical treatment or nursing care is considered, the child's consent as well as that of the parent is very important. Only in this way can cooperation be obtained. If the parents refuse to give the consent for a certain treatment such as blood transfusion, because of religious belief, the child may give consent or the court may assume this responsibility. The child is considered able to give consent if old enough and mature enough to know fully the significant of the decision and the consequences of the particular action. When a dilemma arises, in the matter of consent it is vitally important to have all concerned meet together, identify the issues, and attempt to agree on an action. The nurse who responsible for care of the child within the family constellation is also responsible for being the child's advocate if questions arise concerning individual rights. Children have right to know who is responsible for their care, including all members of their health and nursing team. They have the right to answer to their questions concerning diagnoses and treatment in language they can understand. If other person wish to observe treatment but are not actually involved in the care given, children have the right to ask them to leave. Confidential information that shared between the child and the nurse is not disclosable except to those persons the child designates. Whether or not the child is able to make decisions about sharing privileged information is determined on the basis of the child's age and level of maturity. If information concerning medical treatment of child is needed by a third party usually the parents have the right to give such consent. The parent are informed about the treatment and the progress made, but details of any interaction in treatment between any health professional and the child are not divulged to them.

## Biography

Mr. Dipti Yashwantrao Sorte, 48 yrs old is an Associate Professor and Head of Department, Child Health Nursing, at Himalayan College of Nursing, Swami Rama Himalayan University (SRHU) since 2009, Jolly Grant, Dehradun. In 1995 completed Diploma in Nursing (GNM Course), and he joined Baccalaureate course (Post Basic B.Sc. Nursing) in 1998 and completed in 2000, then, he Post Graduation in nursing (M.Sc. Nursing – Pediatric specialty) in 2006 Bharati Vidyapeeth, pune Maharashtra state, India. Thereafter he joined as Associate professor in Himalayan College of Nursing, Swami Rama Himalayan University (SRHU). He has many academic achievements through international publications. He held many responsible posts in his nursing career. He is interested in finance subject and also teaching the Health economics for Nursing Diploma students. He has conducted many workshops with Indian Academy of pediatrics to improve the skills of nurses in Neonatal resuscitation. He is a member of Academic council, in same university. He also a chairperson of membership committee TNAI (Trained nurses association of India) Utterakhand branch. Currently, he is Scholar in Ph. D Nursing, at Maharaja Vinayaka Global University, (MVGDU) Jaipur, Rajasthan state, India. He is good clinical coordinator, motivator, trainer & Teacher.

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## Proactive HIV testing among youth in South Florida

Oluwamuyiwa Winifred Adebayo  
University of Miami, USA

**Statement of the Problem:** HIV infection continues to be a challenge to public health over three decades. A major driving source of this epidemic is HIV infection among youth. Youth currently account for over a fifth of new HIV infection in the United States, and experience poorer health outcomes compared to other age groups. In combating HIV infection among youth, HIV testing has been found to be a major tool for identifying those at risk or infected, counselling, and linking to care. However, youth have the lowest rate of HIV testing. This study explores the experiences of youth aged 18–24, who proactively tested for HIV infection in South Florida, using a qualitative descriptive method.

**Method:** Data was collected with a demographic questionnaire and through individual in-depth interviews. Interviews were audio-recorded and data collected only once from each participant. 25 participants (N=25) were recruited, enrolled and interviewed.

**Findings:** The youth in this study identified peer relationships, family support, privacy, and proximity of testing centers as facilitators to proactive HIV testing. Problems with confidentiality, stigma, cost, and not being offered testing by a healthcare professional were identified as barriers to proactive HIV testing.

**Conclusion & Significance:** The findings from this study will enable nurses create interventions both in clinical and community settings that will facilitate proactive HIV testing among youth. Furthermore, findings from this study will assist nurses in creating testing sites that encourage proactive HIV testing, and that are tailored to the needs of youth.

### Biography

Oluwamuyiwa Winifred Adebayo is rounding up her dissertation at University of Miami, School of Nursing and Health Studies. She has worked at University of Miami with a faculty member on an NIH-R01 grant for a culturally tailored HIV prevention intervention among Hispanic women, an evaluation of Miami-Dade County Human Trafficking Collaborative Project, and created a measure for Community-Based Organization Engagement (CBOE). Her greatest aspiration is to be leader and researcher who will challenge the state of HIV/AIDS research positively.

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### Notes:

28<sup>th</sup> International Conference on

# PEDIATRIC NURSING & HEALTHCARE

September 04-05, 2017 | Edinburgh, Scotland

## Stunting and associated factors among children aged 6-59 months in Lasta Woreda, North East Ethiopia: A community based cross sectional study design

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**Background:** Stunting refers to low height-for-age as a result of chronic malnutrition. Globally, 165 million under five year's children were stunted annually, which was associated with 10.6 million deaths. Although stunting is increasingly being recognized as a widespread problem, precise data on the magnitude and associated factors of stunting was not available at the study area which was highly influenced by the local geo-cultural factor, custom and context.

**Aim:** The aim of this study was to assess prevalence and factors associated stunting among children aged 6-59 months in Lasta Woreda, North East Ethiopia.

**Methods:** A community based cross sectional study was conducted from March-April, 2015. A multistage sampling strategy with simple random sampling approach was used with total sample size units of 825. Data were collected using validated questionnaire through interviewing parents or caregivers and anthropometric measurement. EPI INFO version 7 software was used for data entry. For Analysis SPSS version 20 statistical software was used. Principal component analysis was applied to compute wealth index. Z-Score of the children were calculated using SMART software (ENA2011). To identify the association and significant predictors, binary logistic regression was employed.

**Results:** A total of 759 study participants were included in the study giving response rate of 92%. The overall prevalence stunting was 49.7% (95% CI: 46.1-53.3). Among this 57.7% (95% CI: 50.9-60.4) were male and 42.3% (95% CI: 36.8-47.6) were female. The proportion of moderate and sever stunting among study population was 31.7% and 18.0% respectively. Being male AOR=1.90; (95% CI; 1.29-2.82), increasing age (AOR=8.38; (95% CI: 3.78-15.6)), large family size (AOR=1.78; (95% CI: 1.19-2.65)), poor wealth status (AOR=2.64; (95% CI; 1.58-4.41)), illiterate mother (AOR=4.02; (95% CI: 2.3-7.04)), leftover food (AOR=1.94; (95% CI: 1.30-2.90)), living in rural area (AOR=2.08; (95% CI: 1.10-4.19)) and less frequency of feeding (AOR=2.13; (95% CI: 1.18-3.82)) were significantly associated with stunting.

**Conclusion:** This study shows that the prevalence of stunting among children aged 6-59 months in Lasta Woreda is higher as compared to the national figures (MEDHS, 2014). Being male, increasing age, large family size, giving leftover food, poor wealth status, and illiterate parents were factors associated with stunting. Urgent, therapeutic and targeted supplementary feeding programs need to be considered for chronically malnourished children in Lasta Woreda to reduce stunting. Factors associated to stunting as identified with this study need to be considered for the intervention plan.

### Biography

Azeb Atenafu has completed her Bachelor's degree in Public Health and Sociology and Master's degree in Public Health Nutrition and Sociology from University of Gondar, Ethiopia. She is a Public Health Nutritionist and a Sociologist. She has published 10 papers in reputed journals and has more than six years of work experience. She is an Assistant Professor in Public Health Nutrition at University of Gondar, Human Nutrition department and has been actively involved in teaching, research and community services besides serving the department as the Head and participating in numerous affairs of the university at large.

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### Notes:



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# PEDIATRIC NURSING & HEALTHCARE

September 04-05, 2017 | Edinburgh, Scotland

## Health worker perceptions on barriers to provision of kangaroo mother care in Bungoma County, Kenya

**Angela Muriuki**

Save the Children, Kenya

**Statement of the Problem:** Prematurity-related complications are leading causes of neonatal mortality in Kenya. Approximately 12% of births are preterm and 8% of births are low birth weight (LBW). To improve their survival, WHO recommends the use of kangaroo mother care (KMC), which is endorsed by the Kenya Ministry of Health, but the introduction and scale up of KMC services has been slow. Health worker buy-in and support for KMC is critical to the roll out of KMC services. This study sought to examine health worker perceptions on the factors that would affect KMC implementation in one rural county in Kenya.

**Methodology:** Three focus group discussions and 10 in-depth interviews were held with service providers and health facility managers from 18 facilities who had been trained on KMC and whose facilities had either started or were in the process of starting KMC service provision. Interviews were transcribed into Word and transferred to NVIVO for an inductive thematic analysis.

**Findings:** Most of the participants in the FGDs and IDIs could identify benefits of KMC. The main barriers identified were classified into system-related and caregiver-related barriers. The system-related barriers included staff attitude towards KMC and confidence in care of small babies, perceived increase in workload with inadequate staff, lack of infrastructure to support KMC provision and weak involvement of other departments in KMC. The caregiver-related barriers included caregiver commitment, support systems and community perception of KMC and resultant stigma.

**Conclusion:** Tackling the staff-related barriers to KMC could accelerate the initiation of services in their facilities. Even where space is an issue, motivated staff could support mothers in the provision of intermittent KMC. Emphasis should be placed on proper counselling of mothers on the benefits of KMC and on the need for a strong support system. Community mobilization to tackle stigma must be included as part of KMC programs.

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