

# GLOBAL SUMMIT ON NURSING AND MIDWIFERY



APRIL 15, 2024



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# ABOUT SCITECHSERIES CONFERENCES

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## **Scope of the International Conference on Nursing and Midwifery:**

The Global Summit on Nursing and Midwifery brings together leading experts and researchers from all corners of the world to delve into groundbreaking advancements in the field of healthcare. This esteemed assembly serves as a forum for cross-disciplinary exchange, fostering partnerships that transcend geographical constraints. From unraveling the complexities of patient care to pioneering innovative approaches in nursing and midwifery, this summit showcases cutting-edge research poised to transform our understanding and delivery of healthcare services. With a dedicated focus on promoting inclusivity and diversity, the summit not only applauds scholarly achievements but also underscores the imperative of ensuring equitable access to healthcare globally. Participants can anticipate insightful keynote addresses, engaging workshops, and vibrant discussions that push the boundaries of healthcare knowledge. As we embark on this shared voyage of discovery, the Global Summit on Nursing and Midwifery serves as a beacon of optimism for patients, caregivers, and practitioners alike, steering towards a future where healthcare knows no boundaries.

# KEYNOTE PRESENTATIONS



GLOBAL SUMMIT ON

**NURSING AND MIDWIFERY**

April 15, 2024 | Virtual Event



## SERGEY SUCHKOV

The Russian University of Medicine and  
Russian Academy of Natural Sciences,  
Russia

### **Personalized and Precision Medicine (PPM) as a Unique Healthcare Model to Be Set Up through Biodesign-Inspired Biotech-driven Translational Applications and Upgraded Business Marketing to Secure the Human Healthcare, Wellness and Biosafety**

#### **Abstract:**

Traditionally a disease has been defined by its clinical presentation and observable characteristics, not by the underlying molecular mechanisms, pathways and systems biology-related processes specific to a particular patient (ignoring persons-at-risk). A new systems approach to subclinical and/or diseased states and wellness resulted in a new trend in the healthcare services, namely, personalized and precision medicine (PPM). To achieve the implementation of PPM concept, it is necessary to create a fundamentally new strategy based upon the biomarkers and targets to have a unique impact for the implementation of PPM model into the daily clinical practice and pharma. In this sense, despite breakthroughs in research that have led to an increased understanding of PPM-based human disease, the translation of discoveries into therapies for patients has not kept pace with medical need. It would be extremely useful to integrate data harvesting from different databanks for applications such as prediction and personalization of further treatment to thus provide more tailored measures for the patients and persons-at-risk resulting in improved outcomes and more cost effective use of the latest health care resources including diagnostic (companion ones), preventive and therapeutic (targeted molecular and cellular) etc. Translational researchers, bio-designers and manufacturers are beginning to realize the promise of PPM, translating to direct benefit to patients or persons-at-risk. For instance, companion diagnostics tools and targeted therapies and biomarkers represent important stakes for the pharma, in terms of market access, of return on investment and of image among the prescribers. At the same time, they probably represent only the generation of products resulting translational research and applications. So, developing medicines and predictive diagnostic tools requires changes to traditional clinical trial designs, as well as the use of innovative (adaptive) testing procedures that result in new types of data. Making the best use of those innovations and being ready to demonstrate results for regulatory bodies requires specialized knowledge that many clinical development teams don't have. The areas where companies are most likely to encounter challenges, are data analysis and workforce expertise, biomarker and diagnostic test development, and cultural awareness. Navigating those complexities and ever-evolving technologies will pass regulatory muster and provide sufficient data for a successful launch of PPM, is a huge task. So, partnering and forming strategic alliances between researchers, bio-designers, clinicians, business, regulatory bodies and government can help ensure an optimal development program that leverages the Academia and industry experience and FDA's new and evolving toolkit to speed our way to getting new tools into the innovative markets. Healthcare is undergoing a transformation, and it is imperative to leverage new technologies to support the advent of PPM. This is the reason for developing global scientific, clinical, social, and educational projects in the area of PPM and TraMed to elicit the content of the new trend. The latter would provide a unique platform for dialogue and collaboration among thought leaders



## SERGEY SUCHKOV

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and stakeholders in government, academia, industry, foundations, and disease and patient advocacy with an interest in improving the system of healthcare delivery on one hand and drug discovery, development, and translation, on the other one, whilst educating the policy community about issues where biomedical science and policy intersect

### Biography

**Sergey Suchkov** was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, graduated from Astrakhan State Medical University and was awarded with MD. In 1985, Suchkov maintained his PhD as a PhD student of the I.M. Sechenov Moscow Medical Academy and Institute of Medical Enzymology. In 2001, Suchkov maintained his Doctor Degree at the National Institute of Immunology, Russia. From 1989 through 1995, Dr Suchkov was being a Head of the Lab of Clinical Immunology, Helmholtz Eye Research Institute in Moscow. From 1995 through 2004 - a Chair of the Dept for Clinical Immunology, Moscow Clinical Research Institute (MONIKI). In 1993-1996, Dr Suchkov was a Secretary-in-Chief of the Editorial Board, Biomedical Science, an international journal published jointly by the USSR Academy of Sciences and the Royal Society of Chemistry, UK.





**ZHENHUAN LIU**

University of Chinese Medicine  
CHINA

## Neuroimaging by Evaluation Nerverenovate and Neuroplasticity of Acupuncture in Children with Cerebral Palsy

### Abstract:

**Objective:** To investigate the effect of and Acupuncture on brain plasticity and motor development in children with cerebral palsy. Investigate effect on mechanism of apoptosis of brain nerve cells, regulating the expression of neurotrophic factors, promoting the remodeling of nerve synaptic structure and motor development in young rats with cerebral palsy. Two:To evaluate the effect and mechanism of acupuncture on cerebral palsy. Three:The nerve repair effect of acupuncture on cerebral palsy.

**Methods:** In this study, 146 cases of brain injury and 1078 cases of cerebral palsy were included by randomized controlled study with ICF Gross motor = function measure ,Peabody fine motor function, Gesell, muscle tension, joint activity, activity of daily living transcranial doppler,, skull B ultrasound, Brain Nuclear Magnetic Resonance Imaging MRI,Positron Emission Tomography SPECT, Diffusion tensor tractography evaluation method.

**Results:** the recovery rate of extracellular space (92.3%) was significantly higher than that of the control group (70.8%) ( $P < 0.05$ ), Transcranial Doppler,TCD total efficiency (79.3%) was significantly higher than that in the control group (51.8%) ( $P < 0.05$ ). Acupuncture to promoting the development of neurological and cognitive movement under 6 months children, effectively reduce the neurological sequelae. The total effective rate of the children with cerebral palsy was 87% in the acupuncture group, which was significantly higher than that of the control group ( $P < 0.01$ ). The total effective rate of Brain MRI was 59.55% in the acupuncture group and 13.25% higher than that in the control group ( $P < 0.01$ ). The total effective rate was 91.3% in the 1 year follow-up group, which was significantly higher than that in the control group ( $P < 0.01$ ). the FA value of white matter fiber bundle was significantly higher than that of acupuncture at 60 times ( $P < 0.05$ ). The recovery rate of ultrasonous brain injury (86.7%) in acupuncture group was significantly higher than that in control group (64.4%) ( $P < 0.05$ ). The recovery rate of brain SPECT in acupuncture group was 96.4%, which was significantly higher than that in the control group ( $P < 0.01$ ).

**Conclusion:** Acupuncture rehabilitation not only promote the development of white matter and gray matter in children with cerebral palsy, but also promote the brain function of children with cerebral palsy remodeling and compensation, and promote social adaptation, language and other cognitive function development, children with cerebral palsy movement and Fine motor function development and recovery, improve the children's self-care ability.





**ZHENHUAN LIU**

University of Chinese Medicine  
CHINA

## Biography

**Zhenhuan LIU** professor of pediatrics, Pediatric acupuncturist Ph.D.tutor. He has been engaged in pediatric clinical and child rehabilitation for 40 years. Led the rehabilitation team to treat more than 40,000 cases of children with intellectual disability, cerebral palsy and autism from China and more than 20 countries, More than 26800 childrens deformity returned to school and society and became self-sufficient. The rehabilitation effect ranks the international advanced level. Vice-chairman of Rehabilitation professional committee children with cerebral palsy, World Federation of Chinese Medicine Societies. Visiting Professor of Chinese University of Hong Kong in recent 10 years. He is most famous pediatric neurological and rehabilitation specialists in integrated traditional Chinese and Western medicine in China. He has edited 10 books. He has published 268 papers in international and Chinese medical journals.

# ORAL PRESENTATIONS



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## SHAJAIRA PAYNE

US Embassy Panama,  
Panama

### **Neurotransmitter imbalance in burnouts, and the correlation between stress management and improvement in productivity at work**

#### **Abstract:**

Burnout is characterized by intense exhaustion, a sense of powerlessness, physical and mental depletion, and an inability to carry out tasks due to extended stress. Several biological processes in the body, such as an imbalance in neurotransmitters—in this case, the catecholamines (dopamine, epinephrine and norepinephrine)—occur when burnout develops. The catecholamines which regulates mood, have an impact on the body, as do anxiety, depression, and impaired cognitive performance. When stress is not controlled, it can become overpowering and have an adverse effect on our productivity at work and our health. Stress management and increased productivity are directly correlated; managing stress at work increases productivity when all pertinent internal and external elements are taken into consideration and the right technique is used. During our session, we will go into detail on catecholamines and how they affect a person's mood, ways and methods that can be used to reduce stress and burnout which in return will lead to higher productivity and job satisfaction.

#### **Biography**

**Shajaira Payne** is finishing her doctoral thesis at University of Istmo in education with an emphasis on research. Bachelor of Science in Nursing from the University of Panama, with experience as a registered nurse in both the Children's Hospital in Panama and La Palma Hospital in the isolated Darien region. Clinical Supervision for Nursing at a large multispecialty hospital called 24 Diciembre; Head of Regional Health Services Provision in Darien; Head of Nursing at the Sambu Health Center in Darien. Commenced working as a nurse at the US Embassy in Panama in 2014 and is based in the health facility.



## MELANIE BARLOW

Australian Catholic University,  
Australia

### The importance of having a ‘receiver mindset’ to enhance patient safety

#### Abstract:

The receiver of the message is an often-cited barrier for clinicians voicing a concern, yet little is known what helps or inhibits reception of the message. Training programs focus on how to teach people to speak up with little attention paid on how to listen and respond, overwhelmingly this is due to the paucity in receiver focused studies within healthcare speaking up literature. Receiver behaviour was comprehensively studied within three differing communication contexts and through the lens of a robust communication theory. Receiver behaviour was explored via described actual speaking up interactions, hypothetical interactions via vignettes and observed receiver behaviour within simulations. The collective results from the mixed methods receiver focused studies indicate that speaker centric research is not generalisable to the receiver of the same message. Message reception and response is complex and particularly dependent on professional identity and context. Nurses and midwives’ reception and response differed greatly to medical officers and allied health. Current speaking up training does not adequately acknowledge or teach effective message reception. The Receiver Mindset Framework®, a tool to help train and prepare clinicians to receive speaking up messages, aims to address this gap, and will be presented. The hope in creating the Receiver Mindset Framework is that training programs shift their focus from the singular act of speaking up (one voice), to speaking up being a shared interaction (shared voice) equally between the speaker and receiver.

#### Biography

**Melanie** is a Registered Nurse and the National Academic Lead for Specialised Learning Environments and Simulation at Australian Catholic University. She has held numerous education roles: Clinical Educator- Intensive Care, Education Coordinator of new graduate programs and clinical placements, Lecturer in Nursing, Director of Simulation and Head of Evaluation and Research. Since 2011, she has focused on designing, delivering, and evaluating simulation-based learning both within the healthcare and higher education sectors. Melanie has a passion is improving healthcare communication, completing her PhD in this field.



**K. M. YACOB**

Marma Health Centre,  
India.

## **Paracetamol is the most unscientific and dangerous drug for fever. Anyone can create a fever within hours using antipyretic objects**

### **Abstract:**

Most people mistake fever for high temperature and take paracetamol to reduce the temperature. Paracetamol will never cure fever. Everyone asks what the scientific evidence is when it says that paracetamol will never cure fever, paracetamol can cause fever and paracetamol is the most dangerous drug for fever. This can be answered by coordinating studies of fever after understanding what the only thing necessary to create fever is and what is the purpose of the fever. An increase in body temperature is not a fever. Fever includes all the things and their activities that occur only when there is a fever. Antipyretics are the only substances needed to induce fever in any organism. Any substance that lowers temperature is a fever stimulant. Because it increases inflammation and reduces blood flow. Likewise, anything that increases heat reduces fever because it reduces inflammation and increases blood flow. Temperature reducers (antipyretics) can never eliminate fever because hyperthermic agents cannot induce fever and vice versa. Any substance that increases heat reduces all substances and their actions that occur only when there is a fever because it reduces inflammation and increases blood flow. Antipyretic therapy is a necessary and appropriate treatment for hyperthermia and not for fever. There is no similarity between what happens when there is a fever and what happens when there is hyperthermia, and they are contradictory. Paracetamol is a temperature-reducing (antipyretic) fever-stimulant drug. Prostaglandin E2 is a chemical found in excess in the body during a fever. Paracetamol is given to reduce the temperature of a fever by reducing it in the belief that it (prostaglandin E2) is a fever-causing substance. Prostaglandin E2 is not a fever-causing substance. When inflammation reduces blood flow, the immune system produces prostaglandin pge2, which has hyperthermic, anti-inflammatory, and blood flow-enhancing, properties. A fever will never go away by reducing heat/warming substances in the body or by reducing body temperature. Heat or substances like prostaglandin E2, warm weather, and hot water increase blood flow and reduce inflammation, never triggering the immune system to cause a fever. . At the same time, cold water, weather, illness, and paracetamol increase inflammation and reduce blood flow, so the immune system is forced to increase blood flow, constrict blood vessels to prevent heat loss, produce more substances such as prostaglandin e2, and increases the firing rate of C neurons and decreases the firing rate of W neurons, Prostaglandin E2 is found more in the body during a fever, similar to the airbags found in automobiles for passenger safety.

Why is paracetamol the most unscientific and dangerous drug for fever?

1. Paracetamol destroys all the protective substances our immune system makes when we get sick. It decreases Glutathione, interferon, prostaglandin E2, platelets, WBC, etc ,...
2. Paracetamol does not reduce the disease, the cause of the disease or the cause of the fever, it increases them.
3. Even for diseases that would have cured themselves due to the action of our immune system, using parac-



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etamol can cause inflammation, reduced blood flow, and death.

4. If the temperature of the fever is reduced by giving paracetamol, the substances produced only during the fever will increase.

5. There is not one percent evidence that paracetamol helps the immune system in any way. At the same time, there is 100% evidence that it destroys the immune system.

Modern medical textbooks contradict each other that paracetamol causes and reverses fever and increase and decrease inflammation<sup>5</sup>. Researchers have found that even a single dose of paracetamol can reduce the levels of glutathione, a chemical in the body that reduces inflammation<sup>9</sup>. Yet paracetamol is classified as an anti-inflammatory. Paracetamol is given again to relieve the fever caused by taking paracetamol<sup>5</sup>. There is no science or technology like this anywhere in the world. These fundamental errors have led to the treatment of fever with antipyretic agents. Paracetamol has been proven worldwide to cause inflammation and infection. Medical books say that antipyretics cause prolonged infection, which increases death<sup>5</sup>. This is not a side effect of paracetamol, but its proper function. I discovered new fever definition, diagnosis, and treatment based on true science and a technique that reduces fever temperature in 20 minutes. glandin E2 is not a fever-causing substance. When inflammation reduces blood flow, the immune system produces prostaglandin pge2, which has hyperthermic, anti-inflammatory, and blood flow-enhancing, properties. A fever will never go away by reducing heat/warming substances in the body or by reducing body temperature. Heat or substances like prostaglandin E2, warm weather, and hot water increase blood flow and reduce inflammation, never triggering the immune system to cause a fever. . At the same time, cold water, weather, illness, and paracetamol increase inflammation and reduce blood flow, so the immune system is forced to increase blood flow, constrict blood vessels to prevent heat loss, produce more substances such as prostaglandin e2, and increases the firing rate of C neurons and decreases the firing rate of W neurons Prostaglandin E2 is found more in the body during a fever, similar to the airbags found in automobiles for passenger safety.

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3. Even for diseases that would have cured themselves due to the action of our immune system, using paracetamol can cause inflammation, reduced blood flow, and death.

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### **Biography**

A practicing physician in the field of healthcare in the state of Kerala in India for the last 35 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain. I am a writer. I already printed and published ten books on these subjects. I wrote hundreds of articles in various magazines. I have published 11 articles on fever in various journals.



## AMEL DAWOD KAMEL GOUDA

King Saud Bin Abdul Aziz University for Health Sciences,  
Saudi Arabia

### Effect of Educational Session on Women's Awareness about Dangerous Signs during Pregnancy in Riyadh City

#### Abstract:

**Background:** pregnant woman may face the risk of sudden, unpredictable complications called danger signals that could potentially be life threatening to the mother or her fetus. Aim: The study aims to measure the effect of the educational sessions in enhancing pregnant women's awareness of the dangerous signs during pregnancy among pregnant women in Saudi Arabia, Riyadh City.

**Method:** This study used a quasi-experimental design (one group pre and post-test) sample was conducted at maternity clinics in King Abdulaziz Medical City in Riyadh among 96 Saudi pregnant women who will attend 101 clinics in KAMC. A (convenient) sample technique was utilized to select the participants in this study.

**Results:** The results showed that there are significant differences in knowledge level about the danger signs including miscarriage, pre-eclampsia and eclampsia, anorexia, grumping contractions and rupture membranes, burping too much, hydramnios, placenta previa and vaginal bleeding pain were the complications during pregnancy. ( $P$  value  $< .05$ ). And there a non-significant difference in knowledge level about some danger signs including burping too much and hydramnios.

**Conclusion:** the current study findings concluded that health teaching sessions influenced increasing women's knowledge regarding danger signals during pregnancy which will help in early detection & control the dangerous symptoms and complications that may arise during pregnancy progress.

**Recommendations:** The study recommendation that Saudi women should be enlightened about the various adverse outcomes of danger signs of pregnancy. Such health education will play a vital role in early detection and prevent complications.

#### Biography

**Dr. Amel Dawod Kamel Gouda** is an esteemed nursing professional, serving as Assistant Professor of Maternal and Newborn Health Nursing at King Saud Bin Abdul Aziz University for Health Sciences, Riyadh, Saudi Arabia, and Associated Professor at Cairo University, Egypt. She also coordinates the Midwifery Master Program at King Saud Bin Abdul Aziz University. Dr. Gouda's expertise in maternal and newborn health nursing is showcased through her research, publications, and engagements in international medical and nursing conferences. She holds a Midwifery license from the Egyptian Ministry of Health and actively contributes to nursing advancement through editorial roles and committee participation.



**MARY ANBARASI JOHNSON**

College of Nursing CMC Vellore,  
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## Child -Post ventilation- Psychological aspects of Nursing Care

### Abstract:

Children of any age group face lot of challenges due to the various stages of growth and development the adjustment demands of each age group as well as immature organ systems. Pediatric critical care unit is the most challenging place for the child especially if the child has been ventilated. Nurses in the PICU need to be sensitive to the needs and demands of the child and the family as well. The children and family will have a positive outlook to hospitalization if the nursing care and team coordination is good. This article tried to discuss about the psychosocial aspects of nursing care of post ventilated children.

**Introduction:** Caring for a child post-ventilation can be a challenging and emotionally demanding experience. Both the child and their caregivers may face a range of psychosocial issues during and after the ventilation process. Here are some key aspects to consider:



**Back Ground :** Psychological impairment, The primary focus of studies, which research psychiatric morbidity after intensive care discharge, is post-traumatic stress disorder. In the study by Dow, Kenardy, Le Brocque, and Long (1), 6 months after discharge from the PICU, the prevalence of post-traumatic stress disorder was found to be 17–29% for school children and adolescents. In studies examining the reasons for post-traumatic stress disorder, it has been reported that the frequency of invasive procedures increases psychological morbidity. Medical fears weaken the sense of their health control and exposing too many invasive interventions accelerates the progression of post-traumatic stress disorder symptoms in children (2). One-third of children survive from a critical illness reported delusional memories. Benzodiazepine and opiate administration are



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risk factors for delusional memories, including delirium (3). To reduce the prevalence of such risk factors, it is recommended that effectiveness of sedation agents should be evaluated, reevaluated, and sedation evaluation tools should be implemented (4). Moreover, the intensive care environment and density of invasive procedures affect the sleep quality of the child negatively and both sleep disturbances and mood changes are common conditions reported by families during the post-discharge period. One of the identified interventions to reduce psychological complications of PICS morbidity is the intensive care diaries. They are accepted as a tool to fill up memory gaps of patients. They are written prospectively and address the patient personally. They include summary of admission, narration of daily activities, and transfer notes from ICU. Entries for the diaries are handled by bedside nurses. Family diaries narrate the experiences of family members during ICU admission. It is quiet important to be shown positive outcomes of diaries at PICU that have a common use in adult literature. It was suggested in the study by Mikkelsen (5) that diaries written both by children and by families had a role to signify PICU experiences. Use of diaries in PICU might help children to comprehend their stories better.

Another intervention for psychological morbidities of PICS is support groups. They might be arranged in the leadership of nurses are the other way of supporting both patients and caregivers to improve psychological outcomes (6). Providing some places or planning a schedule for the family members/friends of the patient to support each other, ICU survivors' coming together at post-discharge period or survivors, friends and family members' meeting might be rather beneficial to overcome various difficulties emerging from the illness itself. Even though healing is possible after a critical illness, majority of PICS symptoms continue for months or years. Therefore; a structured follow-up program and an interdisciplinary approach are required for the survivors of ICU. Whereas different follow-up clinical models, supporting patients and led by a nurse, a physician or a multidisciplinary team, are available in adult literature, there is not a consensus on the implementation of follow-up programs in pediatric literature. It is a recommended approach that the patient should be followed by the same team and his/her need of rehabilitation should be ensured in coordination since the treatment of critical illness does not come to end at PICU. Critical care nurses, who have enough knowledge on the present condition of patients and the effect of the illness, should be the core member of follow-up programs.

**Emotional Impact on Caregivers:** Caregivers, such as parents or family members, often experience a mix of emotions, including fear, anxiety, guilt, and helplessness while their child is on a ventilator. They may have witnessed their child's struggle and the invasive medical procedures, which can be traumatic.

**Child's Emotional Response:** Children who have been on a ventilator may experience emotional distress as well, especially if they are old enough to understand what has happened. They may have fear, anxiety, and difficulty coping with the experience. **Trauma and PTSD:** Both children and caregivers can develop post-traumatic stress disorder (PTSD) following a difficult ventilation experience. This can manifest in the form of nightmares, flashbacks, and persistent anxiety.

**Communication Challenges:** Children may have difficulty communicating their feelings, especially if they are very young or non-verbal. Caregivers may need to find alternative methods of communication to understand their child's needs and emotions.



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**Medical Trauma and Trust Issues:** Some children may develop a fear of medical professionals or hospitals as a result of their ventilation experience. Caregivers may also develop trust issues, particularly if they feel the healthcare system let them down in any way. **Support and Coping Mechanisms:** Caregivers often need a strong support system to help them cope with the stress and emotional toll of caring for a post-ventilation child. Support can come from family, friends, support groups, or mental health professionals.

**Transition Back to Home:** The transition from the hospital to home care can be challenging. Caregivers may need to adapt to new responsibilities, such as managing medical equipment, medications, and therapy, which can be overwhelming.

**Developmental and Educational Challenges:** Children who have undergone ventilation may have developmental delays or challenges that need to be addressed. Caregivers may need to work with healthcare professionals and educators to ensure that the child's needs are met.

**Financial Stress:** The cost of medical care, therapies, and equipment can be a significant burden on caregivers. This financial stress can compound the emotional and psychological challenges they face.

**Grief and Loss:** Some caregivers may grieve the loss of the "normal" childhood experience for their child. This grief can be ongoing and may require counseling or support. It's essential for caregivers to seek professional guidance and support as needed. Healthcare providers should be proactive in addressing the psychosocial aspects of care for both the child and the caregivers. This may include mental health services, counseling, and access to resources and support groups. Open and honest communication with healthcare providers is crucial in navigating the emotional and psychological challenges associated with caring for a child post-ventilation.

**Conclusion:** Critical illness and PICUs affect overall long-term pediatric patient outcomes. Increasing number of survivors lead to increased numbers of patients using post-intensive care health services. The objectives of critical care should reach beyond survival and include a multidisciplinary collaboration to both prevent and manage long-term complications. Pediatric nurses must have a comprehensive understanding of long-term complications, familiarity with the nature and severity of critical illness, and effects of intensive care on patients overall to support the development of practices to reduce such complications.

### Biography

**Mary Anbarasi Johnson** is currently working as a professor and head of the pediatric nursing department at CMC Vellore. She worked as a clinical nurse specialist in PICU for a year and as Assistant Professor in the USA for two years. She also worked in administration in nursing, Saudi Arabia Defence Sector. She is the Master Trainer at CMC for International Projects like GFATM, IMNCI at national level as well as national projects like ICMR Infection control, Child Sexual Abuse Protection, OSCE by Dr. MGR Medical university as well as Diabetic Educators programme, etc. She has published in 70 national, international journals and presented in around 30 national and international conferences. She has also contributed over 5 book chapters and is working on publishing a book soon.



**K. M. YACOB**

Marma Health Centre,  
India

## **The definition, diagnosis and treatment of fever are against modern science in the world today! Why?**

### **Abstract:**

There is no uniform definition, test, or treatment for fever alone. Today, the diagnosis and treatment of fever are similar to the diagnosis and treatment of its opposite, destructive hyperthermia. The essence of today's fever treatment is fever can be cured by using fever-creating substances. No science or technology exists anywhere in the world that claims to cure fever with fever-causing substances. A claim to cure fever by using fever-creating substances is not called a treatment. It is a murderous attempt. The current definition of fever is against modern science. The current definition of fever is usually only an elevated body temperature above 100.4oF (38°C). It is not a scientific definition. Elevating the temperature is an action like walking and sitting. In many medical books, we can see different types of fever definitions<sup>5, 6</sup>. It is against modern science to give different definitions for one thing (fever). A single criterion for a definition is not found in the current definition of fever. The definition of fever does not even say why the temperature is elevated. Because it is not known what the temperature of the fever is, modern science has not investigated what our immune system does with the heat energy of fever. The definition of fever is the basis of fever. If the definition of fever is wrong, the diagnosis and treatment based on it will be wrong. In modern science, no one can make a true definition, diagnosis, or treatment of fever without knowing the basics of fever. If made, it would be fundamentally against modern science. Not only does the current definition of fever not include the purpose of the fever or the purpose of the temperature of the fever, but the current definition of fever does not include anything that occurs only when the fever is present, or the test or treatment. The seriousness and danger of the definition of fever is recognized when the diagnosis and treatment of fever is not based on the current definition of fever. Today, Fever is not tested according to the definition of fever. Today, hyperthermia is called fever. A thermometer is a temperature-measuring device, not a fever-measuring device. Conservative fever definition, diagnoses and treatment has no relation with what is happened in fever. The basic elements necessary for a scientific definition, diagnoses and treatment are not provided in conservative fever definition, diagnoses and treatment. It should be revised according to what is happening in fever. A new fever definition, diagnosis, and treatment have been created according to modern science without any room for doubts and complaints. This discovery completely overturns the current definition, diagnosis and treatment of fever.

### **Biography**

A practicing physician in the field of healthcare in the state of Kerala in India for the last 35 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain. I am a writer. I already printed and published ten books on these subjects. I wrote hundreds of articles in various magazines. I have published 11 articles on fever in various journals.





**MOHAMMED HASSEN**

University of Gondar, Ethiopia

## **Living with Stigmatized Identity: An Interpretative Phenomenological Analysis of the Lived Experiences of Patients with Chronic Illness in Ethiopia**

### **Abstract:**

**Introduction:** Anticipated stigma or the fear of future prejudice, discrimination, and stereotyping is a bad experience that harms the mental and physical well-being of individuals with chronic illnesses. Exploring the lived experiences of anticipated stigma is crucial for enhancing the standard of care for all patients, especially in countries with few resources. With this context, the goal of this study was to explore the experiences of chronic illness patients who attended follow-up clinics in the Amhara Region Referral Hospitals in Ethiopia.

**Methods:** Twelve participants with chronic illnesses were interviewed using semi-structured questions after being purposefully chosen from the University of Gondar Specialized Hospital and Felege Hiwot Specialized Hospital. The data were analyzed using an interpretative phenomenological inductive approach.

**Results:** The overarching category was “Living with stigmatized identities.” The three main themes identified were chronic illness, altered self, and suggested solutions to handle disease-related consequences and the disease outcome. Behavioral changes, discrimination, health service-related factors, stigma, solutions, and signs of the disease outcome were the six superordinate themes.

**Conclusion:** Our conclusion that a stigmatized identity incorporates significant experiences related to chronic illnesses and an altered self leads us to recommend solutions that address both the disease’s symptoms and its side effects. Reorganizing chronic care systems, using evidence-based protocols, improving patient education about opportunities and challenges, expanding access to senior chronic care experts, such as chronic care nurses, and expanding the availability of clinical management at the closest healthcare facility are among the interventions that are effective in improving outcomes in this group of patients.

### **Biography**

**Dr. Mohammed Hassen** is an Assistant Professor of Medical Nursing at the School of Nursing at University of Gondar. He received a Bachelor of Degree in Advanced clinical Nursing and a Master of Degree in Medical Nursing from University of Gondar, Ethiopia in 2009 and 2013 respectively. He also earned a diploma in clinical Nursing from Bahir Dar Health Science College, Ethiopia in 2004. He is currently completed the doctor of nursing program. Currently, he is working as an Assistant Professor of Medical Nursing at the School of Nursing at University of Gondar. He has extensive experience in clinical nursing practice, Nursing Education, Research, Leadership, and community service. Dr. Mohammed began his Nursing career over 19 years ago as a clinical nurse, serving the community in the rural health care facility. Then, he has joined the University of Gondar Specialized Hospital as a clinical nurse in 2004. Thus, throughout most of his career, as a clinical nurse practitioner, clinical teaching preceptor, Nursing team leader and coordinator, Hospital Reform tool coordinator and medical nursing consultant, he has worked at University of Gondar specialized hospital.

# POSTER PRESENTATIONS



GLOBAL SUMMIT ON

**NURSING AND MIDWIFERY**

April 15, 2024 | Virtual Event



## **SOFICA BISTRICEANU**

Academic Medical Unit –CMI,  
Romania

### **Heartless work toward others declines the personal, professional, and social life**

#### **Abstract:**

In the healthcare industry, the top requirements are alleviating suffering and saving a life. People experiencing distress expect emotional support from their dear ones and a professional attitude from those working in the healthcare system; their feelings determined by interaction with their loved ones and experts in treating disorders influence the clinical outcomes. Connections between them impact mind activity, and consequently, restoring or improving health aligns with the vibrational model they use. Individual behaviour reflects one's ability to process relevant data, make optimal decisions, and communicate. People's interaction defines them and conducts various impressions that can impact future relationships. Medical work efficiency is measured by clinical outcomes, patient satisfaction, family enchantment, increased investment return, business growth, and continuity, finally leading to a prosperous emotional, personal, professional, and social life. The medical professional's insensitivity toward a patient's suffering through their body language and inappropriate tone of voice disappoints the patient and decreases their willingness to work collaboratively. This can also lead to lower adherence to the therapy plan, resulting in medical professionals' dissatisfaction with their work. Such negative experiences can cause patients and their families to look for another healthcare provider from the offerings for another episode of care, which can finally affect the medical professional's reputation and business effectiveness. Therefore, heartless behaviour towards others affects everyone involved, including the patient, their dear ones, and the medical team. By contrast, communicating with kindness leads to better patient outcomes and experience, promotes business development, and ensures a successful existence in the community we serve. At the end of this presentation, the audience will be able to identify the impact of the medical professional's insensitivity toward others in suffering enhance their communication skills in clinical practice recognize the benefit of kind-hearted communication on patient experience, business continuity, and personal career advancement.

#### **Biography**

**Sofica Bistriceanu**, MD, Ph.D., graduated from Iasi University in Romania with a focus on family medicine research at Maastricht University. With over 90 research studies shared internationally, she has been recognized with numerous awards. Dr. Sofica Bistriceanu is a member of the Academy for Professionalism in Health Care, serves on the Editorial Review Board for The Journal of Patient Experience (JPX), is an Associate Editor for PriMera Scientific Publication, and is the representative of the Academic Medical Unit –CMI, in NT, ROU. Additionally, she is the author of seven volumes of poetry published by Cronica, Iasi Publishing House, and Time, Iasi Publishing House.



## HOMAYOON KAZEMY

University of Medical Sciences,  
Iran

# Comparison of the Effect of Education Using Team-based Learning Method and Lecture Method on Controlling Diabetes in the Elderly: A Quasi-Experimental Study

### Abstract:

**Background:** Patient education is considered as an essential part of diabetes control. This research is conducted to compare the effect of education using team-based learning (TBL) method and lecture method on blood pressure (BP), serum levels of fasting blood sugar (FBS), glycosylated hemoglobin (HbA1c), and Body mass index (BMI) in the elderly with diabetes.

**Objective:** The objective of this study was to compare the effect of education using team-based learning (TBL) method and lecture method on controlling diabetes in the elderly.

**Methods:** This quasi-experimental study was conducted on 61 elderly patients with type 2 diabetes in diabetes clinics in Rafsanjan, during October 2018 to January 2019. Patients were selected using simple random sampling. They were divided into two groups of TBL and lecture-based learning. For each group, educational content was presented through 2-hour sessions held once a week for 1 months. FBS, HbA1c, BMI, and BP were measured at baseline and 3 months after the intervention.

**Results:** After the intervention, the TBL group had a significant decrease in systolic and diastolic BP compared to the lecture group. Before and 3 months after the intervention in the TBL group, there was a significant decrease between the means of FBS, HbA1c, and systolic and diastolic BP, but in the lecture group, only the systolic BP showed a significant decrease.

**Conclusion:** TBL method had more effects on controlling diabetes type 2 in the elderly than the lecture method. It is suggested that health providers should consider TBL for the education of the elderly with diabetes.

### Biography

I studied at the National Organization for Development of Exceptional Talents in Iran during school. Now, I'm a Master's student in Critical Care Nursing at Rafsanjan University of Medical Sciences, having started in 2023. I earned a Bachelor's in Nursing from Kerman University (2019-2023) and studied English Literature at Payam Noor University (2015-2019). I've published research on substance craving, complementary medicine in prostate cancer, intermittent fasting effects, and body image in mastectomy women. I've presented at several conferences. I'm a member of the Iranian National Elites Foundation and served in executive roles at the Razi Scientific Nursing Association and Kerman University.

# ACCEPTED ABSTRACTS



GLOBAL SUMMIT ON

## NURSING AND MIDWIFERY

April 15, 2024 | Virtual Event



**ZHIFANG CHEN**

Nantong University,  
China

## Effect of epidural labor analgesia on early neonatal sucking and breastfeeding

### Abstract:

**Objective:** To investigate the effect of epidural labor analgesia on neonatal sucking ability and breastfeeding.

**Methods:** This study was a prospective cohort study. Convenience sampling was used to enroll women who delivered in the Affiliated Maternity and Child Health Care Hospital of Nantong University from January 2022 to December 2022. They were divided into epidural analgesia group and non-analgesia group according to whether they received epidural analgesia. The sucking pressure was measured by pressure measuring instrument at 0~24h>24~48h>48~72h after birth. During the three periods, and the mean, maximum and minimum pressure of sucking were recorded. The Chinese version of Infant Breastfeeding Assessment Tool (IBAT) was used to evaluate the sucking posture. The breastfeeding status during hospitalization and 1, 4 and 6 months after discharge were recorded and followed up. Two independent sample t-test, Chi-square test or Fisher exact test and generalized estimating equations were used to analyze the data.

**Results:** A total of 156 mother-infant pairs were included in the analysis, including 78 pairs in the epidural analgesia group and 78 pairs in the non-analgesia group. After controlling the confounding factors, the mean sucking pressure (kPa) in analgesia group was lower than that in the non-analgesia group at 0~24h>24~48h and >48~72h after birth [5.14 (3.39~6.52) vs 6.39 (4.95~9.15), 5.07 (3.94~7.38) vs 6.20 (5.08~8.54) and 6.19 (4.64~8.36) vs 6.81 (5.88~8.05),  $P=0.018$ ]; the maximum pressure in the analgesia group was also lower than that in the non-analgesia group [15.81 (9.74~21.68) vs 16.21 (13.58~24.88)], 13.50 (9.83~16.50) vs 17.62 (14.01~22.40) and 14.66 (10.47~18.71) vs 18.04 (15.33~19.85)  $P=0.007$ ]; there were no significant differences in minimum pressure between the two groups [2.73 (1.56~5.40) vs 3.33 (2.49~5.10), 2.34 (1.32~4.05) vs 2.76 (2.23~4.37) and 2.96 (2.16~4.51) vs 2.79 (2.21~3.64),  $P=0.195$ ]. The IBAT scores of neonates in the analgesia group were lower than those in the non-analgesia group during the first 3 days after delivery [10 (9~10), 10 (9~11) and 10 (10~11) vs 10 (10~11), 11 (10~11) and 11 (11~12),  $P=0.001$ ]. The rate of early exclusive breastfeeding in the analgesia group was lower than that in the non-analgesia group (67.94%, 41.02% and 38.46% vs 75.64%, 44.87% and 55.12%,  $P=0.040$ ). There was no significant difference in the exclusive breastfeeding rate between the two groups at 1 month (48.71% vs 53.84%), 4 months (55.12% vs 48.71%) and 6 months (39.74% vs 41.02%) after delivery (all  $P > 0.05$ ).

**Conclusions:** Epidural labor analgesia can lead to the decrease of early neonatal sucking pressure, affect neonatal sucking posture, and reduce the rate of exclusive breastfeeding during the hospital, but has no significant correlation with the rate of exclusive breastfeeding within 6 months after delivery.

### Biography

**Chen Zhifang**, Master of Obstetrics and Gynecology, Chief Nurse, and Master's Supervisor at Nantong University, has been focusing on obstetrics and gynecology nursing and midwifery care for 30 years. She has completed multiple research projects and published several papers.



**DAVOUD SHOJAEIZADEH,**

Tehran University of Medical Sciences, School of Public Health,  
Iran

## **The effect of educational intervention based on PRECEDE Model to reduce the anxiety of nurses in the hospitals of Tehran University of Medical Sciences**

### **Abstract:**

People who work in hospitals such as nurses have many stress and they are exposed to anxiety disorders. The aim of this study is to determine the effect of applied relaxation based of PRECEDE Model to reduce anxiety of nurses. In this interventional study, 40 nurses as control group and 40 nurses as experimental group were randomly selected. To measure the rate of anxiety the questioner of Eshpiel Bergerand for intervention a questioner based on PRECEDE Model were used. For intervention there was 7 sessions and each session took between 60 to 90 minutes. Date collected before and after the intervention. Data analyzed by statistical techniques such as SPSS version 20. The findings of the study indicated that there is no difference between the mean of anxiety before the intervention in the control and experimental groups ( $P=0/3$ ). The results of the study showed that there is significant difference between the mean of the anxiety in experimental group and control group after intervention ( $P<0/001$ ). The findings of the study also indicated that six months after the intervention there is significant difference between predisposing factors, enabling factors, reinforcing factors and behavior to reduce anxiety in control group and experimental group ( $P<0/001$ ). The PRECEDE Model had an effect on reducing the anxiety of nurses. It is concluded that using educational intervention based on PRECEDE Model is applicable on specific population to promote health.

### **Biography**

I have completed my PhD at the age of 35 years from Liverpool University, School of Tropical Medicine in UK. I am faculty member of Tehran University of Medical Sciences and full professor in health education and health promotion. I am published more than 55 papers in reputed journals and has been serving as an editorial board member of repute. I also published 37 books.

## LEYANG LIU

Capital Medical University School of Nursing,  
China

### **Effects of a low glycemic index or low glycemic load diet on pregnant women at high risk of gestational diabetes: A meta-analysis of randomized controlled trials**

#### **Abstract:**

To evaluate the effect of low glycemic index or low glycemic load diets on maternal and neonatal outcomes at high risk of gestational diabetes mellitus (GDM). Data synthesis: Several databases (PubMed, Cochrane Library, Web of Science, Embase, OVID, Clinical Trials. gov, China National Knowledge Infrastructure, China Biomedical Database, and Wanfang Database) were searched from January 1990 to January 2022 (updated to November 2022). Randomized controlled trials of low glycemic index diets interventions for women at high risk of GDM were included. From 2131 articles initially were screened, after eliminating duplicates, 1749 titles and abstracts were analyzed. 71 documents that met the inclusion criteria were selected and 3 documents were obtained through searching the reference lists. After reading the full text, 10 studies were retained. Two authors evaluated the studies, extracted data and conducted quality assessment independently. A total of 10 studies with 2304 patients met the inclusion criteria. Compared with the control group, a low glycemic index diet could control the range of weight gain (WMD -1.01, 95% CI -1.41 to -0.61), decrease the incidence of excessive weight gain (OR 0.69, 95% CI 0.54–0.87), lessen the incidence of large-for-gestational-age infants (OR 0.32, 95% CI 0.16–0.62) and reduce the incidence of preterm infants (OR 0.45, 95% CI 0.29–0.71). Conclusion: A low glycemic index or low glycemic load diet could control maternal weight gain, reduce the incidence of excessive weight gain, and decrease the incidence of large-for-gestational-age infants and preterm infants in group with high risk of GDM.

#### **Biography**

Leyang Liu, 22 years old, has a bachelor's degree. She is studying at Capital Medical University of China for a master's degree in nursing. Her main research direction is the prevention and management of gestational diabetes mellitus. She has excellent academic performance and has published one SCI paper.

**YI DENG**

Sichuan University,  
China

## **Psychological characteristics of lung cancer patients during the 2019 novel coronavirus outbreak: A cross-sectional and longitudinal Study based on a propensity score-matched population**

### **Abstract:**

Corona Virus Disease 2019 (COVID-19) has spread in the world rapidly. This study revealed the psychological characteristics of lung cancer patients at different time points of the COVID-19 epidemic. This cross-sectional study used data from two different regional medical centers. 128 pairs of lung cancer (LC) patients and non-lung cancer subjects (NLC) were selected through propensity score matching (PSM) analysis. For the longitudinal study, the anxiety and distress state before and during the COVID-19 pandemic were surveyed through a dedicated questionnaire. A total of 135 LC patients and 165 healthy individuals were included in this cross-sectional study. After PSM analysis, 128 pairs of LC patients and NLC were matched and compared in this analysis. During the uptrend period of COVID-19 epidemic, there were significant differences in anxiety between LC patients and NLC ( $P=0.005$ ). For LC patients, the proportions of severe distress differed significantly between the uptrend and the decline period (22.05% vs 11.90%,  $P=0.032$ ). In two-way repeated ANOVA analysis, no significant main effect for group or group  $\times$  condition interaction effect has been founded. The distress of LC patients is mainly manifested as worry. Logistic regression showed that gender (OR=41.48, 95% CI: 9.74-17.97), age (OR=0.20, 95% CI: 0.08-0.50), and education level (OR=4.82, 95% CI: 1.98-11.69) were correlated with “worry” and contributed significantly to the model. This study revealed that lung cancer patients had significant anxiety and distress during the uptrend period of the COVID-19 epidemic. The distress states of LC patients mainly manifested as worry, which was associated with age, gender, and education level.

### **Biography**

Yi Deng has completed his PhD at the age of 30 years from Sichuan University. She has published more than 25 papers in reputed journals and has been serving as an editorial board member of JTD.

## YING HUANG

Shanghai Jiao Tong University School of Medicine,  
China

### Quality of life and body image improvement among Chinese transgender patients before and after gender-affirming surgery

#### Abstract:

**Background:** Although the transgender population in China is very large, there are insufficient transgender-specific care and support programs. Gender-affirming surgery (GAS) and other related treatments help patients achieve self-acceptance and social adjustment. Although the benefits of GAS have been well studied in transgender adults, there are very few studies on self-image and life changes after surgery in China.

**Methods:** A retrospective study was performed between January 2016 and December 2021. Patients diagnosed with gender dysphoria consulting for GAS were invited to participate. The Perceived Discrimination Scale, the Multidimensional Body-Self Relations Questionnaire (MBSRQ), the Body Image Quality of Life Inventory (BIQLI) and general information were collected and analysed before and after the operation.

**Results:** GAS treatment decreased participants' Perceived Discrimination Scale score from  $22.90 \pm 5.68$  to  $19.52 \pm 4.19$ . The total MBSRQ and BIQLI scores were significantly higher after GAS.

**Conclusions:** Transgender patients experience less discrimination after GAS in China, and their overall quality of life and self-esteem improve.

#### Biography

**Ying Huang** has completed his Master degree at the age of 26 years from Tongji University and Nursing manager from Department of Plastic and Reconstruction Surgery, Ninth People's Hospital, Shanghai Jiao Tong University School of Medicine. She has published more than 5 papers in reputed journals and has been serving as a member of Chinese Plastic and Aesthetic Association.

**MIMI XIAO**

Chongqing Medical University,  
China

## **The Impact of Patient Safety Incidents on Patients' Quality of Life for Patients with Hip and Knee Replacements**

### **Abstract:**

**Background:** The burden of patient safety incidents (PSIs) is often characterised by their impact on mortality, morbidity and treatment costs. Few studies have attempted to estimate the impact of PSIs on patients' health-related quality of life (HRQoL) and the studies that have made such estimates primarily focus on a narrow set of incidents. The aim of this paper is to estimate the impact of PSIs on HRQoL of patients undergoing elective hip and knee surgery in England.

**Materials and Methods:** A unique linked longitudinal data set consisting of Patient Reported Outcome Measures (PROMS) for patients with hip and knee replacements linked to Hospital Episode Statistics (HES) collected between 2013/14 and 2016/17 was examined. Patients with any of nine US Agency for Healthcare Research and Quality (AHRQ) PSI indicators were identified. HRQoL was measured using the general EuroQol five dimensions questionnaire (EQ-5D) before and after surgery. Exploiting the longitudinal structure of the data, exact matching was combined with difference in differences to estimate the impact of experiencing a PSI on HRQoL and its individual dimensions, comparing HRQoL improvements after surgery in similar patients with and without a PSI in a retrospective cohort study. This design compares the change in HQoL before and after surgery in patients who experience a PSI to those who do not.

**Results:** The sample comprised 190,697 and 204,649 observations for patients undergoing hip replacement and knee replacement respectively. For six out of nine PSIs, patients who experienced a PSI reported improvements in HRQoL that were 14%-23% lower than those who did not experience a PSI during surgery. Those who experienced a PSI were also more likely to report worse health states after surgery than those without a PSI on all five dimensions of HRQoL.

**Conclusion:** PSIs are associated with a substantial negative impact on patients' HRQoL.

### **Biography**

Associate Professor of Health Economics, School of Public Health, Chongqing Medical University, Master Tutor. Master of Economics from the University of Sussex, UK, and postdoctoral fellow at Imperial College London. He is engaged in teaching and research in the fields of health policy evaluation, health economic evaluation, health and development, etc.

## KUNGEH CLEMENT GWE

Public Health literacy,  
Cameroon

### Nursing education curriculum for improving patient safety

#### Abstract:

Throughout the 21st century, the role of nurse has evolved significantly. Nurses work in a variety of settings, including the hospital, the classroom, the community health department, the business sector, home health care, and the laboratory. Although each role carries different responsibilities, the primary goal of a professional nurse remains the same: to be the client's advocate and provide optimal care on the basis of evidence obtained through research. Many nurses are involved in either direct patient care or administrative aspects of health care. Nursing research is a growing field in which individuals within the profession can contribute a variety of skills and experiences to the science of nursing care. In preparing future nurses who are competent to provide safe care, nursing education has an important role in developing knowledge, skills, and attitudes of nurses. This article aims to present important points about the incorporation of patient safety into the nursing education curriculum for improving patient outcomes. It is concluded that policy makers and educators should attend the development of necessary competencies in nurses, bring creativity into the style of patient safety education, and consider the cultural specific aspects of the phenomenon of patient safety during designing nursing education curricula. The application process, the various learning opportunities and responsibilities performed by the nurses, and the benefits and outcomes of the experience are described. The authors hope that by sharing their learning experiences, more nurses will be given similar opportunities using the strategies presented in this article. Nursing research is critical to the nursing education and is necessary for continuing advancements that promote optimal nursing care. The findings from this study provide some initial insights into the state of nursing education science in the Cameroon. Despite the small sample, the findings affirm the paucity of research in nursing education and that the discipline must attend to the developmental needs of nurse researchers who study phenomena related to nursing education. What will audience learn from your presentation?

- Explain how the audience will be able to use what they learn?

Nursing research is vital to the practice of professional nursing, and the importance of its inclusion during undergraduate instruction cannot be overemphasized. Only with exposure and experience can students begin to understand the concept and importance of nursing research.

- How will this help the audience in their job? Is this research that other faculty could use to expand their research or teaching? Does this provide a practical solution to a problem that could simplify or make a designer's job more efficient? Will it improve the accuracy of a design, or provide new information to assist in a design problem? List all other benefits.



## KUNGEH CLEMENT GWE

Public Health literacy,  
Cameroon

They now realize that nursing and research can be combined and that optimal nursing care is dependent on the latest research findings. In addition, the students believe this opportunity has been beneficial in learning that nurse researchers are valuable to nurses in other settings. For example, one of the long-term goals of this research study is to develop appropriate interventions for children who are more susceptible to and at risk for the harmful effects of tobacco smoke due to their genetic heritage.

### Biography

**Dr. Kungeh Clement Gwe** studied medical Biochemistry at the Yaoundé University 1, Cameroon and graduated with BSC and MPH in 1997 and 2005 at the University of Durbanwestville. He then joined the research group of Prof. Michael Rudolph at the Wits medical School, Johannesburg, South Africa .He received PhD degree in 2014 from the University of Ambrosiana, Milan, Italy. He has attended Similar course at Harvard medical school, John Hopkins University and many others .receive special award from books for peace from Milan ,Italy .Obtain my fellowship from Netherlands on M&E.Went bible school where he obtain a diploma in counselling .

## ORESTIS IOANNIDIS

University of Thessaloniki,  
Greece

### Use of indocyanine green fluorescence imaging in the extrahepatic biliary tract surgery

#### Abstract:

Cholelithiasis presents in approximately 20 % of the total population, ranging between 10% and 30 %. It presents one of the most common causes for non malignant surgical treatment. The cornerstone therapy is laparoscopic cholecystectomy, urgent or elective. Laparoscopic cholecystectomy is nowadays the gold standard surgical treatment method, however bile duct injury occurred to as high as 0.4-3% of all laparoscopic cholecystectomies. The percentage has decreased significantly to 0.26-0.7% because of increased surgical experience and advances in laparoscopic imaging the past decade which have brought to light new achievements and new methods for better intraoperative visualization such as HD and 3D imaging system. However, bile duct injury remains a significant issue and indocyanine green fluorescence imaging, mainly cholangiography but also angiography, can further enhance the safety of laparoscopic cholecystectomy as it allows the earlier recognition of the cystic and common bile duct, even in several times before dissecting the Callot triangle. Fluorescence cholangiography could be an ideal method in order to improve bile tree anatomy identification and enhance prevention of iatrogenic injuries during laparoscopic cholecystectomies and also it could be helpful in young surgeons training because it provides enhanced intraoperative safety, but however this method does not replace CVS. Finally, our ongoing current study results comparing intravenous to direct administration of ICG in the gallbladder will be presented. What will audience learn from your presentation?

- ICG fluorescence cholangiography can enhance the safety of laparoscopic cholecystectomy as it allows the earlier recognition of the cystic and common bile duct, even in several times before dissecting the Callot triangle
- The best timing and dosage of ICG administration in order to perform ICG cholangiography and angiography
- ICG fluorescence imaging doesn't replace the critical view of safety

#### Biography

**Dr. Ioannidis** is currently an Assistant Professor of Surgery in the Medical School of Aristotle University of Thessaloniki. He studied medicine in the Aristotle University of Thessaloniki and graduated at 2005. He received his MSC in "Medical Research Methodology" in 2008 from Aristotle University of Thessaloniki and in "Surgery of Liver, Biliary Tree and Pancreas" from the Democritus University of Thrace in 2016. He received his PhD degree in 2014 from the Aristotle University of Thessaloniki as valedictorian for his thesis "The effect of combined administration of omega-3 and omega-6 fatty acids in ulcerative colitis. Experimental study in rats." He is a General Surgeon with special interest in laparoscopic surgery and surgical oncology and also in surgical infections, acute care surgery, nutrition and ERAS and vascular access. He has received fellowships for EAES, ESSO, EPC, ESCP and ACS and has published more than 180 articles with more than 3000 citations and an H-index of 28

**A.C. MATIN**

Stanford University School of Medicine,  
USA

## Side-effect free cancer chemotherapy by directed gene delivery using nanomaterials

### Abstract:

Side effect-free cancer chemotherapy is an urgent need, which can be met by prodrug therapies (GDEPTs). Prodrugs are harmless but bacterial/viral gene products can convert them into potent drugs that can be confined to tumors by ensuring delivery of the activating gene exclusively to cancer. GDEPTs lack of success so far is due to low gene delivery/expression; insufficient bystander effect; and use of viruses in delivering the gene. Also, direct injection into the cancer had been needed, which excluded treatment of unreachable cancers. We used 1. Our newly discovered prodrug, CNOB ( $C_{16}H_7CIN_2O_4$ ); it generates the drug, MCHB ( $C_{16}H_9CIN_2O_2$ ) which is fluorescent and can be quantitatively visualized in living mice, permitting facile elucidation of measures to ensure on-target activation. 2. Exosomes (EVs), for gene delivery; these are largely nonimmunogenic. 3. As CNOB is not yet clinically tried, we have now used the clinically tested prodrug CB1954 (tretazicar) at its safe human dose. And 4. mRNA instead of DNA as gene; the former is more efficient in gene expression. In-vitro transcribed (IVT) mRNA of our humanized and improved HChrR6 enzyme that activates tretazicar was loaded in HER2- targeting EVs. This (done for the first time) required several steps. Determining that the mRNA retained its functionality through this process was not feasible using tretazicar, but our discovery that HChrR6 enzyme can also activate CNOB enabled us to do this simply by ascertaining that the HChrR6 mRNA translated product generated fluorescence from CNOB. Systemic administration of the mRNA loaded and HER2-directed EVs ("EXODEPTs") and tretazicar completely cured athymic mice with implanted orthotopic human HER2+ breast cancer xenografts without injuring other tissues/organs. HER2+ tumor ablation is immunogenic, so it is likely that recruiting immunity will enhance this GDEPT. Immune competent FVB/NJ mice that spontaneously develop HER2+ breast cancer provide a means for testing this to pave the way for the clinical transfer of this GDEPT. Any disease over-expressing a marker can be treated by this approach. EVs can cross the blood brain barrier, so brain metastasized cancers can possibly also be treated. Lipid nanoparticles too have unique advantages in targeted gene delivery – examples of their use will also be discussed

### Biography

**Dr. Matin** has been a full professor in Stanford Medical School for several years and is affiliated with several programs, including the Stanford Cancer Research Institute; he elected to become emeritus, July 1, '21. His research contributions are numerous, including discovery of new drugs, therapeutic enzymes, and their improvement as well as their specific targeting to cancer (and other diseases). He did his Ph. D. at UCLA, spent some years in the Netherlands (State University of Groningen), where he directed a research group, before joining Stanford. He is recipient of numerous awards and honors.

## JOYCE SIMARD

University of Minnesota,  
Australia

### **Namaste Care: Helps People with Advanced Dementia Live Not Just Exist**

#### **Abstract:**

Namaste Care is a small group program for residents in a nursing home or assisted living who can no longer participate in traditional activities. Often residents were kept clean, fed, changed and placed in front of a television. Residents were existing not living. The Namaste Care program provides quality of life for residents especially those with advanced dementia. Namaste care can be offered as a small group program or can be brought to wherever the person is living. Two principles of The room or space where Namaste Care is offered as a small group is as free from distractions as possible. Residents are taken there after breakfast for the morning session. They are greeted individually and assessed for pain. A soft blanket is tucked around them and they are offered a beverage. Morning activities include gentle washing of the face and moisturizing of the face, hands, arms and legs. Their hair may be combed or scalps massaged. All of these activities are offered with a slow loving touch approach with the carer softly talking to them. They leave the room for lunch and return for the afternoon activities that may include bringing seasonal items to them, feet soaking, nail care and fun activities such as blowing bubbles. Beverages are offered on a continuous basis for both the morning and afternoon sessions. Namaste Care can be brought to the persons bedside and offered by trained staff or volunteers. Supplies are not expensive and no additional staff has to be hired.

#### **Biography**

**Joyce Simard** MSW is an Adjunct Associate Professor School of Nursing, University of Western Sydney Australia. She is a private geriatric consultant residing in Florida (USA). She has been involved in long-term care for over 40 years. Professor Simard has written numerous articles and chapters in healthcare books “The Magic Tape Recorder”, and “The End-of-Life Namaste Care Program for People with Dementia” now in its third edition. She has been involved with grants studying the outcomes of Namaste Care internationally. with the School of Nursing, University of Western Sydney, Australia, St. Christopher’s hospice (UK), the University of Worcester (UK) and Lancaster University (UK). Ms. Simard is a popular speaker for organizations all over the world.

## ORESTIS IOANNIDIS

University of Thessaloniki ,  
Greece

### Open abdomen and negative pressure wound therapy for acute peritonitis especially in the presence of anastomoses and ostomies

#### Abstract:

Acute peritonitis is a relatively common intra-abdominal infection that a general surgeon will have to manage many times in his surgical carrier. Usually it is a secondary peritonitis caused either by direct peritoneal invasion from an inflamed infected viscera or by gastrointestinal tract integrity loss. The mainstay of treatment is source control of the infection which is in most cases surgical. In the physiologically deranged patient there is indication for source control surgery in order to restore the patient's physiology and not the patient anatomy utilizing a step approach and allowing the patient to resuscitate in the intensive care unit. In such cases there is a clear indication for relaparotomy and the most common strategy applied is open abdomen. In the open abdomen technique the fascial edges are not approximated and a temporarily closure technique is used. In such cases the negative pressure wound therapy seems to be the most favourable technique, as especially in combination with fascial traction either by sutures or by mesh gives the best results regarding delayed definite fascial closure, and morbidity and mortality. In our surgical practice we utilize in most cases the use of negative pressure wound therapy with a temporary mesh placement. In the initial laparotomy the mesh is placed to approximate the fascial edges as much as possible without whoever causing abdominal hypertension and in every relaparotomy the mesh is divided in the middle and, after the end of the relaparotomy and dressing change, is approximated as much as possible in order for the fascial edges to be further approximated. In every relaparotomy the mesh is further reduced to finally allow definite closure of the aponeurosis. In the presence of ostomies the negative pressure wound therapy can be applied as usual taking care just to place the dressing around the stoma and the negative pressure can be the standard of -125 mmHg. However, in the presence of anastomosis the available data are scarce and the possible strategies are to differ the anastomosis for the relaparotomy with definitive closure and no further need of negative pressure wound therapy, to low the pressure to -25 mmHg in order to protect the anastomosis and to place the anastomosis with omentum in order to avoid direct contact to the dressing. The objective should be early closure, within 7 days, of the open abdomen to reduce mortality and complications.

What will audience learn from your presentation?

- Open abdomen should be carefully tailored to each single patient taking care to not overuse this effective tool
- Every effort should be exerted to attempt abdominal closure as soon as the patient can physiologically tolerate it
- All the precautions should be considered to minimize the complication rate
- Negative pressure wound therapy in peritonitis seems to improve results in terms of morbidity and mortality and definitive abdominal closure

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- When an ostomy is present there are only subtle differences in management
- When an anastomosis is present consider:
- Placing the anastomosis remotely to visceral protective layer and thus the negative pressure
- Place the omentum over the anastomosis
- Decrease the negative pressure to even as low as -25 mmHg

Perform a sutured anastomosis rather than a stapled one

### Biography

**Dr. Ioannidis** is currently an Assistant Professor of Surgery in the Medical School of Aristotle University of Thessaloniki. He studied medicine in the Aristotle University of Thessaloniki and graduated at 2005. He received his MSC in “Medical Research Methodology” in 2008 from Aristotle University of Thessaloniki and in “Surgery of Liver, Biliary Tree and Pancreas” from the Democritus University of Thrace in 2016. He received his PhD degree in 2014 from the Aristotle University of Thessaloniki as valedictorian for his thesis “The effect of combined administration of omega-3 and omega-6 fatty acids in ulcerative colitis. Experimental study in rats.” He is a General Surgeon with special interest in laparoscopic surgery and surgical oncology and also in surgical infections, acute care surgery, nutrition and ERAS and vascular access. He has received fellowships for EAES, ESSO, EPC, ESCP and ACS and has published more than 180 articles with more than 3000 citations and an H-index of 28



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