

16-18 HYBRID EVENT



INTERNATIONAL

NURSING AND PUBLIC HEALTH CONFERENCE



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On behalf of the Scientific Committee I welcome to the 2^{nd} Edition of the International Public Health Conference (IPHC 2023). We extend a warm welcome to those who join us in person in Singapore, and to those who will join us virtually from around the globe.

On the heels of the pandemic and the variation in the international response, the congress will explore the timely theme "Restraining Pandemics Through Exploration of Trends and Public Health Challenges." Participation in this event will highlight the importance of a coordinated, evidenced informed response to such events, and will help us address any similar events in the future.

A conference, by definition, is a venue where two or more persons meet for the purpose of discussing matters of common concern, with a formal and informal exchange of ideas. So, please engage in the sessions, the content, and engage in collegial discussions that lead to new actions and lines of scientific inquiry. Introduce yourself, share ideas, and let us learn about your work and scholarly contributions that will lead to innovations and new best practice guidelines.

Gregory S Anderson

Thompson Rivers University, Canada



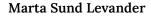
It is with great pleasure and Aloha that I welcome you on behalf of the Scientific Committee, to the 3rd Edition of the Singapore Nursing Research Conference. I am delighted to see you in person as well as virtually. Singapore is a fabulous city and I know you will enjoy exploring the many offerings of this beautiful city in person and online. This year's theme for the conference is "Leading Innovation and Pathways Transforming Nursing Future". This conference brings together and acknowledges those who are devoted to Nursing, which in itself is a devotion to helping others through the improvement of health care and outcomes globally. I look forward to talking with you and exchanging ideas. Please take advantage of your presence and the presence of others to network and look at ways to expand nursing's influence in bringing about positive health care change and outcomes globally. It is on behalf of the Scientific Committee that I welcome you, Ni Hao, Namaste, Salaam, Selamat datang! We encourage you to enjoy the presentations, and look forward to many rewarding interchanges here in Singapore and afterwards. Have a great time enjoying the many offerings of Singapore and get home safely.



Hawaii Pacific University, United States



On behalf of the Scientific Committee, I take great pleasure in welcoming you to the 3rd Edition of Singapore Nursing Research Conference herein the beautiful city of Singapore. The theme of this year's conference "Leading Innovation and Pathways Transforming Nursing Future.", will focus improving outpatient treatment, improving patient health and experience and expanding data analysis abilities among nurses to embrace new challenges and advance the profession. While you are here, I sincerely hope that you take the opportunity to network, learn, share and collaborate with international experts. All of us on the Scientific Committee would take great pleasure in meeting you in person and learning more about your amazing work. I wish you an enjoyable and productive conference. I hope you enjoy your stay in this wonderful city and use pre and post conference times to enjoy the sites. We are enthusiastic about your attendance and participation. Enjoy the confer.



Linkoping University, Sweden



I, Professor Jean Ross, welcome you all to the "3rd Edition of Singapore Nursing Research Conference" (NURSING 2023). This conference which is being held in a Hybrid format during March 16-18,2023 at Singapore in person in Singapore or virtually from your home countries. The theme of this global summit is "Leading Innovation and Pathways Transforming Nursing Future" which I hope will spark our interest and enthusiasm for our work and efforts and lead us into much awaited dialogue together for change and improve health outcomes.

"NURSING 2023 is critical in bringing nursing to the forefront of global health thinking and enabling nurses to contribute even more to improve healthcare around the world".



Firstly, I would like to thank the experts for taking their precious time out of their busy schedules and making it to this event to present their research. Secondly, I want to thank you the delegates for attending this conference. Thank you to the sponsors of this conference, your support is greatly appreciated. Thank you to the organisers of the conference for your hard work behind the scenes.

A conference such as this allows us the opportunity to consider our contributions to the world of research. As nurses we play a critical role in addressing the issues of all diseases and improving health. Our research informs our practice and practice informs research we therefore together in our varied fields of health care work offer evidence-based practise, listen, communicate to improve the health care of all peoples around the world. Our mission is to improve health outcomes and reduce health disparities while enhancing health across the lifespan in all contexts in which people live, work, reside while enhancing health care and our contributions.

Nurses' practice in numerous fields as clinicians, researchers and scientists, educators, academics, policy analysts, planners, consultants, and students and therefore have the breadth and depth of health care activities within their everyday reach. Not only do nurses work in the field of research they share this research, and this conference is one such medium in which to engage in research dialogue and share this knowledge together, gather together to learn from one another and discuss how to advance nursing practice in the clinical field. Attending this conference also offers you the opportunity to engage in professional development which only betters to serve your communities and the wider field of health care.

"The numerous keynote speeches, plenary talks, oral and poster presentations scheduled for this summit are committed to bringing together nurses who share a passion for patient care make this yearly conference one of the largest and most beneficial".

In this conference I hope you will meet new colleagues, discuss together your work and make new connections and possibility new research collaborations.

Thank you so much everyone! Hope you enjoy the conference sessions.

Jean Ross

Otago Polytechnic, New Zealand

On behalf of the Scientific Committee, I would like to express my sincere gratitude and welcome you to 2nd Edition of International Public Health Conference. Our participants will join us in the beautiful city of Singapore and virtually from across the world, to network, collaborate and enhance the area of public health in scholarship and practice.

Our theme is Restraining Pandemics through Exploration of Trends and Public Health Challenges. As the current pandemic of COVID-19 is drawing to an end, the theme highlights the need to summarize our struggle against the pandemic, learn lessons, and get prepared for a future pandemic.

While you are here, please mingle, introduce yourselves, and discuss your amazing works with international experts. The Scientific Committee and Magnus Group are delighted to meet you during our time together. I wish you an enjoyable and productive conference. I hope you enjoy your stay in this wonderful city. Enjoy the event.

Li Yin

Karolinksa Intitutet, Sweden



Keynote Speakers



Kenneth R. Pelletier University of California, United States



Ericka Waidley Linfield University, United States



William J Riley Arizona State University, United States



Mary Estelle Bester Georgia Southern University, United States



Carlos A Archilla Nemours Children's Health, United States



Brandon Lucke-Wold University of Florida, United States



Patricia M Burrell Hawaii Pacific University, United States



Izzeldin Abuelaish University of Toronto, Canada



Gregory S Anderson Thompson Rivers University, Canada



Mark Fullemann
Practice & Experience GmbH,
Switzerland



Marta Sund Levander Linkoping University, Sweden



Li Yin Karolinska Institutet, Sweden



Jean Ross Otago Polytechnic, New Zealand



Purushottam A. Giri IIMSR Medical College, India



Cecilia Cheng The University of Hong Kong, Hong Kong

Thank You All..



Magnus Group (MG) is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus Group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conferences and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the world, without compromising service and quality.



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Psychological impact of COVID-19 on public safety personnel

Public Safety Personnel (PSP), including but not limited to firefighters, paramedics, and public safety communicators (i.e., dispatch), are at increased risk of psychological injuries, heightened mental disorder symptoms, and suicidality (i.e., ideation, planning, attempts) because of their occupational exposures to potential psychologically traumatic events. The global coronavirus (COVID-19) pandemic introduces PSP to an even greater level of threat and uncertainty surrounding exposure and the risk of contracting the virus themselves in addition to spreading the infection to their household and professional network. The United Nations reported that the COVID-19 pandemic is not only compromising physical health, but is also increasing psychological suffering (United Nations, 2020). Identifying the additional contribution of COVID-19 to PSP mental disorder symptoms and ability to cope with occupational stressors are the primary aims of this study. Three hundred eightyone Canadian firefighters, paramedics, and communicators completed an online survey between November 2020 and March 2021, that asked about their exposure and response (i.e., self-isolation) to COVID-19 and the impact of COVID-19 on their life at work and at home. The survey consisted of open-ended questions, questions concerning COVID-19 related operational stressors, and standardized screening tools for posttraumatic stress disorder (PCL-5), depression (PHQ-9), generalized anxiety (GAD-7), social phobia (SIPS), and Coping (Brief-COPE). It was hypothesized that those that responded in person and transported patients (paramedics) would have an exaggerated impact over those that responded and did not transport (firefighters) and those that had no external exposures at work (communicators). While this held true for depression, both public safety communicators (p=0.018) and paramedics (p<0.001) had a more dramatic increase in scores related to general anxiety (GAD-7). Greater increase in social anxiety (SIPS) scores for both public safety communicators (p=0.001) and paramedics (p<0.001) were found. Clear evidence was found for increased risk of mental health disorders in public safety professionals during the pandemic.

Audience Take Away Notes

- Clear evidence was found for increase psychological health risk in public safety professions during COVID
- Females were generally more at risk than males
- Leadership in response to COVID-19 are discussed



Gregory S Anderson^{1*}, P. Di nota², & D. Groll³

¹Faculty of Science, Thompson Rivers University, Kamloops BC CANADA

²Department of Psychology, University of Toronto Mississauga, Mississauga ON CANADA

³Department of Psychiatry, Queen's University, Kingston ON CANADA

Biography

Dr. Greg Anderson is an award-winning educator and scientist and is presently a Professor and Dean, Faculty of Science at Thompson Rivers University in Kamloops, British Columbia, Canada. Within Google Scholar, since 2018 Dr. Anderson's research has garnered 1961 citations with an h-index of 22, and i10-index of 35.



Improving the decision-making for measures in a future pandemic

Background and purpose: In combating COVID-19, different strategies led to different public health and economic outcomes of COVID-19. For instance, Sweden took mild measures, yielding poor general mortality and COVID-19 mortality, in contrast to the other Nordic countries. Here, we discuss challenges in the decision-making for a future pandemic and the possible improvement.

Challenges in decision-making for measures in combating pandemic

- Only table data is immediately available. With table data, one usually
 performs descriptive analysis, which provides immediate evidence for
 decision-making but does not adjust for population characteristics
 and updating pandemic situation.
- 2. Pandemic progression is complex: measure influences the pandemic outcome, which in turn influences the subsequent measures and pandemic outcomes. It is one of the most challenging analyses to provide statistical evidence for decision-making, such as the long-term influence of measure on a remote outcome.
- 3. Pandemic progression is hardly repetitive: every wave is different due to the new variant of disease and the effectiveness of vaccination. Therefore, it is nearly impossible to develop an optimal decision-making mechanism for new measures.
- 4. Politics, economics, culture, and resource play important roles in decision-making and are always challenging. They do not influence the pandemic outcome directly but via the decision. Thus, they are not the evidence for decision-making in combating a pandemic.

Here, we focus on how to acquire evidence, based on which the decision is made.

Possible solution and illustration: Instead of the impossible optimal decision-making mechanism (challenge 3), we illustrate how to provide statistical evidence for decision-making (challenges 1 and 2). We can use the sequential causal inference to study the short-term and long-term influences of measure on pandemic outcomes. (Reference: Wang, X. and Yin, L. (2020). New G-Formula for the Sequential Causal Effect and Blip Effect of Treatment in Sequential Causal Inference. Annals of Statistics 48, 138-160).

We illustrate how to apply the sequential causal inference to table data by showing that the very early Swedish measure led to significant and sizable long-term influence on general mortality and COVID-19 mortality in comparison to the common measure adopted by the other Nordic countries. This evidence was not revealed by descriptive analysis but could have improved the decision-making for measures in the



Xiaoqin Wang¹ and Li Yin²*
¹University of Gavle, Sweden
²Karolinska Institutet, Sweden

Biography

Li Yin is a senior statistician at Karolinska Institutet, Sweden. He specializes in causal inference and missing data, study design, observational study, longitudinal study with time-dependent covariates, and general Epidemiology.



second wave. (Reference: Wang, X., Wallentin, Y.F. and Yin, L. (2022). The statistical evidence missing from the Swedish decision-making of COVID-19 strategy during the early period: A longitudinal observational analysis. (Social Science and Medicine – Public Health. Volume 18, 101083).

Audience Take Away Notes

- Possible way to improve the decision-making for measures in a future pandemic
- Pro and cons for using table data to provide timely statistical evidence for decision-making
- General methodology of estimating the long-term influence of measure on public health and economic outcomes



Coping with public anxiety aroused by Infodemics: Reflections and recommendations

Then an unknown and novel type of coronavirus emerged in early 2020, the unprecedented outbreak of the coronavirus-19 (COVID-19) pandemic has posed severe threats to the physical as well as mental health of the general public all around the globe. Health scientists had been working closely with officials from public health authorities in a prompt attempt to curb this new and highly transmissible virus from spreading in the communities. At the same time, unfortunately, viral spread of an avalanche of fake news and misinformation pertaining to COVID-19 was also present in numerous online forums and social networking sites such as Twitter and Facebook, resulting in widespread and heightened public anxiety. In response to this alarming issue, the World Health Organization has coined the term "infodemic" to reflect the severity of these emergent societal issues and to raise public awareness of their possible psychological impact. In the present keynote presentation, I will first review global evidence regarding the multiple challenges brought about by the COVID-19 infodemic. Adopting the conceptual framework of psychological entropy, I will elaborate the potential aetiology of the infodemic and provide feasible solutions as an attempt to minimize its potential impact on the mental health of the general public. Specific focuses will highlight the role of perceived threat in public information processing while coping with the stress and public fear aroused by the infodemic. At the end of the presentation, I will discuss some feasible strategies for mitigating the adverse effects of the infodemic at three levels: public, community, and individual.

Audience Take Away Notes

- Both scholars and lay audience will understand the adverse impact brought about by infodemic
- Both scholars and lay audience will gain possible solutions to deal with stress and anxiety associated with the infodemic
- The strategies will assist public health professionals in designing intervention programs to combat public fear aroused by infodemic



Cecilia Cheng

Department of Psychology, the University of Hong Kong, Pokfulam, Hong Kong, Hong Kong SAR

Biography

Cecilia Cheng is a professor of psychology and Associate Dean at the University of Hong Kong. She specializes in health, personality, social, applied, cross-cultural, and cyber-psychology. As the Director of the Social and Health Psychology Lab, her team seeks to enhance both mental and physical health for quality living for Hong Kong people. To realize this aim, the team applies theoretical frameworks from personality and social psychology to the understanding of real-life problems, and have published around 100 articles on topics like the psychology of pandemic, gaming disorder, information technology addiction, stress and coping, psychosomatic disorders, and emotional disorders.

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DAY 01

IN-PERSON



Rachel Leonard^{1*}., O'Connor, S¹., Hanratty, J¹., Volz, A¹., Hawkins, V¹., Campbell, K¹., Welsh, C¹., Keenan, C¹., Miller, S²., Bradley, D³., & Dempster, M¹

¹School of Psychology, Queen's University Belfast, Belfast, UK ²Centre for Effective Education, Queen's University Belfast, Belfast, UK ³Centre for Public Health, Queens University, Belfast, Ireland

Psychological and psychosocial determinants of COVID health related behaviours (COHeRe): An evidence and gap map

We created a live, searchable and publicly available evidence and gap map (EGM) containing the existing evidence (published and unpublished) on determinants of the uptake and adherence to behaviours that can reduce the risk of infection or transmission of COVID-19. Our EGM includes 1034 studies of these, 1661 were cross sectional, 122 longitudinal, 132 qualitative, 56 reviews, 82 interventions, and 55 other (mixed methods, comparison studies etc). The EGM included, 496 measured social distancing, 388 masks and face coverings, 309 handwashing, 182 physical distancing, 158 isolation/quarantine, 78 respiratory hygiene/etiquette, 59 cleaning surfaces, and 48 avoiding touching the T-zone. There were 322 studies which used a composite measure of two or more behaviours. Throughout the mapping process it became evident that there was inconsistency in how the terms social distancing and physical distancing were used within the included studies. With the two terms often being used interchangeably. A large volume of studies examined the relationship between demographics and non-malleable determinants and health-related behaviours, with fewer studies examining malleable determinants. Our EGM allow users to see, at a glance, where research exists and where there are gaps. This is important for funders, researchers, public health bodies and members of the public.

Audience Take Away Notes

- This EGM provides a valuable resource for researchers, policy-makers and the public to access the available evidence on the determinants of various COVID-19 health protective behaviours
- The map can also be used to help guide policy during the ongoing pandemic and potential future outbreaks of COVID-19 or other respiratory infections
- Evidence included in the map will be explored further through a series of systematic reviews examining
 which malleable determinants are more closely associated with uptake and maintenance of individual
 protective behaviours

Biography

Dr Leonard studied Social Work at Queen's University, Belfast and graduated in 2015. She then completed a Masters in Social Research, subsequently receiving her PhD degree in 2019 at the same institution. She is currently a postdoctoral fellow, supervised by Prof. Martin Dempster at the School of Psychology, QUB. She is an experienced health care researcher, with a particular expertise in conducting and leading on a number of systematic reviews, meta-analyses, and studies related to health interventions.



Brook Lyn MercadoKent State University, United States

Health disparities during the COVID-19 pandemic in the U.S. Territories

The people of the United States territories have faced healthcare inequalities for years due to ongoing, complex issues with their public health infrastructure. During the 2009 influenza pandemic, the U.S. territories faced several dilemmas such as insufficient funding, a lack of laboratory equipment, personal protective equipment, and surveillance to predict the spread of the disease, due to the ongoing health disparities and complications with their public health infrastructure (Dopson, 2016). These patterns have also been seen during the COVID-19 pandemic in addition to new dilemmas such as damaged physical public health infrastructure. The objective of this research was to compare and contrast the effects of COVID-19 in the U.S. territories to the U.S. while examining the social and cultural conditions of these territories. A descriptive analysis of data on covid mortality rates and vaccination rates has been completed showing that disparities did occur throughout the pandemic. These dependent variables were explored for all of the U.S. territories and thoroughly compared to one another to make a descriptive assessment of the vaccination and mortality outcomes. Relevant social and cultural conditions were examined as well (i.e effects on infrastructure from natural disasters, and policies in place during the pandemic). Conclusions about these outcomes within the territories have allowed us to recognize distinct patterns from the latest data available. There are differences in how these disparities occur in the U.S. territories and how COVID-19 has affected them. Through this study, there have been new themes seen throughout the pandemic such as a sense of community and support, geographic isolation, and politics that may have contributed to the vaccination rates and mortality rates seen in these territories. The implications of this study push for future research to be completed as casual analyses were not completed and should be looked at moving forward.

Biography

Brook Lyn Mercado recently received her Bachelor's in Public Health from Kent State University where she was a member of the Ronald E. McNair Post-Baccalaureate Achievement Program. In the fall, she will be pursuing her Master of Public Health. Her goals include focusing on the healthcare needs of the U.S. territories which was the focus of her undergraduate thesis Health Disparities During the Covid-19 Pandemic in the U.S. Territories.



Ikuko Miyabayashi¹*, Mihoko Miyawaki²*, Ai Matsuzaki², Takanobu Sakemi³

¹Faculty of Nursing, Seisen Jogakuin College, Nagano, Japan

²Department of Nursing Health Management, Keio University, Tokyo, Japan

³International University of Health and Welfare, Fukuoka, Japan



Challenges of mid-career nurses in COVID-19 pandemic: Effectiveness of servant leadership education

Background: As the Covid-19 pandemic dragged on, the nurses on the front lines seemed to more exhausted by the day. Under such circumstances, it was expected to encourage to communicate between nurses and patients, colleagues, physicians, and others, and to create a mutually empowering workplace atmosphere.

Research Objective: We conducted educational sessions on servant leadership to enable employees to take leadership in changing the climate of the workplace to a warmer atmosphere during a pandemic, and examined the effectiveness of this education.

Research Methodology: Fourteen mid-career nurses (13 female, 1 male) working in a hospital with Covid-19 patients were participate 5 educational sessions. The course took place over three months, the program included medical ethics, servant leadership, case studies of ethical issues, facilitation in ethics conferences, team medicine, and fostering an ethical organizational climate. Quality analysis along with the four dimensions of education "knowledge", "skills", "character", and "meta-learning was used for clarify their awareness and behaviors changes between pre and post sessions by their submitted descriptions 1). This study was approved by the Research Ethics Review Board of the Faculty of Nursing and Medical Care at Keio University (292).

Results: As a representative description, participants were aware of the importance of "thinking for themselves" by comparing the "knowledge" they learned during the pandemic with their own clinical experiences. In addition, to improve the atmosphere in the busy and tense workplace, participants utilized communication "skills" to understand the thoughts of others as leaders, which facilitated communication throughout the ward and transformed the atmosphere into one in which nurses could talk honestly with each other. As for "Character," the idea had shifted to that if you do nothing in the workplace you won't make waves, but that being able to say what needs to be said when and where it needs to be said, while acknowledging the values of others, is the way a nurse should be. The goal of "meta-learning" was to rediscover the joy of knowing through this study, to reflect on one's own words and actions, to be aware of and practice greeting others with a smile and praising them, and to create a warm atmosphere in one's workplace.

Conclusion: Learning about servant leadership and ethical work climate has changed the participants' awareness and behavior in the workplace. The challenge for the future is to foster a workpclimate in which nurses continue to learn and improve their nursing practice.

Biography

Ikuko Miyabayashi Miyabayashi is a Professor at Seisen Jogakuin College, Faculty of Nursing in Nagano, Japan. Il've been teach from advance critical care to fundamental nursing application about 20years in Japan and before that worked at acute care hospitals about 10years in the United State. Since knowing two culturally different health care environments and Nursing education, it is much easy to think critically most complicated situation include ethical



issues. IMihoko Miyawaki, she is a co-author of this presentation, we study about ethical matters in clinical nursing practice for long times. We'd like to discuss about leadership which changing a climate of stressful work environment causing by Covid-19 pandemic at this presentation.

Mihoko Miyawaki is a emeritus professor at Keio University. Until my retirement in March 2022, I have consistently devoted my best efforts to teaching and research in the discipline of fundamental nursing, with interests in medical ethics, nursing theory, nursing education, and nursing philosophy.



Khrisyah Gabe T. Oliver* And Dr. Regie P. De Jesus College of Health Sciences, Dr. Yanga's Colleges Inc., Bocaue, Bulacan, Philippines

Reawakening public support: Implications of desensitization on COVID-19 to the Risk Perception and Health Behavior

NOVID-19 has brought unretrievable suffering that led to extreme protective behavior and irrational coping strategies. Thereby, public health initiatives and action plans have been implemented to mitigate the virus. However, as the pandemic progress, non-compliance with health protocols and decreased risk perception has become the main barriers to controlling COVID-19 transmission. A study addressing the problem of maintaining health guidelines could provide a better understanding of COVID-19 desensitization and its effect on implementing the recommended health protocols. Therefore, this study aimed to explore the extent of desensitization to COVID-19- related threats and the implication that this has on health behavior and risk perception. In this work, the researchers utilized mixed-methods research by combining two databases. Quantitatively, a validated and reliability-tested Likert-scale questionnaire was administered to determine the extent of COVID-19 desensitization. The questionnaire data then underwent statistical analysis. Semi-structured interviews were then conducted with a sub-set of desensitized participants to gather qualitative data. The interview transcripts underwent thematic analysis. The questionnaire results showed that 64.75% of the participants were desensitized. Moreover, the qualitative findings of the study were summarized through two emergent themes which represent the interlocking triggers of COVID-19 desensitization and the interplaying factors affecting COVID-19 response. Findings suggest individuals became desensitized to COVID- 19-related threats, which has a linear effect on their health behavior and risk perception. Hence, the desensitized public can alter the efficacy of COVID-19-related responses. The findings of the study ended in the formulation of the COVID- 19 re-sensitization plan as proposed by the researchers to be an impetus to reinvigorate public support in mitigating the virus.

Audience Take Away Notes

- The audience will learn about the health threats of desensitization to COVID-19-related threats and its
 implications for health behavior and risk perception. This research could be used for future discussions
 on the health risk communication strategies that could ensure the safety and health of people during a
 health crisis
- 2. Healthcare officials could have a better understanding of how desensitization can make the public less likely to engage in protective behaviors
- 3. The proposed COVID-19 re-sensitization plan could be essential not only in the present pandemic but, the findings will also be helpful during future health crises

Biography

Gabe Oliver is currently on her senior year of her bachelor's degree in nursing at Dr. Yanga's Colleges Inc. She is under the research apprenticeship program of Dr. Regie P. De Jesus, who has an extensive experience in nursing education and research. The program helped her undertake research-related problems and influenced her to pursue a research career. Her pursuit of excellence and desire to learn led her to incline in mixed-methods research, qualitative research, and community health.



Irene RempelNew York University, United States

Anxiety and first practicums: Teaching techniques to improve nursing student's first clinical experiences

First practical experiences are often some of the most stressful and anxiety-inducing elements of the curriculum for nursing students. Survey-based studies suggest that feelings of self-doubt regarding lack of preparedness and anxiousness about making mistakes and patient safety are some common concerns driving these fears and anxieties. Evidence also suggests that nursing instructors can alleviate these feelings by reinforcing practices like self-reflection among their students and fostering learning environments that promote mentorship and open asking of question. This study involves 58 nursing students in an undergraduate nursing program who were interviewed regarding their feelings about their first practicum experiences. Interview results found that 98% of students experienced anxiety related to their first clinical experience and 70% of students reported that certain strategies by their instructors, like encouraging asking of questions, could make their practicum experiences more positive and less stressful. These findings suggest that faculty orientations that train nursing instructors in evidence-based techniques that alleviate practicum-related anxiety among students could be effective ways to relieve stress and improve the overall clinical experience for students. Further research is warranted into how to better target teaching strategies based on specific demographic and needs of individual students.

Biography

Irene Rempel is a clinical assistant professor at New York University Rory Meyers College of Nursing. Her teaching philosophy is that of "collaborative learning." In order for students to develop skills related to inter-professional cooperation, she has them think of classes as a community of professional colleagues rather than a collection of individuals competing with one another. She enjoys working with students on a one-to-one basis so that she can glean each student's potential as well as their academic strengths and weaknesses. Prior to joining the faculty at NYU, Rempel worked at Long Island College Hospital School of Nursing, where she taught a variety of didactic and clinical courses. Rempel completed her DNP at Fairleigh Dickinson University, MA and BSN at Pace University, an MA at Columbia University, and BA at Adelphi University.



Maria Van Pelt, PhD, CRNA, FAAN Clinical Professor, School of Nursing, Northeastern University

Lessons learned from the sharp end of care

Purpose: The purpose of this activity is to enable the learner to understand the impact of adverse events on health care providers and the patient safety implications.

Title of Activity: Face-to-Face Education Session

Identified Gap(s):

Description of current state.

Describe the current state of topic subject.

Most health care providers will experience a death of a patient or an adverse event in the course of their career. Policies and procedures on how to handle the aftermath of adverse events and the emotional well-being of the provider have not been mandated. If the provider adopts a "business as usual" mentality, this may lead to dysfunctional behavior, subsequent harm to the provider and suboptimal care for subsequent patients. This lecture provides an overview of the impact that an adverse event may have on the health care provider and patient safety.

Gap to be addressed by this activity (knowledge, skills, practice, and/or other).

Describe how things will change as a result of this education activity.

Increase awareness and knowledge surrounding the impact of the aftermath of adverse events on health care provides and ways of coping.

Biography

Dr. Maria van Pelt, PhD, CRNA, FAAN is a Clinical Professor at Northeastern University and a practicing CRNA for 25 years who currently practices at the Massachusetts General Hospital (MGH), Boston, MA, USA. Dr. van Pelt is widely regarded as an expert, scholar and leader in patient safety. Her seminal impact has been through national and international advancement of the healthcare profession through advocacy, education, research and policy development related to the aftermath of adverse events by uncovering the compelling need for clinician peer support and wellness. Dr. van Pelt is a Fellow of the American Academy of Nursing, 2012 AANA Foundation Doctoral Fellow and a 2014 American Hospital Association / National Patient Safety Foundation Patient Safety/Leadership Fellow. She is the MANA Wellness Committee Chair, a MA State peer Advisor and most recently was appointed to the American Academy of Nursing's Psychiatric, Mental Health and Substance Use Expert Panel.





Dr. Preeti Khanna*, Dr. Bani Tamber Aeri

Department of Food and Nutrition, Institute of Home Economics, University of Delhi, India – 110016

Association of macro and micro nutrient intake with depression and anxiety symptoms among adolescent boys and girls (13-15 years) studying in public schools of Delhi

Background: Data on prevalence of mental health disorders indicates that 4.5% and 3% of the Indian population is suffering from depression and anxiety respectively. Research suggest that a poor quality diet (lacking in macro and micronutrients) may lead to deficiencies that are associated with depression and anxiety disorders.

Aim: The present research was designed to study the prevalence & association of depression & anxiety with macro and micronutrient intake among adolescent boys & girls (aged 13-15 years) studying in public schools of Delhi.

Methods: 546 adolescents participated in this cross-sectional study (selected from public schools in Delhi). For the assessment of depression and anxiety symptoms and dietary micronutrient deficiencies Child Behavior Checklist (CBCL; administered to the parents) and 24 hour recall and food frequency questionnaire (administered to the subjects) were used respectively. Adolescent Micronutrient Quality Index (AMQI) was further used to assess the quality of the diets.

Results: Prevalence of depression and anxiety symptoms was 33.5% and 27.47% respectively. In males, higher consumption of energy was significantly associated with higher mean depression (p = <0.001) and anxiety scores (p = <0.001), whereas higher consumption of proteins was significantly associated with lower mean depression and anxiety scores. Also, lower consumption of micronutrients like iron and magnesium was significantly associated with lower depression and anxiety scores. In females, lower consumption of energy (<RDA) proteins, fat, iron was significantly associated with higher mean depression (p = <0.001) and anxiety scores (p = <0.001).

Conclusions: This study highlights the association of mental health with quality and quantity of macro and micro nutrients consumed by adolescents. It will also serve as a strategic tool for mental health prevention & management policies designed for adolescents.

Audience Take Away Notes

- Given that diet is a modifiable risk factor that has been linked to mental health problems, it is important that more research in this relatively new and growing area of research is continued
- Future research on overall diet and mental health should consider possible gender differences and distinguish between different mental health outcomes as well as between healthy and unhealthy dietary patterns and also examine changes in diet over time to determine if change in diet leads to subsequent changes in mental health
- Furthermore, a better understanding of the time period over which dietary exposures have an effect on mental health is needed

- It is also important that future research seeks to elucidate biological pathways that may mediate the relationships between diet and mental health (Trapp et al, 2016)
- Dietary interventions may be effective in controlling a number of mental health challenges faced by the society but we need to know more
- There is a lack of investment in research and translational knowledge into simple guidance about food consumption for prevention and management of mental health conditions
- Therefore, it is necessary for public health professionals and policy makers working in the fields of nutrition and mental health to translate the relationship of mental health and diet, so that we can make healthy choices, not only in promoting and maintaining good mental health but also in increasing awareness about poor nutrition and diet quality becoming potential stimulating factors in development of poor mental health

Biography

Preeti Khanna has a PhD in Public Health Nutrition. The PhD research work was a combined collaboration between University of Delhi & All India Institute of Medical sciences (AIIMS). For her PhD, she has worked on the association of nutrition and mental health among adolescents (13-15 years) studying in public schools of Delhi. She has been awarded international and national scholarships to present this research at various conferences India and abroad. Furthermore, she has also completed an online course on Public Policy Analysis from London School of Economics (LSE).

DAY 01

IN-PERSON



Chiharu Miyata1*, Hidenori Arai2

¹Department of Nursing Sciences, Mie University Graduate School of Medicine Health Sciences, Tsu-shi, MIE, Japan

²National Centre for Geriatrics and Gerontology, Aichi, Japan

Key factors for effective leadership of Nurse managers in Geriatric health service facilities

Teriatric Health Service Facilities (GHSFs) have been providing care and rehabilitation to facilitate older $oldsymbol{J}$ adults' self-reliance in everyday life, performing the role of an intermediary between hospitals and their homes. The number of residents who are especially dependent on medical care has been increasing in GHSFs in recent times, with residents' needs evolving as well. In order to manage to these changes, nurse managers are expected to assume leadership roles. However, literature related to "empirically based leadership" in the geriatric care field is limited. Tus, the aim of this study to elucidate an effective leadership style of nurse managers in GHSFs. We conducted qualitative exploratory descriptive research with semistructured interviews. Eight nurse managers of GHSFs were selected by intentional sampling. Interview guides were established by researchers as follows: "What do you think are the basic responsibilities of nurse managers?", "What is the most important requirement for nurse managers in GHSFs, "Please retrospect and tell us about successful or unsuccessful experiences of demonstrating your management and leadership" and "How do you deal with issues among medical staff?" We reviewed the transcriptions and constructed tables of code categories based on the actual words or phrases (meaning units) followed by independently identified themes that represented one or more code categories and specific quotations that represented each code category. All the interviewees were women, with a mean age of 44.6. Four themes emerged based on the data: vision, autonomous behaviors, respect for personhood, and Leader in the multidisciplinary care team. Nurse Managers in GHSFs are expected to perform more autonomously in practice areas, implementing leadership to establish a suitable work environment for collaboration between nurses and care workers.

Audience Take Away Notes

- GHSFs need to meet the changing roles and expectations of facilities due to changes in the medical environment, especially the increasing number of residents who depend on medical care
- Nursing managers are then required to respond flexibly to changes and present a vision for providing the best care
- The proportion of residents who are highly dependent on medical care and those who are critically ill
 has increased in GHSFs. Therefore, nurse managers, as leaders, should make autonomous judgements
 in medical care. The decision-making capability required by nurse managers is greater with an increase
 in severe cases. Thus, they are expected to be autonomous and make definitive decisions
- Nurses must discuss residents' ideal lives with other medical specialists who have different viewpoints, and nurse managers are expected to assume leadership roles that defend the rights of residents in the process

Biography

Dr. Miyata, RN, is the associate professor of Course of nursing science, Mie University Graduate School of Medicine in Japan. She has 23 years' experience in nursing as a manager and educator. Her experience has been across Japan. She completed PhD of Human Health Science from Kyoto University School of Medicine, Japan. She has published several books and papers in reputed journals and has been serving as an editorial board member of repute.

DAY 01

IN-PERSON



Lina Abdelrahman Osman Hemmeda^{1*}, Ghassan Mustafa¹, Exeer Yahia M. Ahmed¹, Ayat Eltahir Ahmed¹, Anmar B. Birier¹, Tibyan Abdelgadir¹, Hadiea Mosaab¹, AhmedElbashir Hassan¹, Esraa S. A. Alfadul¹, Musab Bakr², Ethar Awadelkareem Jaafer Sadig¹

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Awareness towards urinary schistosomiasis and its relation with active infection among primary school students in North Kordofan state, Sudan 2022

Background: Schistosomiasis is a water-borne parasitic disease caused by trematode worms of the genus Schistosoma. It is one of the neglected tropical diseases (NTD) with Africa accounting for at least 90% of those seeking treatment for schistosomiasis.

Objectives: This study intends to evaluate the prevalence of active Schistosomiasis in school children, as well as their awareness, attitude, and behavior toward the illness in El-Rahad province; which is situated in North Kordofan state, the absence of rivers in the region renders inhabitants dependent on the freshwater lake (Al turaa), a man-made reservoir that collects rainwater.

Methods: This facility-based analytical cross-sectional study among 424 primary school children aged seven to 13 in five villages; Structured and pre-tested questionnaires were used to collect the data in face-to-face interviews, in addition, urine samples were collected from each pupil and then assessed microscopically for S. Haematobium eggs Presence. Data was analyzed using SPSS version 25.0

Results: A total of 424 primary school students, from five villages; participated in the study. Almost all the students (96%) had poor knowledge about urinary schistosomiasis, causative agent, transmission, presentation, complications and prevention. 94% of students were found to have a positive attitude regarding seeking medical help and receiving treatment of schistosomiasis. Regarding practices, the most frequent poor practice was fetching water from ponds/streams (89%), followed by swimming or bathing, washing clothes or utensils in water sources (75.1%). In general, 100% of the students had poor practices. Attitude revealed that females have lower chance of having the infection than their male counterparts, p-value 0.01 About 27% (n=115) of them had active urinary schistosomiasis infection at the time of the study.

Conclusion: The study revealed poor level of awareness and knowledge, positive attitude, and poor practices among primary school students. There was also a high level of active infection which was significantly associated with being a female and resident of particular villages such as Tendelti.

Audience Take Away Notes

- Exposure to the Sudanese rural areas practices
- Knowing about schistosomiasis as an endemic disease in Sudan
- Signify the importance of health education programs as tools of simple intervention for critical healthcare problems

Biography

Lina Hemmeda is a fifth year medical student from Sudan. Focusing on solution-based actions she found herself melting into leadership and NGOs environments, taking numerous roles as a research and science advocate, and as an activist in evidence-based practice. She had over three years of research experience with articles published in pubmed indexed journals.



Rawan Salem Abdullah Baqabas

Intensive Care Units, International Medical Center, Jeddah, Saudi Arabia

Implementation of ABCDEF care bundle in the intensive care units of private tertiary hospitals: A cross-sectional study

Purpose: The study aimed to assess the implementation of ABCDEF care bundles in the intensive care units of two private tertiary hospitals.

Background: The awakening and breathing coordination of daily sedation and ventilator removal trials, delirium monitoring and management, and early mobility and exercise and assessment, prevent and manage pain, both spontaneous awakening and spontaneous breathing trials, choice of analgesia and sedation, assess, prevent and manage delirium, early mobility and exercise, family engagement ABCDEF bundles are part of the science of the liberation of the intensive care unit (ICU).

Method: Descriptive cross-sectional research design was used in this study and employed a sample size of 130 using a non-probability convenient sampling technique. Nurses working in the intensive care units of Dr. Soliman Fakeeh Hospital (DSFH) and International Medical Center (IMC) were selected to participate in the current study.

Result: It is reported that nurses use a scale to assess pain in the ICU. However, there were 46.1% nurses reflected on the use visual analogue scale. The use of spontaneous breathing trails question was very positive and all nurses have documented. It is also revealed that 53.8% of nurses used the Riker Sedation-Agitation Scale compared to 46.2% who used Richmond Agitation-Sedation Scale. Furthermore, more than half of nurses assess and monitor delirium in the clinical area at least one time. However, 30.9% of nurses did not do monitor delirium at all. And 69.2% of nurses mobilize patients continuously to combat muscle weakness compared to only 30.8% of nurses who only mobilize to non-ventilated patients. Just more than the half of the nurses explained to the family members the delirium compared to 46.2% of the study participants did not discuss the delirium with family members.

Conclusion: Although most of the surveyed ICUs implemented pain and sedation assessments, many of them did not implement structured delirium assessments. Early mobilization programs and family participation should be encouraged. The results of this study could guide patients and healthcare practitioners particularly nurses in the ICU by helping to facilitate evidence-based shared care decision making with ABCDEF bundle.

Keywords: ABCDEF bundles, pain management, breathing trails, delirium, early mobilization and exercise, family involvement, intensive care unit

Audience Take Away Notes

- The ABCDEF bundle directs comprehensive patient care and efficient resource use, resulting in more
 interactive ICU patients with better pain control who may engage in higher-order physical and mental
 activities without risk at the early stage of their critical illness
- It's provided a new information about the delirium score which wasn't implemented before



Biography

Ms. Rawan Baqabas studied MS at Fakeeh College Medical Science, Jeddah, Saudi Arabia and graduated as Bachelor in 2018 from King Abdul-Aziz University. Ms. Rawan working at International Medical Center as a critical care area nurse since 2019.

DAY 01

IN-PERSON



Law Tsui Yuk* & Yim Wah MakSchool of Nursing, Hong Kong Metropolitan University, Hung Hom, Kowloon, Hong Kong 999077, China

The effectiveness of Mindfulness-based Stress Reduction (MBSR) programme for parents of children with ADHD: A feasibility study

Background: Mindfulness-based Stress Reduction (MBSR) programme is an evidence-based intervention supported by extensive research showing its effectiveness in reducing stress, anxiety and depression and promoting well-being. However, it has not been evaluated in parents of children with Attention Deficit Hyperactivity Disorder (ADHD). This group of parents is considered to be the highest risk group for parenting stress. Therefore, this study aims to evaluate the effectiveness of MBSR programme in reducing parenting stress and enhance well-being of the parents of children with ADHD. The feasibility of using this intervention in Chinese parents are also assessed.

Methods and Design: The effectiveness of the 8-week MBSR programme for reducing parental stress among parents of children with ADHD was assessed by pre-test and post-test comparisons. Eighteen parents (n=18) of children with ADHD had recruited from one of the Parent Resource Centre. The primary outcome measures included parenting stress, sense of well-being and quality of life (Perceived Stress Scale, Parenting Stress Scale, WHOQLO-BREF) among the parents of children with ADHD. The secondary outcome measure was the change of children's ADHD behaviour (SWAN). Assessments were conducted at baseline and immediately after the 8-week intervention.

Results: There was a statistically improvement on stress reduction after the 8-week MBSR programme especially on quality of life and parent-rated hyperactivity impulsivity of the children. The score of self-reported Perceived Stress Scale indicated significant reduction in self-perceived stress (p = 0.042) as well as the parenting stress (p = 0.009). Regarding the quality of life, significant post-intervention improvements were found (p = 0.001). For the children outcome measures (SWAN), significant improvement also found on post-intervention (p = 0.001).

Conclusion: Results indicated that MBSR may be an effective intervention in reducing perceived stress and parenting stress of the children with ADHD even without provided any intervention for their children. Further study may consider using biomarkers to validate the findings and support that MBSR in an intervention that feasible in various healthcare settings.

Audience Take Away Notes

- Understand what is Mindfulness-based Stress Reduction (MBSR) programme
- Evaluate how MBSR could help in various groups of population
- It's the trend to explore alternative non-pharmacological intervention in different groups of patient
- Biomarkers could be considered



Biography

Miss Irene Law is a Registered Nurse in Psychiatric Nursing for over 20 years and experienced in nursing with elderly, substance abusers and community nursing for people with mental problems. She is currently working as a Senior Lecturer in university who is teaching nursing students in the subject of social sciences including the topics of stress & coping, counselling and psychotherapy. She is passionate to integrate mindfulness in her work on education and counselling. She practices mindfulness over 10 years and currently she is in completion of the doctoral programme by using the mindfulness as the topic of her dissertation.

DAY 01

IN-PERSON



Chuntana Reangsing^{1*}, Sasinun pusuwun², Sarah Oerther³

¹School of Nursing, Mae Fah Luang University, Thailand ²School of Nursing, University of Phayao, Thailand ³School of Nursing, Saint Louis University, MO, USA

Effects of mindfulness-based interventions on depression in pregnant women: A systematic review and meta-analysis

Objective: We synthesized the effects of mindfulness-based interventions (MBIs) on depression in pregnant women.

Method: Ten electronic databases were searched from inception to September 2022. We reviewed studies with pregnant women receiving mindfulness-based interventions with depression outcomes. We only reviewed studies written in English. A random-effects model was used to compute the effect size. Funnel plot, Q statistics, and I2 were used to test the heterogeneity across studies. We examined moderators to explore sources of heterogeneity.

Results: Across 19 included studies (N=1480), 717 pregnant women participated in mindfulness interventions; 763 served as controls. Mean age ranged from 25.3 to 33.6 years. Overall, mindfulness-based interventions showed reduced depression compared control groups (g=.457, 95%CI .254, .659, I2=68%). With subgroup analysis, mindfulness-based cognitive therapy had a greater effect on a reducing depressive symptom (g=1.13) than mindfulness-based stress reduction (g=.64) and adapted mindfulness-based intervention (g=.31). No quality indicators moderated the ES of mindfulness-based interventions on depression.

Conclusion: Mindfulness-based interventions significantly improved depression among pregnant women Clinicians and health providers should consider using MBIs as alternative complementary treatment for improving and preventing depression in pregnant women.

Keywords: mindfulness-based intervention, pregnant women, depression, meta-analysis

Audience Take Away Notes

- Antidepressants and psychotherapy interventions are effective treatments for depression, but approximately 40% of depressed women with pregnancy do not receive treatment due to a lack of mental health professionals and barriers
- Alternative and complementary treatments such as mindfulness-based interventions are growing
- Researchers have meta-analyzed the effect of mindfulness-based interventions on depression in the
 adult population but no prior researchers specifically meta-analyzed the effects of mindfulness-based
 interventions on depression in pregnant women
- Mindfulness-based intervention had a moderate effect on improving depressive symptoms in pregnant women
- Mindfulness-based cognitive therapy had a greater effect on reducing depressive symptoms than mindfulness-based stress reduction and adapted mindfulness-based intervention

Biography

Chuntana Reangsing obtained a Bachelor of Nursing Science in 2003. She worked as registered nurse at King Chulalongkorn Memorial Hospital, Bangkok, Thailand for 5 years. She then received a Master of Science (Mental Health) from School of Medicine, Chulalongkorn University in 2008. Also, she got a certificate in Nursing Specialty in Psychiatric Nursing and Mental Health in 2011 and Ph.D. program in 2020. She has been teaching nursing for 14 years, with specialty field in psychiatric nursing and mental health. Ms. Reangsing was inducted into Sigma Xi Scientific Research Society in 2016, Sigma Theta Tau International (STTI) Honor Society of Nursing in 2017. Also, she was nominated as an emerging leader of promoting mental health in 2017, Graduated Nursing Student Academy, American Association of Colleges of Nursing (AACN). Currently, she is an assistant professor in Mental Health and Psychiatry at School of Nursing, Mae Fah Luang University, Thailand. She has several years of research experience as a specialist nurse, in mental health and psychiatric nursing. Her research of interest is mental health promotion and mindfulness.



Gillian StreetBea Veayn, Isle of Man

BBEA VEAYN BINGO©: Fun-based education for prevention of dementia, depression, and diabetes (Type 2), based on evidence and community input

Dea Veayn Bingo© is a game for people to enjoy in a social settings and workplaces, whilst learning of evidence-based changes they can make to prevent, delay, or even reverse symptoms of cognitive impairment, type 2 diabetes, and depression. This embraces the premise that health resources are optimised when individuals most at risk of lifestyle-related chronic disease learn and apply research-backed behaviour change. Population health is a serious concern that is informed by serious research but an element of fun may be required to engage and motivate certain population groups. When interventions incorporate learning into appealing social activities, rather than, for example, dedicated exercise or mind-training programs, the motivation for sustained attendance increases. Older people have indicated they may join a program for health reasons, but sustain their attendance for social reasons. Rates of these conditions are negatively associated with education levels however lifestyle intervention programs are known to have more sustained participation rates from people with higher education. Therefore, in the long term, methods that engage and inform people with lower education status could prove more cost effective than programs well-attended by people who are already informed and have lower risk. An extensive literature review was conducted to select 90 evidence-based behaviours that prolong the ability to function independently. Feedback from community members at a social club informed improvements to the playability of the game and effectiveness relating to knowledge and intention for behaviour change. The game, based on traditional Bingo uses pictures to allow accessibility for all education levels. The game can be played in community settings and workplaces, led by a trained health professional. Images can be amended when informed by emerging evidence. Ongoing evaluation will be conducted. Bea Veayn, pronounced "Bare Vane", means long life in Manx Gaelic.

Biography

After completing an Australian double degree in health promotion and nutrition, Gillian conducted research for Mentally Healthy WA. Later she worked with vulnerable population groups in the City of Cockburn, leading health promotion teams for the Local Government and Cockburn Integrated Health (total 12 years). This included the Federally Funded Healthy Communities Initiative and the HOP, both targeting vulnerable populations. From 2018-2020, she coordinated an end-of-life care needs assessment for the Scholl Academic Centre (Hospice Isle of Man). She completed a Graduate Diploma in Psychology in October 2022 and set up Bea Veayn, specializing in diabetes and dementia prevention.



Dr Patricia Mcclunie-Trust^{1*}, Dr Virginia Jones², Dr Rhona Winnington³, Dr Kay Shannon, Dr Andrea E Donaldson⁵, Dr Rachel Macdiarmid⁶, Dr Rebecca J Jarden⁷, Ms Rosemary Turner⁸, Dr Eamon Merrick⁹, Dr Patrea Anderson¹⁰

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Doing longitudinal case study research collaboratively: The benefits for researchers

Collaborative research teams are an effective strategy to combine the knowledge and skills of like-minded researchers across tertiary education settings and international borders. Research collaborations have the potential to increase research capacity for both individuals and the team alike. The purpose of the study was to explore the experiences and perceptions of a team of seven Australasian nurse academics undertaking a longitudinal multi-site case study. We used a nominal group technique in this deductive qualitative exploratory study. The key findings from this study indicate establishing safe academic relationships is paramount to successful collaborative teams. Collaborative research teams offer opportunities to learn research processes from other members through sharing of expertise and skillsets, together with upholding a positive engagement with technology to ensure full research participation is achievable irrespective of geographical location. To conclude, in this study we have identified multi-site collaborative research teams provide an opportunity to leverage the strengths of individuals to enhance research outcomes across organisations. The synergistic effect of the team builds research blue skies thinking and capacity building through mentorship and support. The potential for positive change through mentorship and support, alongside the forged new relationships, are all key drivers of researcher wellbeing, never more important as we transition into new ways of working both now and into the future.

Audience Take Away Notes

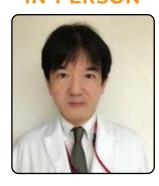
- Collaborative teams enable researchers to work in productive relationships with like-minded colleagues across institutional boundaries and international borders
- Collaboration creates a greater capacity to conduct research drawing on the breadth of expertise within the team.
- Safe and respectful relationships between researchers are central to the success of research teams
- There is an important relationship between the work of research teams and their effective use of technology
- When researchers enjoy working within their teams, they are likely to be more productive in their work together

Biography

Dr Patricia McClunie-Trust is a Principal Lecturer in the Master of Nursing programmes at Wintec Te Pūkenga. Patricia supervises postgraduate research students undertaking projects and dissertations, with expertise in qualitative approaches. Her research interests include professionalism and professional practice in nursing. She is a member of an international collaborative research team (GEN-NZ) exploring the motivations and experiences of graduate-entry Master of Nursing Science students. Patricia's governance roles include membership of the HRC approved Wintec Human Ethics Research Committee, and Editor-in-Chief for the Kaitiaki Nursing Research Journal.

DAY 01

IN-PERSON



Nagato KatsuraKobe University Graduate School of Medicine, Department of Disaster and Emergency Kobe, Japan

The possibilities and limitation of our research for body composition of cancer cachectic patients with bioelectrical impedance analysis

Background & Aim: The prognostic factor of cancer cachectic population has been researched for a long time, however, we have not yet had outstanding one. Recently, researchers have focused on body composition measured by Bioelectrical Impedance Analysis(BIA) in which data has been collected by measuring the impedance of body water and cell membranes. Phase anglen(PhA) calculated with reactance and resistance of cell membrane is a good tool to use when assessing the nutritional status and, especially, the promising marker for clinical prognosis of patients with cancer. The aim of this study was to evaluate the predictive utility of PhAs which and how are mediated by several BIA factors and other anthropometric parameters, such as calf circumference (CC) length, for the prognosis of patients with cancer cachexia.

Material & Methods: In total, 171 consecutive patients (both outpatients and inpatients) for whom the stage of cancer cachexia was determined from July 2019 to December 2022 in Mukaijima private Hospital, were included in this retrospective cohort study. Their mean age was 72.3 (standard deviation, 7.4) years; 99 were males and 72 females. Time-dependent Cox proportional-hazards regression (adjusted for age and sex) was performed to assess the following: 1) the association between potential mediators and mortality; 2) the association between five PhAs and statistically significant mediators from 1); and 3) the association between the five PhAs and mortality. Finally, Kaplan-Meier survival curves were compared between two groups based on patients' median baseline ratio of extracellular water (ECW) to total body water (TBW) using a log-rank test.

Results: The ECW/TBW ratio (hazard ratio [HR] per 1-interquartile range [IQR] increase: 2.87; 95% confidence interval [CI]: 1.46, 5.46; p<0.001) and skeletal muscle mass index (SMI; HR per 1-IQR increase: 0.67; 95% CI: 0.51-0.89; p=0.001) were associated with mortality. All five PhAs were associated with the ECW/TBW ratio (p<0.001). Before adjustment for the ECW/TBW ratio, all five PhAs were associated with mortality (p<0.001); after adjustment, only the PhAs of the left arm and the trunk were associated with mortality (p<0.05). The median survival times in the low ECW/TBW groups (370 days; 95% CI: 168, not calculated) was significantly longer than in the high ECW/TBW groups (101 days; 95% CI: 61, 219) (p<0.001).

Conclusion: Although PhA was associated with mortality, this association was largely mediated by the ECW/TBW ratio.

Keywords: bioelectrical impedance analysis, body composition, phase angle, ECW/TBW

Biography

Nagato Katsura, MD.PhD. of Kyoto University Graduate School of Medicine, Gastroenterological Surgery, now belonged to Kobe University Graduate School of Medicine, Department of Disaster and Emergency.



Edwin Oh

University of Nevada Las Vegas, United States

Identification and characterization of bioterrorism agents through the genomic and bioinformatic analyses of wastewater

The COVID-19 pandemic in the United States was exacerbated by the inability to track infections in a f L timely manner. Testing of humans revealed new public health challenges due to the lack of test kits and perhaps equally important, the lack of symptoms in up to 70% of infected communities. To address the testing challenge, we and others utilized wastewater monitoring programs to provide a cost-effective and scalable method to track the transmission of SAR-CoV-2 at the community (wastewater treatment plants and interceptor lines) and facility (dormitories, elementary schools, airports, homeless shelters, and senior living homes) level. Over the last three years, we have demonstrated that we can sequence microbial genomes (SARS-CoV-2, Influenza, and Monkeypox) from sewage with a genome coverage of more than 80% and more than 100X depth using tiled-amplicon library preparation kits. These metrics have enabled our team to use whole genome sequencing to track every SARS-CoV-2 variant including Alpha, Epsilon, Lambda, Delta, and Omicron in Nevada. Interestingly, viral genomes are not restricted to wastewater and we and others can also show that such genomes are present in stormwater due to a contribution from homeless populations living in tunnels and wildlife (primarily feral cats) in the area. These findings also revealed the identification of ultra-rare SARS-CoV-2 mutations in the spike protein that have never been identified in humans. Taken together, wastewater monitoring programs can be leveraged to complement public health efforts to track new and emerging pandemics.

DAY 01

IN-PERSON



Nagato Katsura*, MD, PhD, Hideto Oishi, MD

Department of Disaster and Emergency Medicine, Kobe University Graduate School of Medicine, Kusunoki chyou, Chyuohku, Kobe, Hyogo, Japan

Do you know Percutaneous Transesophageal Gastrotubing (PTEG) instead of PEG

Introduction: Percutaneous Transesophageal Gastrotubing (PTEG) was developed in 1994 by Ohisi for the procedure to ease advanced cancer patients with bowel obstruction with a subsequent case series published in 2003.

I want to introduce PTEG as an elementary administration route and drainage tool of bowel obstruction situation, and more, by comparing with the other two methods, NG tube and PEG.

Methods & Patients: 21 patients had been recruited, who had been treated by same doctor in three different private hospitals, Miyazu Takeda hospital, Otokoyama hospital, and Mukaijima Hospital in Kyoto, Japan, from July, 2015 to Novenber, 2021. All were suffered from pylorus stenosis due to advanced gastric cancer and contraindicate to operation because of several reasons. Six patients had already had PEG before finding gastric cancer. PTEG were performed for seven patients as a palliative method to decrease symptoms such as nausea, discomfort, vomiting and so on. Eight was set NG tube after refusing PTEG.

Technique for PTEG: Before operation, CT should be performed essentially. CT can give us very important information, which side the esophagus lies. Fujiki et al. reported that five percent patients have their esophagus in the right side of their neck.

PTEG procedure will be shown in presentation.

Discussion: PTEG is the excellent and elaborate procedure for both administration way of nutrition and drainage for gastrointestinal obstruction as a palliative care, however, as for now, have not been spread around the world widely. Some reasons prevent on-site doctors from performing operations of PTEG, for example, 1)the procedure of PTEG might be more difficult than that of PEG, 2)the criteria of the indication for PTEG might be stricter than those for PEG, or 3)clinical cost for PTEG might be higher than that of PEG. All of them can be said misunderstanding. Regarding for 1), using rapture free balloon (RFB catheter), this technique is proved as safe as, or safer than PEG. Regarding for 2), for instance, hypoalbuminemia is a contraindication for PEG, however, PTEG can be made under such malnutritional condition. Regarding for 3) understandings from now on.

This time, we have investigated about the best procedure as a palliative care method for the severe patients with gastroenteral obstruction due to advanced cancer, compared with nasa-gastric tube, PEG, and PTEG. As shown in results, PTEG might be validated the most excellent tool for drainage to placate their discomfort of terminal malignant patients.

Firstly, naso-gastric tube, in merit, does not need any surgical procedure so with no surgical complication. However, patients cannot avoid discomfort feelings in their nasal and laryngeal parts, and what is the worse, its placement for long period leads to occur aspiration pneumonia. ESPEN guide line also said if period of naso-gastric tube placement is going to reach over four weeks, PEG should be planed.

Secondly, PEG is a better procedure from the point of patients' discomfortable feeling. However, from the point of effectiveness of drainage, PEG was validated to be poor than that of PTEG in this research. As you know, PEG is placed in anterior wall of stomach. When patients lie in bed on supine position, PEG cannot drainage until the stomach become to be full with large amount of fluid. Fig.1 shows the dose change over time of each procedure. We should have much attention to Day 1 and Day 2. The drainage dose of PEG might not be enough within 2 days after starting to use. During this period, patients were likely to vomit and came to aspiration pneumonia. Such a situation might be caused from the position of PEG in the stomach. Before almost full stomach, little fluid is drainaged from PEG, so patients have likely vomited and aspirated some fluid from stomach to their lung unfortunately.

To the contrary, PTEG is placed at the fundic position, on the posterior side of stomach, so before their stomach becomes full, drainage will start naturally. Fig.1 shows enough dose of drainage from Day 1. As the result, aspiration pneumonia won't occur. From this point, naso-gastric tube also could drainage enough from Day 1, however, Table 1 showed the same occurrence rate with PEG, 50.0%. We speculate naso-gastric tube in the throat causes the difficulty of swallowing adequately.

For above these reasons, we select PTEG to get rid of the pain of severe patients with bowel obstruction due to advanced cancer.

Conclusion: PTEG could give us the best results to mitigate their discomfort and pain from bowel obstruction of advanced cancer patients, compared with naso-gastric tube and PEG. We should make more efforts to clear misunderstanding for PTEG to promote this excellent procedure known widely all over the world.

Biography

Nagato Katsura, MD.PhD. of Kyoto university Graduate School of Medicine, Gastroenterological Surgery, now belonged to Kobe University Graduate School of Medicine, Department of Disaster and Emergency, Diploma of European Society for Clinical Nutrition and Metabolism, (Sept. 2016).



Mr. Shola Abdulkabir Omotosho Public Health, Anglia Ruskin University, Cambridge, UK

The importance of oral hygiene in maintaining sound health

Oral health is one of the most neglected, yet important aspect of human health. Poor dental health has led to significant health complications in individuals who usually ignore brushing their teeth on daily basis. The most common reasons for this is the thirst for food and prioritizing other things perceived to be more important than oral health. However, the high rates of teeth decay and co-morbidities such as periodontal disease and oral cancer as a result of dental health deterioration is increasingly becoming alarming in Singapore. This presentation will provide a prerequisite exposure to measures at achieving proper oral healthcare among participants. It will serve as a revolutionary attempt to obtaining a change of perception and attitudes among citizens of Singapore.

Biography

Mr Shola Omotosho (MSc, HSE) studied public health at Anglia Ruskin University, Cambridge, UK and graduated as Master of Science in 2015. He then contributed to a research project aimed at investigating the energy efficient behaviour of students and the general population of Dr Alison Greig at the Global sustainability institute, Faculty of science and Technology at Anglia Ruskin University, Cambridge campus. He is a certified health, safety and environment professional; a certificate he obtained after successfully demonstrating academic excellence with distinction by completing all necessary training in the onshore and offshore safety institute professional development program.





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Cultural adaptation of a health manual to promote advance directives among the South Asian ethnic population in Hong Kong

Hong Kong is a multi-ethnic society with an increasing number and a large proportion (14.5 %) of South Asians currently living here. Anecdotal data shows that people of ethnic minorities in Hong Kong rarely receive specialized palliative care or engage in advance directive discussions. Language or cultural barriers may hinder these individuals' knowledge of and motivation to receive palliative care. Therefore, there is a need to tackle these barriers and enable ethnic minority people to benefit from palliative care services and advance directive.

This research project aims to promote an awareness and appreciation of the benefits and engagement of palliative care and AD among South Asian ethnic minority groups (Indians, Nepali and Pakistani) through culturally-adapted and language-sensitive health manuals, training of lay volunteers, conduct radio talk show, organize community roadshows and health talks in collaboration with local ethnic minority support centres that currently provide services to South Asians in Hong Kong.

Phase 1 of the project focused on the development of a health manual in English language on palliative care and cultural adaptation for the South Asian communities, including the Indian (English speaking), Nepali and Pakistani in Hong Kong. Phase 2 involved training of native speaking community volunteers to deliver radio talk shows, conduct community roadshows, organize exhibitions and health talks, and to disseminate the translated health manual (hard copy and e-copy) among South Asians in Hong Kong. Through in-depth interviews and expert review of Phase 1, this presentation will describe the experiences and processes of the cultural adaptation of the health manual.

A convenience sample of 30 South Asian participants recruited from community centres were invited to participate in individual interviews. The interviews were conducted at the community centres or other venues convenient to the participants. Based on the input received from the qualitative interview, the health manuals were modified (e.g., by changing the scenarios or wordings) to respect the cultural differences, while preserving the core elements and essential message of the material. The pre-final version was examined for the validity and clarity of the content by a panel of six members including health care providers, academics, and native speakers of English, Nepali and Urdu. The researcher then modified the material after receiving the members' responses. The modified manual with an anonymous summary of all responses were sent to the panel members to repeat the consensus survey process until a final version was obtained.

Audience Take Away Notes

- The study developed culturally- and language-adapted health manual to help healthcare providers
 provide services in palliative care or advance directive discussions. E-version of the manuals will be
 made available to public through websites of the university and other health care organizations
- The qualitative data updated clinicans' understanding of the culture-specific palliative care needs of ethnic minority groups and adopting a more active and systematic approach to providing palliative care, such as regular, structured screening of symptoms and the use of standardised advance directive kits in each ethnic language

Biography

Professor Carmen Chan is Alice Ho Miu Ling Nethersole Charity Foundation Endowed Professor of Nursing, and Vice Director (Education) of the Nethersole School of Nursing at the Chinese University of Hong Kong. She is a fellow of American Academy of Nursing and Hong Kong Academy of Nursing. Professor Chan has 30 years of academic experience. She demonstrated integrated scholarship in cancer and palliative care research which has broadly impacted on the profession, patients, families, community and nursing education. Her research expertise includes symptom management, psychosocial care, and advance care planning.



Mooketsi Molefi^{1*}, Thapelo Selaelo², Douglas J. Wiebe²

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The pay-period-what is means for road traffic accidents in Botswana

Background: Road traffic accidents (RTAs) continue to claim millions of lives across the globe, including in the developing world. In several settings, there is evidence suggesting that there could be some relationship between the occurrence of road traffic accidents and pay period. We, therefore, sought to investigate the relationship between pay-period and the burden of RTAs in Botswana.

Methods: Data for the year 2017 were obtained from the Botswana Police department, detailing the number, severity, and aggregated figures by month of all RTAs. The severity of the accidents was classified as fatal, serious, minor and damage to vehicle only, while the dates were dichotomized into non-pay period being 1st-17th of each month and pay-period as from 18th-4th of the next month. The pay-period is consistent with the Botswana government employees' salary calendar. Two sample proportion test was used to determine any difference between the non-pay-period and pay-period.

Results: A total of 16,049 road traffic accidents were registered between January-November of 2017. About 60%(n=9,684) occurred in the pay-period, while the rest occurred in the non-pay- period. By type, the accidents were mainly damage to the vehicle only type (n=9,147) accounting for 57% by proportion. Across all the months, there was a statistically significant difference between the proportion of RTAs that occurred during the pay-period versus non-pay-period, overall and even through the types of accidents (p<0.05).

Conclusion: There is a statistically significant proportion of RTAs that occur during the pay-period versus non-pay-period. Studies to investigate factors leading to the significant increase in RTAs in the pay-period are needed.

Keywords: Road traffic accidents, pay-period, non-payment period, Botswana



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FMEA on Telemedicine clinic

Background: Telemedicine is the use of digital information and communication technologies, such as Telephone conversation in the clinic to access health care services remotely and manage health care of patients. Heart Hospital was operating 14 clinics as Telemedicine clinics in 2020 and 15 clinics 2021. All clinics are operated at 7 a.m. - 3 p.m. All clinics are operated virtually except Anticoagulant & Warfarin clinics which are remained face to face consultation clinics. This study aimed to enhance the quality of telemedicine services by reducing errors and creating a safe user environment for Heart Hospital adults patient population. Failure mode and effects analysis tool (FMEA) was adopted to manage potential risks for sustainable digital transformation.

Objectives: FMEA tool is used to help identify failure modes and causes and assign appropriate risk scores. FMEA provides safer environment for patients, families, visitors and employees.

Methods: An eight-member multidisciplinary team conducted telemedicine FMEA to determine risk priority numbers (RPNs). The process included identifying the potential cause and effect failure mode of each step; measuring severity, probability, and detectability scores for RPNs; and generating strategies to decrease potential failures.

Results: This study identified 35 risk factors and 45 causes in seven major phases with a mean RPN of 83. This study used the FMEA results to develop improvement strategies for telemedicine services. It describes the actions suggested by the failure modes ranked on the RPN. Based on this, this study proposed an action plan for the implementation of telemedicine for Heart Hospital adults population patients.

Conclusion: To correct these failure modes, action plan is set out to be implemented by responsible assigned persons within the Heart Hospital. FMEA identifies and evaluates the potential risks of telemedicine services. The selected priorities reduce the clinical risks of Heart Hospital adults population patients who use telemedicine services by weighting clinical actions.



Fahima Mohammed Said Al Harthy*, Khalid Al Busaidi, Aisha Salim Al Mamari Asma Hassan Al Zaabi, Zubaida Al Balushi, Shakila Al Habsi, Kamila Al Alawi, Mudhar Mohammed Al Adawi

Royal Hospital, Maternity Unit Nurse, Ministry of Health (MOH), Oman Academic Coordinator of Midwifery Programme, Higher Institute of Health Specialties, Oman

Senior Public Health Specialist, MOH, Oman

The hesitance of Nurses to apply for midwifery specialization: Explorative qualitative study in Oman

This study targets to study the reason behind the general Nurses not to apply for Midwifery Program. This qualitative exploratory study was conducted at the largest tertiary health care hospital in Oman. Data collection started on March 2022 until April 2022.

Purposive sampling was applied to recruit the participants of this study. Nurses who did not meet the inclusion criteria were excluded from the study such as midwives, applied for midwifery and accepted. Data collection process yield twenty five nurses for data collection process. Triangulation was applied during data collection to allow maximum data required to answer the research question. The triangulation used were, three focus group discussions with nurses who are working at maternity unit and not willing to pursue the midwifery qualification, one to one interview with ward nurses at maternity unit to explore the challenges from the perspectives of leadership, and one to one interview with nurses who applied for Midwifery course and dropped.

The tool was reviewed by expertise in qualitative study and Human Recourse. The protocol included demographic data such as age, Marital Status, Geographical location, and years of experiences. Additional information was collected about introductory statements such as their career in maternal nursing and what does maternal nursing care means to them. The second Question was about the factors associated with the hesitance to apply for the midwifery specialization and what are their opinions about midwifery, what factors motivate and demotivate the nurses to apply for midwifery program. Then the third question was about the impact of midwifery program specialty, consequences of midwives shortage at maternity unit in their opinion and the effect of the specialization to their social life, adding to that, the researchers asked who can support the midwives.

After analyzing the data using thematic coding, three over-arching broad categories were developed:

- 1) Nurses' perceptions about working in maternity wards.
- 2) Factors influencing the decision to study midwifery program.
- 3) Support and recommendation required for midwives.

This study revealed that Midwives are feeling proud to work in Delivery Suit. However, Nurses believe that due to various reasons, being a midwife can impact their health status due to stress, lack of team work, shortage of Midwives and nurses are not allowed to transfer out of DS after completing the program make them hesitant to apply for Midwifery.

Moreover, financial support, by having a designation, midwifery allowance and Leadership improvement will encourage the staff to apply for Midwifery Program.

Key Words: Perceptions, Midwives, Midwifery Program, General Nurses.

Audience Take Away Notes

- The audience will be able to identify the reasons behind the nurses not to apply for midwifery program
- What are the factors that contributes the nurses not to apply for the midwifery program
- What are the motivations and recommendations that the nurses required to apply for midwifery program?
- Identify the factors and work on the gaps and recommendations to have more participating in midwifery program
- After knowing the factors and nurses' requirement's they will be able to select the best methods of teaching a midwives for best practice
- By implanting the recommendations of the nurses and work on motivating them to apply for midwifery program
- Get a way to motivate the nurses to apply for midwifery program, implement their recommendations and work on the current gaps, give more awareness about the midwifery practice

Biography

Ms Fahima Al Harthy an experience of 16 years as staff Nurse/Midwife, I am working at Royal Hospital, the biggest Hospital in Oman as a tertiary hospital which received all high risk cases all over Oman. I have been working in Maternity Unit with different experiences as staff Nurse, Senior Nurse, Shift In charge, Midwife and ward in charge and Unit Nurse for the last 18 years. Since November 2020 I have moved as part time to work with Career Development Center (CDC) twice per week as a new Project at Royal Hospital. Then from April 2021 till December 2021 I joined PMS project at Royal Hospital as a core member & received 160 hours coaching from HR consultant. I have Published a research about Breastfeeding on 1st November 2021 under the name of Perceptions, beliefs and societal Factors impacting on exclusive breastfeeding of primiparous mothers; exploratory study.



PUBLIC HEALTH

CONFERENCE



Self care CAM practices and the response of CAM use in patients

Nomplementary and Alternative Medicine (CAM), (has grown to be a major branch of health care in the west, as well as becoming a multibillion dollar industry, and has had a fairly strong utilization in nursing students and faculty. Although many students noted that their Self-Care practices had changed during the pandemic, 89.6% of our students noted that they focused on self-care. Although 70% compared to 76.5% of students in 2017 noted that they were users of CAM, 63.1% of the students found CAM somewhat to very effective while 7.35% were neutral about effectiveness and 1.47% found CAM very ineffective. It has been interesting to see how well nursing students support CAM utilization in their clients and patients. While 83.94% of the 2017 respondents noted that they support CAM use among their patients, only 76.4% of our current students supported CAM use. Amazingly, 23.5% were neutral in their support of CAM practices in their clients/patients, while 4.4% noted themselves as uneasy in the use of CAM practice among their clients/patients.

In these recent times when hospital access has been curtailed for clients, and training limited for students, health care practices of both are essential in maintaining good health and preventing unnecessary illness. Reviewing current self-care practices may assist us in support of good health care practices in our students and with their clients and patients.

Audience Take Away Notes

- Identify CAM practices
- Describe common CAM practices for nursing students in Hawaii
- Identify CAM practices that may be viewed as supportive of good health



Patricia M Burrell^{1*}, PhD, APRN, BC, CNE & Jean Chow² RN, PhD

¹Hawaii Pacific University, School of Nursing, Honolulu, Hawaii

²University of Calgary, United States

Biography

Dr. Burrell obtained her BSN from Northeastern University, Boston, Massachusetts; her MSN from the University of Hawaii at Manoa, Honolulu, Hawaii; her PhD from the University of Utah, Salt Lake City, Utah and her 1st Post-Doc from the C. G. Jung Institute, Zurich, Switzerland. She is a Professor of Nursing at Hawaii Pacific University's College of Health and Society and is also Director of the Transcultural Nursing Center at HPU. She is a Transcultural Nursing Scholar. Dr. Burrell has a part-time practice in Psychiatric/Mental Health Nursing and as a Jungian analyst.



Decision support for detecting infections in frail elderly: Development of Early Detection of Infection Scale (EDIS)

Older adults who live in residential aged care are especially vulnerable to infection because of physical and cognitive decline, as demonstrated during the Covid-19 pandemic. Signs and symptoms of infection are often lacking or atypical, while specific ones, especially failure to present fever are absent. Consequently, aged residents experience increased antibiotic usage, clinical complications, hospital admission, and mortality. Monitoring signs and symptoms using decision support tools is one approach that could help improve early detection ensuring timely treatment and effective care. In this presentation, we describe the development of the decision support tool EDIS (Early detection of infection scale) for standardized assessment to detect infection in frail elderly early on.

EDIS is based on interviews with nursing or care assistants (NA), who provide most of the daily individual care. Therefore, they have opportunity to observe changes that might be early signs and symptoms of infection. In the interviews NA used the expression "he / she is not as usual" to lower normal body tempera who is usually worried becomes apathetic, the resident who usually speaks uninhibited becomes silent. The expression "he / she seems to be ill", was more a statement of general signs and symptoms of illness, such as temperature assessed as fever, respiratory tract symptoms, urinary tract symptoms, wound infection, etc. Also, as frail elderly may have lower normal body temperature it is reasonable to assume also lower temperature in fever. Therefore, EDIS use an increase of at least 1°C increase from individual normal temperature and feeling of illness/change in behaviour, as temperature in fever. EDIS has recently been clinically validated and a preliminary analysis shows that NA's observations together with at least 1°C increase from individual normal temperature can facilitate detection of suspected infection early on.

Audience Take Away Notes

- EDIS makes it easier for first line caregivers to systematically assess changes in health conditions in fragile elderly people
- Observation can be communicated in a standardized way further in the care process
- EDIS contributes to the decision not staying at the wrong level of care



Marta Sund Levander*, Ewa Grodzinsky & Pia Tingstrom

Faculty of Medicine, Department of Nursing, Linkoping University, Sweden

Biography

Marta Sund Levander, RN, Ph.D, Senior Associate Professor, senior researcher and lecturer at the Medical Faculty Linkoping University, Sweden. She teaches nursing students at the undergraduate, specialist, and advanced levels. She has several years of clinical and research experience as a specialized nurse, especially in critical care, eldercare, infection control, and research and development. Her research area is assessment and evaluation of body temperature and its clinical implications, such as signs and symptoms of infection in critically ill, frail elderly and children. She has published about 45 papers in scientific journals and popular science papers and textbooks for health professional students and clinical practice. She is a member in the international expert group ISO ISO/TC 121/SC 3/JWG 8 "Clinical thermometers".

Co-author Ewa Grodzinsky, Reg. Biomedical Laboratory Scientist, PhD., Associated Professor, is a senior research scientist at the Medical



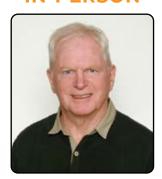
Faculty, Linkoping University, Sweden. She has been teaching biomedical laboratory sciences at the undergraduate, specialist, and advanced levels with several inter-professionals PhD students. She has several years of clinical and research experience in development, metrology, and improvement in laboratory science. Her contribution to this book is focus on measurement accuracy and the area of immunology in a physiological and clinical perspective.

Co-author Pia Tingstrom, Reg. Nurse, Ph.D., Associated Professor, is a senior researcher and university lecturer at the Medical Faculty Linkoping University, Sweden. She teaches nursing students at the undergraduate, specialist, and advanced levels. She has several years of clinical and research experience as a specialized nurse, especially in primary care. Her research is about educational processes in health-care, which affects both the learning of patients and their relatives, but also the learning of professionals and students. Nursing the frail elderly is another area of research she is involved in.



PUBLIC HEALTH

CONFERENCE



Patrick McGowan University of Victoria, Canada

Implementing a peer-led self-management program to slow down/ prevent progression of frailty

The Telephone Self-Management Coach Program was developed in 2014 by Self-Management BC and since then has been implemented to nearly 3,000 seniors experiencing difficulty managing chronic health conditions. Two studies have been conducted to validate the feasibility, viability and effectiveness of self-management peer coaching with seniors. The first longitudinal study (2017-2019), found that a pragmatic low-cost telephone self-management peer coaching intervention assisted persons with type 2 diabetes to improve healthy behaviours and better self-manage their diabetes.

The second study (2019-21), a RCT, evaluated the relative effectiveness of using peer coaches compared to using coaches where participants were also provided with three assistive devices, namely: A wrist watch; a scale which tracked weight, heart rate, body composition and environmental data; and a sleep pad that tracked sleep cycles. Several results stood out, namely that participants who worked with a coach (alone) reported decreased depression, higher activation levels, better handling of role limitations due to physical health, higher energy levels, better social functioning, and better communication with their physician. Participants who had devices along with a coach showed similar improvements on all of these measures, with even larger decreases in depression severity. In addition, participants with devices also improved in terms of their self-efficacy, better handling of role limitations due to emotional problems, higher level of emotional well-being, lower pain, and higher general health ratings. None of the covariates tested sex, age, education level and number of chronic conditions-contributed to the differences in outcome measures. The additional use of home-based electronic devices connected to an app showed further benefits. These results held for all participants and were not impacted by the COVID-19 interruption, nor were there differential effects based on age, sex and education level.

The key implication for public health practice and policy is that a relatively inexpensive, easy to implement peer-delivered telephone Self-Management Health Coach Program has been shown to be effective in helping people with chronic health conditions manage their health outcomes, even without devices. Adding the devices further enhanced the experiences of the participants. The shortage of general practitioners could be eased by incorporating peer coaches, with or without the devices, to help patients, likely of all ages, manage their chronic health issues. A third study, which will start in the Spring of 2023, will implement and evaluate a community peer-led coaching three-month weekly intervention that may slow down and/or prevent the progression of frailty in older adults. The intervention will include teaching participants to use self-management support strategies and provision of education on incorporating the Canadian Frailty Network AVOID strategy into their lives. This presentation will describe the intervention, how it will be implemented, study design and outcome measures used in the previous studies and in the future study, and some key lessons learned conducting this research over the past six years.



Biography

Dr. McGowan is a Professor in the School of Public Health and Social Policy at the University of Victoria, Associate Director of the Institute on Aging & Lifelong Health, and Director of Self-Management BC. Over the last 35 years, his focus has been on investigating aspects of health education for persons experiencing chronic health conditions and researching the effectiveness of self-management interventions for chronic health conditions. This research is conducted at community, provincial, national, and international levels. He is also involved in integrating self-management support into clinical settings. Dr. McGowan is based in Delta, British Columbia.





Shalabh Srivastava*, Praveen Deorani

Data Science and Technology, MOH office for Healthcare Transformation, Singapore

Prospects of risk-adjusted capitation financing for value-based healthcare in Singapore

Singapore's rapidly aging population and changing lifestyles are raising the prevalence of chronic diseases. Such progression in population health will increase healthcare costs and stress on the system. The fee-for-service model tends to increase the amount of health care delivered. Therefore, it is necessary to incentivize healthcare in such a manner so that the providers are galvanized to optimize the resources and innovate care models. This is where capitation financing for value-based healthcare comes in. Capitation funds healthcare providers for the concerned population to deliver the required care to the at-risk population on a per capita basis and is subjected to budget constraints for a specified period. However, there is a need for the model to include the diversity in the demography in terms of age, health, and enviro-economic factors to predict the risk which might affect the cost of care.

Our work is based on the demography, clinical profile, and cost of Singapore's citizens and permanent residents. The model takes the input of each individual's demographic and clinical profile to predict the cost incurred in the subsequent year. The model achieved an R2 score of 12% with a low bias of less than 10% in various groups of demography.

Audience Take Away Notes

- Assess the need for financing to execute Value-Based Healthcare in Singapore
- To illustrate the methodology for risk adjusted capitation model
- Demonstrate the results and robustness of the model

Biography

Dr. Shalabh Srivastava is working as Assistant Data Scientist at MOHT, Singapore. As a data science professional, he is passionate about data-driven innovations for improving the population's health. He is working on risk-adjusted capitation modelling for a finance redesign project. He is also working on other projects, such as predicting disease progression in the population, predicting the transformation of population health stages with time, and analyzing the spatial prevalence of diabetes for the healthy precinct project. Before joining MOHT, Dr. Shalabh Srivastava secured his Ph.D. in the Electrical Computer Engineering Department at the National University of Singapore.



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The occupational healthcare of workers in Gig economy

Introduction: Sustainability of gig work has been questioned due to the high incidence of occupational injuries and accidents and challenges in employee well-being (e.g., Hopkins, 2017; Hunefeld et al., 2020). Gig workers often have poorer work conditions than permanent workers. The gig workers are mostly young and inexperienced and work in low-skilled occupations. Therefore, they are considered a vulnerable group of workers. (Countouris ym. 2016, p. 24-27.) Gig work comprises employment contracts in terms of contingent work including independent contractors, platform work, crowd workers, work in shared economy and self-employment (Watson et al., 2021). It has become more common globally (International Labour Organization 2016, p. 87).

In Finland, employers are obliged to arrange and organize occupational healthcare (OHC) for their workers, including gig workers. OHC consists of the activities of qualified occupational physicians, occupational health nurses, occupational physiotherapists, and occupational psychologists. The services are mostly provided by private healthcare companies. The goal is to promote workers' work ability by preventing work-related illnesses and accidents and boosting safety and health at work in co-operation with the employer and the workers. (Occupational Healthcare Act 1383/2001.)

In our study, we focused on workers employed directly in a workplace with part-time, periodic, or zero-hours contract or hired through a temporary work agency. Our aim was to produce new knowledge and add understanding about OHC involvement in promoting gig workers' occupational safety and health.

Our research question was: How are the OHC services arranged and organized in the gig work context, and what are the potential development needs, according to the experiences of OHC professionals?

Methods: We conducted a qualitative, descriptive study in 2021 and 2022 in Finland. The data were collected with semi-structured interviews individually, in pairs or groups. We asked four occupational health nurses, one occupational health physician, and two OHC key account managers, about arrangements and organization of OHC services to gig workers. Our focus was on their experiences of co-operation, orientation, communication, and support of work ability in such employment contracts. The interview protocol was tested beforehand. The interviews lasted about one hour each and they were recorded. Inductive content analysis method was used for the data analysis.

Results: The preliminary results show that arrangements and organization of OHC often fail regarding safety and health promotion of gig workers. Development needs lie in the insufficient co-operation and unclear roles of the actors. The triangular employment relationship challenges co-operation in temporary agency work, and as such, involvement of OHC. When considering our results, the unique OHC system in Finland should be acknowledged.

Conclusion: OHC has an important role in promotion of gig workers' work ability in co-operation with the



employers and the workers. Greater involvement of OHC in occupational safety and health promotion of gig workers is needed to prevent work-related illnesses and accidents.

Audience Take Away Notes

- The results of this study produce new knowledge and add understanding about OHC involvement in gig workers' occupational safety and health promotion in a Finnish context
- The results contribute in developing good occupational safety and health practices regarding gig work in workplaces
- Future research needs are discussed especially of the opportunities and barriers of occupational safety and health promotion in temporary agency work globally

Biography

Master of Public Health (MPH), MSc (ergonomics), occupational physiotherapist, Dr. Riitta Karkkainen studied public health in the University of Tromso, Norway following studies of ergonomics and occupational health at the University of Eastern Finland. She received her PhD degree in 2019. Work well-being-related topics, including return-to-work support for workers with job burnout, are her main research interests. Currently, she works at the Satakunta University of Applied Sciences in Pori, Finland and is a member of a national project team exploring health, safety and well-being in gig work. This conference abstract is part of the project research.



Jane MurrayNorthumbria University, United Kingdom

Reflecting on the therapeutic value of telling lies to patients with Dementia

Wholetruth, untruths and lies was an ethnographic study of communication between professional caregivers and people with dementia, which lead to the development of a Taxonomy of Lies and the Lie ARM (Affective Reflective Model). The aim of the two tools, is to help people reflect on their communication practices and consider if the lies that they tell are therapeutic. The Taxonomy helps people to think about specific elements of their communication in an objective way. The Lie ARM then prompts them to think about how the communication was made; was it genuine? What was the motivation? Did it validate the patients' emotions? It is the affective domains that have ultimately been shown to have the biggest impact on the receiver, that is, the person with dementia. Motivation and genuineness are key elements in validating a person's emotions and delivering a therapeutic interaction.

This presentation will discuss the key themes in the Taxonomy of Lies and demonstrate how the Lie ARM can be used to develop practice by meeting the needs of people with dementia in a kinder, more personcentred way.

Biography

Dr Jane Murray is a Senior Lecturer in Mental Health at Northumbria University, Newcastle. Her main areas of interest are older persons mental health, particularly dementia and its' associated issues. She teaches these topics across the pre and post registration nursing curriculums, as well as teaching onto the social work and other allied professional courses. Jane has also taught extensively into Malaysia and Borneo, focussed on both mental health and the older person and contemporary issues in Malaysian healthcare. She also teaches in Shanghai at the Shanghai University of Traditional Chinese Medicine. Her other main area of interest is simulation in mental health. Jane is the lead for simulation in mental health at Northumbria, and has also developed a specific reflective tool for using in this area of teaching and learning, called ECoDEL – the Emotional and Cognitive Debrief for Enhanced Learning. This was recommended by the CNO for GB as an example of good practice in 2012. Since developing ECoDEL, Jane has spoken about simulation in mental health and the development of ECoDEL, both nationally and internationally, including the UK, Malaysia and North America. Jane is currently promoting the use of ECoDEL and simulation across other areas of education for mental health professionals.

DAY 02

IN-PERSON



Maria Edvardsson^{1*}, Sund Levander M², Milberg A³, Ernerudh J⁴, Wressle E⁵, Marcusson J⁶ & Grodzinsky E⁷

¹Reg. BLS, PhD, Department of Local Health, and Department of Medicine and Health Sciences, Linkoping University, Finspang, Sweden ²RNT, Associate professor, Department of Medicine and Health Sciences, Linkoping University, Linkoping, Sweden ³MD, Associate professor, Department of Medicine and Health Sciences, Linkoping University, Linkoping, Sweden

Classification of 80-year-old individuals into healthy, moderately healthy and frail based on different frailty scores affects the interpretation of laboratory results

Background: Interpretation laboratory analytes is crucial when assessing the patient's condition. Reference intervals from apparently healthy, disease-free individuals may cause problems when outcomes from elderly patients with chronic diseases and on medications are being interpreted. Elderly individuals is a heterogenous group ranging from individuals managing their daily life independently to individuals with diseases and impairment, in need of nursing care around the clock i.e. frail; a term widely used although there is no consensus on the definition.

Aims: To study the effect of classification of elderly into healthy, moderately healthy and frail, based on activities of daily living (ADL) and Mini-Mental State Examination (MMSE) or Frailty Index (FI), on the interpretation of outcomes regarding: albumin, alanine aminotransferase (ALT), aspartate aminotransferase (AST), creatinine and gamma-glutamy ltransferase (g-GT) levels.

Methods: Individuals >=80 years (n=568), were classified either on ADL and MMSE, or number of deficits, (FI).

Results: Individuals classified as frail based on FI had lower mean levels for ALT, creatinine and g-GT than individuals classified based on ADL and MMSE (p<0.05).

Discussion: When dividing the elderly into healthy, moderately healthy, and frail, as in the present study, the reference intervals provided by the Nordic Reference Interval Project seem to be appropriate for the healthy and moderately healthy, but not for the group of frail elderly individuals, independent of classification model.

Conclusions: The model to define health status to some extent affected laboratory analyte levels in ≥80-year-olds, classified as healthy, moderately healthy and frail based on ADL and MMSE versus FI.

Key words: Aging, frail elderly, analyte, reference interval, clinical interpretation

Biography

Maria Edvardsson, Reg BLS, Ph.D, researcher at the Medical Faculty Linkoping University, Sweden. Her thesis deals about the diffculties in interpreting results os laboratory analysis for elderly individuals. The research has continued further by studying platelets in patients with type 2 diabetes or dementia. In the addition to her clinial work in the laboratory area, she also work as a research coordinator in primary health care in Ostergotland, Sweden.



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Utilizing immersive theatre to reduce HIV-Related stigma and discrimination among sexual minority populations

Background: Despite advances in biomedical HIV prevention modalities such as pre-exposure prophylaxis to prevent the transmission of HIV, racial/ethnic and sexual/gender minority populations are disproportionately impacted by the HIV epidemic. Alarming rates of HIV have persisted among Black gay and bisexual men, particularly in Southern states.

Methods: Utilizing data from the ViiV ACCELERATE! Initiative, we explored the impact of As Much As I Can, an immersive theatre production, on HIV-related stigma behaviors. A self-administered post-performance survey was conducted with a cohort (n=322) of randomly selected audience members.

Results: Overall, the results showed participants had a highly favorable experience, rating the performance with a mean score of 9.77/ 10. Respondents indicated they intended to change behaviors to promote HIV prevention education and to reduce stigma and discrimination including: 1) Say something if I hear stigmatizing language against people living with HIV (75.4%), 2) Say something if I hear anti-gay language (69.7%) and 3) Tell others about HIV prevention options (e.g., PrEP, PEP, condoms (64.1%). The findings show there is an association between HIV-related behavior intention and linkage to HIV care. Respondents who reported they were more likely to say something about HIV stigma were almost 3 times (O.R. 2.77; 95% C.I. 0.98 – 7.8) more likely to indicate they would follow up with a healthcare professional.

Conclusions: This study suggests that immersive theatre is an effective method for communicating HIV prevention education and reducing HIV-related structural stigma and discrimination that increases HIV vulnerability for Black sexual minority men.

Biography

Dr. Burns is an Assistant Professor at the University of Mississippi Medical Center/John D. Bower School of Population Health in the Department of Population Health Science. His work focuses on identifying the pathways and mechanisms through which structural (macrosocial) and social (behavioral and cultural) factors influence HIV vulnerability among key populations. His research findings have subsequently been used to: 1) develop and test theoretically grounded measurements of social and spatial factors that influence HIV-related sexual risk behavior, 2) assess the social and environmental determinants of HIV/AIDS and 3) implement community-engaged solutions to improve access and uptake of live-saving HIV prevention. The implications of his work are multilevel and multidisciplinary and span the life- course—with an emphasis on vulnerable populations, including adolescents and youth, women, and girls, and racial/ethnic and sexual/gender minorities, both in the U.S. and globally.

DAY 02

IN-PERSON



Winnie Agwang*, Andrew K. Tusubira, Joanita Nangendo, Sherifah Nabikande, Tom Okello, Joan Tusabe, Fred C. Semitala, Simon Kasasa, Joseph K.B. Matovu

Makerere University School of Public Health, Uganda

Willingness to take Pre-Exposure Prophylaxis (PrEP) among high-risk young men aged 10-24 years in Masese fishing community, Jinja district, Uganda

Background: Globally, Pre-Exposure Prophylaxis (PrEP) is an HIV prevention strategy for high-risk populations including fishing communities. However, some communities have not embraced PrEP. We therefore assessed willingness to take PrEP among high-risk young men and their understanding of PrEP in a fishing community in Uganda.

Methods: We conducted a cross-sectional study, between October and November 2020, using quantitative and qualitative data collection methods among young men aged 10-24 years in Masese fishing community, Eastern Uganda. We surveyed 479 young men, who had two or more sexual partners with inconsistent or no condom use. Participants who reported they would take PrEP when provided were categorized as willing. We also conducted four focus group discussions (n=32) among a purposive sample of young men to explore understanding of PrEP. We conducted multivariable modified Poisson regression for the quantitative and thematic analysis for qualitative data.

Results: Overall, 86.4% (n=414/479) of the participants were willing to take PrEP. Willingness to take PrEP was significantly lower among single/never married participants compared to the married (adjusted Prevalence Ratio (aPR)=0.92;95%CI:0.87,0.98). Willingness to take PrEP was higher among participants who self-perceived to be high-risk for HIV (aPR=1.11;95%CI:1.03,1.20); perceived less PrEP side-effects (aPR=1.56;95%CI:1.55,2.24) and would obtain PrEP within their community (aPR=1.40;95%CI:1.25,1.57). From the discussions, participants described PrEP as a drug used to prevent HIV, but some could not differentiate PrEP from Post-Exposure Prophylaxis and did not know when it was taken. Some participants feared that PrEP would lead to loss of libido while some feared it would increase sexual activity and expose them to other venereal diseases.

Conclusion: There was high willingness to take PrEP among young men in fishing communities. Strategies to improve PrEP interventions may be more effective if they target single men and provision of PrEP within such communities. Health education will also improve understanding of PrEP and promote risk awareness.

Key words: Willingness, PrEP, Adolescent Boys and Young men, Fishing community, HIV prevention

Biography

Winnie is a results-oriented public health and laboratory officer currently working with Baylor college of medicine, children's foundation, Uganda under the Global health security directorate. Winnie has a Master of public Health from Makerere University, a post graduate diploma in project planning and management and a Bachelors in Biomedical laboratory Technology. She has also pursued short courses in Clinical epidemiology and Improving Global Health: Focusing on Quality and Safety from the University of California, San Francisco and Harvard Global Health Institute, Harvard T.H. Chan School of Public Health respectively. Winnie has been part of the Erasmus student exchange program between Makerere University, Uganda and Nottingham Trent University in the United Kingdom. Over the years, she has worked with a number of institutions-Makerere University joint AIDS Program, Makerere university school of

public health, Ministry of Health and Infectious diseases institute training, mentoring and building capacity of staff in work places and strengthening systems, including health facilities on HIV/TB, COVID-19, Ebola, laboratory quality & Biorisk management and disease surveillance. Through this, she has gained experience in clinical diagnosis, research, with focus on qualitative & quantitative research, scientific writing and surveillance. Her most recent research was carried out on HIV prevention using Pre-Exposure Prophylaxis (PrEP) among high risk adolescent boys and young men supported by faculty at Makerere university school of public and the Makerere Behavioural and social sciences program.

She is a highly motivated, self-driven person, focused team player with good communication and interpersonal skills, has a positive can-do attitude, is willing to learn with the ability to multi-task and work under minimum supervision. She is also a fast learner and can easily adopt to new environments and conditions. Winnie is seeking to advance her career in Global Health Security and her personal objectives are to improve health through timely diagnosis and research, to promote sustainable quality health care services through health systems strengthening and build capacity of health care providers- "Success without successors is not success".

DAY 02

IN-PERSON



Hiba HashimSimmons University, United States

Increasing vaccine equity among lower income countries in the Global South

The US and other European countries continue to develop effective vaccine technologies through both public and private funding. Due to their higher economic standing, they are able to pour money into research, development, and dissemination of these vaccines with ease.

However, middle and low income countries cannot afford to do so. They are limited financially and lack the technological facilities to mass produce vaccines. Therefore, there is a widening health equity gap between countries in the Global North versus the South.

As of now, billions of residents within low and middle income countries (LMICs) have been unable to receive the first dose of the Covid-19 vaccine. The lack of equitable access to vaccine technologies is a form of vaccine apartheid, which is a major social justice issue. One method to reducing this equity gap would be to advocate for the approval of time-limited intellectual property rights waivers. These waivers would allow LMICs to replicate effective mRNA vaccines without legal consequence. Currently, the US and a majority of EU countries are blocking this proposal. The purpose of this research study is to use a global equity lens to examine how corporate interests and other structural factors are influencing high income countries to stand against Covid-19 intellectual property right waivers.

Biography

Hiba Hashim is a MPH candidate in Health Equity at Simmons University. She is currently a Communications Specialist for ICF International working on US federal healthcare projects. Her research is focused on exploring the inequitable distribution of vaccine technologies among lower income countries (LMICs). In collaboration with international NGOs, Justice is Global and People Helping People, she aims to build global support for the TRIPs waiver, increased access to vaccine resources, and the development of vaccine facilities in LMICs.





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Low-cost breast pump hire in the Neonatal Intensive Care Unit: an evaluation of women's experiences and infant feeding outcomes at hospital discharge

Background: Premature infants are at increased risk for mortality and long-term comorbidities. Mother's own breast milk is considered the nutritional 'gold standard' for high-risk infants, due to the immediate, short, and long-term benefits.

Low birth-weight infants may not exhibit the physiological maturity to feed at the breast directly for weeks or months after birth, therefore mothers are reliant on the need to express their breast milk for their infant. Mothers are encouraged to express their milk 8-12 times per day (24hr period) to establish and maintain their milk supply. The most efficient way to achieve this long-term breast expression is with a hospital grade double electric breast pump.

To respond to women's need for low cost breast pump hire, hospital grade double electric breast pumps were made available for families to hire at a significantly reduced cost. To be eligible, women needed to have given birth to an infant less than 32 weeks and/ or less than 1500gm. The aim of this study was to determine women's satisfaction of using the low-cost breast pump hire program and their breastfeeding outcomes following discharge.

Methods: A prospective telephone survey was undertaken to evaluate women's experiences and satisfaction of using the low-cost breast pump hire program. A retrospective audit was undertaken to evaluate infant feeding outcomes at hospital discharge of women involved in the program.

Results: The majority of women surveyed were extremely satisfied with the low-cost breast pump hire program. All infants of mothers who had hired a low-cost breast pump received breast milk during their admission and most were receiving some breast milk at hospital discharge. There were no breast pump losses or damages and all but one woman paid their hire fees.

Conclusion: The implementation of a low cost breast pump hire service supported the provision of equitable care, increasing women's ability to access a double electric hospital grade breast pump and provide expressed breast milk for their infant.

Audience Take Away Notes

- Benefits for infants who receive mothers own breast milk in the Neonatal Intensive Care Unit
- Insights about the outcomes when a health service offers a low cost breast pump service
- Practical information about how to administer a low cost breast pump hire service, potentially
 increasing provision of mothers own milk for infants, decreasing infant mortality and long term co
 morbidities



Biography

Mrs. Jessica Hughes studied a Bachelor of Nursing at the University of South Australia in regional Australia and graduated in 2011. Jessica has pursued a career in Neonatal Intensive Care & Maternity Nursing and qualified as an International Board Certified Lactation Consultant in 2019. Jessica currently project manages the Baby Friendly Health Initiative accreditation and leads a large team of Clinical Nurse/Midwife Consultants within a tertiary Women's and Children's hospital in metropolitan Melbourne, Australia.

DAY 02

IN-PERSON



Lina Abdelrahman Osman Hemmeda*, Mushrega Hassan Ahmed Abdalla, Mihrab Magid Hasan Mostafa, Lena Anwer Abd-Algadir Mustafa, Maab Khalid Hussien Mohammed, Maram Mohammed Osman Alnafarwi, Leena Hamza Abdelgder Abd Almohsin, Maab Omer Aboubakr Mahmoud, Alaa T. Omer

Faculty of Medicine, University of Khartoum, Khartoum, Sudan

A qualitative assessment of high school girl's perspectives and experience of female genital mutilation in Wad Elhabashi Village, River Nile State, Sudan

Background: Female genital mutilation and cutting is a common and dangerous practice. In Africa, the Middle East, and Asia, female genital cutting (FGC) is a prevalent ritual. This study aims at discussing the experience and knowledge about FGM among secondary school girls by conducting this study we add much knowledge about FGM and what is the possible step to decrease or stop this habit.

Methods: A qualitative deductive study with thematic analysis was conducted. A total number of 42 female high school students were recruited purposely and divided into five focus groups, each included girls from four different high school classes of the main school of the study area. A topic guide was prepared and used to lead the focus groups. Thematic analysis was used, and the study days had been categorized into four themes: knowledge, procedure and performance, experience, and practice. The condensed meaning units of each theme were identified then categorized to formulate sub-themes.

Results: all the participants indicated that FGM is a traditional practice in the village. The vast majority have heard about it from the family either from their mothers or their grandmother's. Regarding the procedure, all the participants agreed that midwifes perform FGM but most of them mentioned that they cut something and sew it but they don't know what it is, while mothers and grandmothers are the decisions makers of FGM according to all participants. The majority of the participants stated that there is no difference between the circumcised and uncircumcised girls. Most of the participants agreed that circumcision has negative side effects. They have mentioned pain, difficult urination and walking as early side effects, while psychological impacts and labor obstruction as late ones. Generally, the majority of the participants agreed that circumcision should stop, and most of them also knew that it is not beneficial.

Conclusion: This study concluded that the knowledge regarding the danger of FGM among high-school girls is better than what is expected in relation to the high prevalence of the practice though. Namely, it concluded that the process is generally understood, the exact performers are known, the experience is universal and the side effects are absolutely acknowledged.

Audience Take Away Notes

- Exposure to the Sudanese rural areas beliefs and practices
- Knowing about qualitative research methods and analysis
- Signify the importance of health education programs as tools of simple intervention for critical healthcare problems

Biography

Lina Hemmeda is a fifth year medical student from Sudan. Focusing on solution-based actions she found herself melting into leadership and NGOs environments, taking numerous roles as a research and science advocate, and as an activist in evidence-based practice. She had over three years of research experience with articles published in pubmed indexed journals.





Abeer Osman Mukhtar Elabid*, Aya Mohammed Haiba, Osman Mohammed, Ibrahim Abba, Alkhansa Saad

Faculty of Medicine, University of Khartoum, Khartoum, Sudan

Knowledge attitude and practice towards female genital mutilation among health care providers in Khartoum state, Sudan 2022

Background: FGM/C (female genital mutilation and cutting) is a dangerous traditional practice that has detrimental effects on girls' and women's health and wellbeing. Therefore, in order to ensure that persons impacted by the practice are protected, health care professionals (HCPs) are expected to be knowledgeable about how to recognize and treat these effects. get high-quality medical care. Additionally, they are able to play a significant role in the prevention of the practice thanks to their integration and validity within the communities. However, the HCPs' perspectives on FGM/C have not been studied in African contexts. By assessing the knowledge, attitudes, and practices of FGM/C among HCPs working in Khartoum and Khartoum Locality, this study aims to further this field of knowledge.

Method: This was a cross-sectional health facility-based study at four hospitals in two localities in Khartoum state in the period from October 2022 to December 2022. A multistage cluster sampling was applied, and a four-part questionnaire consisting of sociodemographic data, knowledge, attitude, and practice toward FGM was used. Two medical students and two house officers helped in collecting data from targeted populations (house officers, registrars, and consultants in obstetrics and gynecology, pediatrics, and anesthesia, as well as medical officers and health workers), which was analyzed using SPSS version 26 to find correlations between the various variables. Ethical clearance was obtained from the University of Khartoum Community Medicine Department.

Result: The study included 148 health care providers (115 female and 33 male). The response rate was 81.7%. the majority of whom were between the ages of 20 and 29. There is a significant relationship between age and years of experience and knowledge, and gender and attitude. The majority (46%), and those with more than 5 years of experience (23%), were registrars. They had a moderate level of knowledge (65%); the most common type is type 1 (Sunnah); 35%; the most common cause is deeply cultural; and the most common complication is the need for an episiotomy during labor. The attitude was good (86%), and the practice was very low (5%). Knowledge about the concept of medicalization is at 54%, 30% agree with it, and 18% believe it makes the practice safer.

Conclusion: Despite the positive attitude and low practice, the percentage of knowledge is relatively low. Because we live in a country where this practice is prevalent, we urgently need to train health care providers to deal with FGM complications and understand the concept of medicalization and its negative impact on female health.

Key words: female genital mutilation, circumcision, health care providers, knowledge, attitude, practice, KAP, Khartoum, medicalization.

Audience Take Away Notes

- Exposure to the traditional and cultural Knowledge about female genital mutilation and its affect on girls' and women's wellbeing in a country with a high prevalence like Sudan
- study the knowledge of health care providers in dealing with FGM complications and their attitudes and practices toward it
- Identify the concept of medicalization from the perspective of health care providers and its effect on procedures
- Signify the importance of health education programs for the Sudanese community and training sessions for health care providers to learn how to deal with complications and their role in stopping this problem

Biography

Abeer Elabid is a fifth-year medical student at Khartoum University, Sudan. She was interested in preventive medicine, so she was the head of the students' health office in a faculty and managed many programs, like hepatitis B vaccination and water supply sanitation, and directed many health education sessions. She found herself melting into public health programs, mental health events, women's rights, and NGOs' environments; she was also interested in voluntary work and joined many committees like Rifga; she also had a deep passion for and good experience in research, especially in women's rights topics and public health issues.





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Comparing the psychosocial health conditions of women with and without breast cancer

Introduction: Women with breast cancer often have cluster of psychosocial symptoms, including poor sleep, fatigue, and mood disturbance, across the cancer trajectory. Understanding the psychosocial health conditions of women with breast cancer can help the healthcare professionals plan for the rehabilitative interventions and preventive measures for cancer recurrence. Thus, this study aimed at comparing the psychosocial health conditions between women with and without breast cancer.

Methods: A total of 32 women with breast cancer (in stages I to III) with mean age of 47 years old and mean period after cancer-related operation of 20 months were recruited from local breast cancer help-self groups. To compare with the women without breast cancer, another 32 age-matched control were recruited from the general public. After written informed consent obtained, the participants completed the socio-demographic data sheet and the self-reported questionnaires, including the Pittsburgh Sleep Quality Index (PSQI), Fatigue Assessment Scale (FAS) and Hospital Anxiety and Depression Scale (HADS).

Results: Among the women with breast cancer, 59% of them were poor sleepers (5 \leq PSQI), 68% of them had fatigue symtoms (FAS \geq 22), 43% of them had borderline to abnormal level of anxiety (HADS anxiety subscale 8 to 21) and 21% of them had borderline to abnormal level of depression (HADS depression subscale 8 to 21), respectively. Women with breast cancer had significantly higher mean PSQI [(mean \pm SD) 7.19 \pm 4.17; t = -2.67, p = 0.01)], FAS (25.97 \pm 7.32, t = -2.91, p = 0.005), HADS-anxiety subscale (6.78 \pm 3.34, t = -3.50, p = 0.001) and HADS-depression subscale (4.72 \pm 3.59, t = -2.91, p = 0.005) scores than those of the women without breast cancer. Furthermore, there were significant group differences between women with and without breast cancer in PSQI sub-scores, including sleep disturbance (t = -2.55, p = 0.013), latency (t = -2.50, p = 0.015), quality (t = -2.11, p = 0.039), and efficiency (t = -3.71, p < 0.001), but not in sleep duration (t = 1.36, p > 0.05), day dysfunction (t = -1.69, p > 0.05), and use of medication for sleep (t = -1.03, p > 0.05).

Conclusion: Women with breast cancer have higher levels of poor sleep, fatigue, and anxiety and depression than women without breast cancer. Further study is warranted to examine the effects of intervention aiming at improving the psychosocial health conditions among this vulnerable group.

- Among the middle-age women, higher proportion of those with breast cancer have disturbed sleep, fatigue, and mood disturbance than those without
- These psychosocial problems will affect their quality of life and increase risk of cancer recurrence
- Healthcare professionals should design and investigate the interventions to improve the psychosocial health conditions of women with breast cancer



Ms. Sarah Wong is a Senior Lecturer at the School of Nursing and Health Studies at Hong Kong Metropolitan University. She received her Master degree in Cardiology from The Chinese University of Hong Kong. Ms. Wong is specialized in the field of public health and haematology. Her research interests include cancer rehabilitation and exercise therapy.

IN-PERSON



Jyoti Somabhai Patel*, Ajinkya Date, Akash Pawar, Oindrila Roy Chowdhury

Department of Preventive Oncology, Tata Memorial Centre, Mumbai, Maharashtra, India.

Awareness regarding the adverse effect of tobacco among labor staff in the tertiary cancer hospital

Associated health risks and increasing mortality with tobacco consumption have been increasing. If people involved in health care of the community practice the same it may further increase the magnitude of the problem. In spite of continued efforts by the government, tobacco consumption is still a growing public health concern. Tobacco is not only a sociocultural problem but multi-faceted with economic, biomedical and geopolitical parts in numerous fragments of India.

Aim: To Asses Awareness regarding the adverse effect of tobacco among labor staff in the tertiary cancer hospital.

To assess the prevalence and reasons of tobacco consumption among health care workers (housekeeping staff and nursing orderlies) of a tertiary care center.

Methods: A survey-based cross-sectional study of 195 labor staff, in Tata memorial hospital, assessed awareness regarding the adverse effect of tobacco. It was a fully mixed concurrent dominant status design a with dominant quantitative part Cross-sectional design was used. The qualitative component used phenomenology.

Keywords: low/middle-income countries (LMICs), phenomenology adveffects effect, smokeless tobacco (SLT), sociocultural

Biography

Jyotiben Somabhai Patel has completed her Diploma in General Nursing And Midwifery from L.G. hospital, from Gujarat Nursing Council, Ahmadabad in the year 1992. She has done a course in Infection Control, from S.N.D.T College, Mumbai, conducted in Tata Memorial Hospital in the year 2002, She has done 1st and 2nd degree of reiki therapy from Gujrat, Baroda, She has completed a Head And Neck Cancer Certificate Course, from Tata Memorial Hospital in the year 2006. She completed her Diploma In Nursing Administration from Indira Gandhi Open University, Mumbai in the year 2012. She received her MBA degree in Hospital Administration from ICFAI (Sikkim, Manipal University) Mumbai in the year 2016 She completed a Central Venous Access Device (CVAD) from S.N.D.T College Mumbai in the year 2017. She completed her study MSC in counseling and spiritual health from Annamalai university, Tamilnadu in the year 2019-2021, India. She has been awarded for her contribution by Radiation Medicine Centre, BARC, Mumbai in the year 2014. She presented her study TITLE- "To assess knowledge about breast cancer awareness among novice nurses in tertiary cancer center", At the Allied academies' 16th international conference in Germany, in the year 2019. She has done a study "To Assess the Knowledge and Awareness about Breast, Cervical, and Oral Cancer Screening Among Oncology Nurses in Tertiary Cancer Centre", Published in the Journal of Oncology Research Review & Report 2021. Currently working as a Nurse manager in the department of Preventive Oncology at Tata Memorial Hospital. Mumbai, India.

IN-PERSON



Ayushi SharmaBoston Consulting Group, New Delhi, India

Key considerations for strengthening Global Pandemic preparedness & response for future outbreaks

Pandemic preparedness & response (PPR) has risen to prominence as the frequency and impact of pathogen prone pandemic is escalating. The most recent COVID-19 pandemic exposed weaknesses in PPR in nearly all countries. Early identification of COVID-19 cases and clusters for rapid containment was hampered by inadequate diagnostic capacity, insufficient contact tracing, fragmented data systems, incomplete data insights for public health responders, and poor governance of all these elements.

Pandemic preparedness should remain a top priority across governments even post-COVID-19 pandemic. Besides COVID-19, there are multiple examples of emerging and re-emerging diseases that should be continuously tracked and controlled in order to avoid a new pandemic crisis with devastating global impacts.

Global community launched a wide-ranging pandemic response to COVID-19 as it spread around the world. However, many challenges revealed gaps in global pandemic preparedness such as limited technology capabilities, lack of adequate healthcare infrastructure, broken supply chain etc.

PPR strategy rests on following key pillars:

- Governance & Policy: Governments need to establish response frameworks to ensure fast response during crises
- Strategic Partnerships: Establish long-term relationships among public, private and global organizations
- Surveillance: Creating a robust surveillance capability to prepare for the next pandemic requires both global and domestic coordination
- Supply Chains: Creating a robust surveillance capability to prepare for the next pandemic requires both global and domestic coordination

Data Infrastructure: Governments should build a robust data collection network during steady stage in preparation for pandemic response

Audience Take Away Notes

This research would enable diverse stakeholders within the Global Public Health space to design global/regional PPR strategy/interventions and improve their understanding on:

- key levers of PPR
- · key actions required from different stakeholders that need to come together to strengthen global PPR
- ensuring and investing in preparedness before a crisis strikes can saves lives and ultimately save money.

Ayushi Sharma is an experienced Public Health professional from India. She completed her Bachelor's degree in Microbiology from the University of Delhi and MBA in Healthcare Management from Indian Institute of Health Management & Research. She has extensive experience in Global Health Strategy Advisory and has worked closely with International Development Agencies and Public Sector clients on a range of topics including Health System Strengthening, RMNCH, Digital Health, Disease Control and Eradication and Private Sector Engagement in improving health outcomes.



Nurul Bahirah Binte Adnan^{1,2}* Hila Ariela Dafny^{1,2}, Claire Baldwin^{1,2}, Samantha Jakimowitz³, Debra Chalmers⁴, Ammar Moh'd Ahmad Aroury^{1,2}, Gavin Beccaria⁵, Diane Chamberlain^{1,2}

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⁵School of Psychology and Wellbeing, University of Southern Queensland, Toowomba, New South Wales, Australia

Mitigating the impacts of COVID-19 on critical care: An umbrella realist review of individual focused interventions for healthcare professionals

Background: Critical care healthcare professionals (CCHP) are threatened by high rates of burn-out and psychological comorbidities. Current research proposed an increase and exacerbation of these impacts from COVID-19 pandemic. Mental health disorders such as moral distress, compassion fatigue, and traumatic-stress disorders are at its peak, with little attention to seek resources to mitigate these experiences. It has contributed to low levels of well-being, which is vital to CCHP's ability to engage within the workplace and provide quality and safe care to patients. The objective was to determine how, what, for whom, and under what circumstances individual-focused interventions are effective to improve well-being and decrease burn-out symptoms amongst critical care healthcare professionals.

Method: This umbrella realist review searched for published and unpublished meta-analysis and systematic reviews between 2016 and 2020. Databases used included Web of Science, MEDLINE, CINAHL, PsychInfo, Scopus, ISRCTN, and ClinicalTrials.gov. Data was extracted and analysed using the analytical thinking process of juxtaposition, reconciling, adjunction, consolidation of data, and situation of evidence to determine relationships between context, mechanisms, and outcomes (CMOs). The CMO enabled development of theory prepositions, which was used to refine the initial program theory.

Results: 17 reviews were mapped and a total of 81 individual-focused interventions were identified and categorised into the following divisions: cognitive-behavioural therapy, mindfulness, coping, and self-care strategies. Findings determined contextual factors such as workload; work schedules, personality traits, and ethnicity were routinely identified and were crucial components that determined the effectiveness of the intervention. Implicit identifications of mechanisms included the intervention's ability to be accepted, interesting, and receptive. From this, six theory prepositions were developed, which suggested tailoring, structured education, engagement, self-awareness, overlooking work stressors, and unity of interventions and measures as imperative components to consider when implementing individual-focused interventions for critical care healthcare professionals.

Conclusion: Although the solution to decreasing burn-out and its symptoms are complex, this review offers a reliable and realistic reporting of outcomes to facilitate the implementation of individual-focused interventions in the 'real world'. The lack of focus on critical care advocates future research to seek validation, such as through an expert opinion to attain better understanding of mechanisms, contextual factors, and their interactions for such population. Determining individual-focused interventions for critical care can potentially address the impacts of COVID-19 as it provides resources for CCHPs to utilise to maintain their mental health, improve well-being, and decrease potential burn-out symptoms.



Audience Take Away Notes

- The audience can understand current individual-focused interventions and its use to improve wellbeing and decrease burn-out and its symptoms
- The research demonstrates a large gap in determining individual-focused interventions for critical care healthcare professionals, especially during an era where burn-out is at its peak. It provides researchers with an understanding that further in-depth investigation is required in this field
- The application of realist evaluation provides a realistic view on the problem at hand and provides an understanding of why, how, and under what circumstances individual-focused interventions may or may not work. This method encourages researchers to have a better understanding of reality, what is needed, and assists in the path of knowledge translation of these individual-focused interventions
- It provides a foundation to the solutions of mitigating mental health impacts of COVID-19 on both critical care and healthcare professionals at large

Biography

Nurul Adnan is a PhD Candidate at Flinders University in the College of Nursing and Health Sciences under the guidance of Professor Diane Chamberlain, Dr Claire Baldwin, and Dr Hila Dafny. She graduated from Flinders University Bachelor of Nursing in 2017 and continued her journey to completing an Honors program in 2019. Currently, her PhD focuses on investigating individual-focused interventions to promote critical care healthcare professional's well-being and prevent burn-out and its symptoms.

IN-PERSON



Michaels Aibangbee^{1*}, Sowbhagya Michael^{2,8}, Pranee Liamputtong³, Elias Mpofu^{4,5,6,7}, Tinashe Dune^{8,9}

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Socio-Ecological factors characterizing migrants and refugee youth's sexual and reproductive health and rights

Background: The challenges migrants and refugee youth (MRY) experience in maintaining their sexual and reproductive health and rights (SRHR) continues to be a global public health issue. Consequently, MRY are more likely to encounter adverse SRH experiences due to limited access to and knowledge of SRH services. Using a socio-ecological framework, this study examined the MRY's SRHR micro-level experiences to macro-levels analyses of SRH-related social systems and constructions.

Methods: Eighteen focus groups were conducted using participatory action research (PAR) methodology to understand the phenomena. The focus groups included MRY participants (ages 16-26) living in Greater Western Sydney and facilitated by youth project liaisons (YPL). The data was afterwards synthesised and analysed using the thematic-synthesis method.

Results: In total, 86 MRY (male n= 25, female n= 61) MRY (across 20 different cultural backgrounds) participated in the focus groups. The findings identified socio-ecological factors characterising MRY SRHR, highlighting facilitators such as social media and significant barriers such as lack of access to services and socio-cultural dissonance and the under-implementation of SRHR support and services by MRY. Key themes from the data included traditional and institutional stigma, lack of SRH education, high reliance on social media for SRH information, anonymity and privacy concerns.

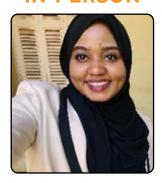
Conclusion: The data shows a limited extent to which MRY SRHR is considered and the intergenerational understanding and stigma affecting the rights of MRY. Therefore, these findings suggest a need for policies and practices to empower MRY's agency through a collaborative SRHR strategy and policy design to maintain relevance in multicultural contexts.

- Learn about socio-ecological factors affecting migrant and refugee youth's access and utilization of sexual and reproductive health services, and the impact of these factors on health outcomes
- They will also learn about the role of service providers and policymakers in creating culturally safe services for these youth, and the importance of focusing on the sexual and reproductive health and rights of migrant and refugee youth as a means of improving both individual and community health outcomes
- Gain insights on engaging MRY using a PAR approach in understanding their experiences in relation to SRH and their human rights and the impact on their agency and decision-making in healthcare outcomes



Michaels Aibangbee is a PhD candidate in the School of Health Sciences, Western Sydney University. His thesis focuses on understanding the perspectives and experiences of young migrants and refugees' sexual reproductive health and rights. As a Psychotherapist, Michaels focuses on engaging stakeholders, advocating, navigating and bridging existing systems to support the holistic well-being of the CALD population.

IN-PERSON



Fathiya Awadalla Musa Abbakar University of Khartoum, Sudan

Knowledge, attitude and practice regarding monkey pox among medical doctors at Ibrahim Malik teaching hospital, Khartoum, Sudan 2022

Background: Viruses are potential biological weapons with the ability to destroy health and economic systems; COVID-19 is a living example of this, and we are all too familiar with the disasters that have resulted from it. In the shadow of this pandemic, shedding light on new emerging diseases like monkey pox virus (MPV) will help us control it early on, avoiding future obstacles and possible disease evolution.

Objective: This study aims to assess the awareness of Sudanese doctors at Ibrahim Malik Teaching Hospital about the Monkey pox virus in terms of knowledge, attitude, and practice.

Methods: This was a cross-sectional hospital-based study that took place at Ibrahim Malik Teaching Hospital in Khartoum state from October to November 2022. A purposive sample was chosen to cover the 168 sample size, and a three-part questionnaire consisting of socio-demographic data, knowledge about monkey pox, and attitude and practice questions was used. Statistical Package for Social Sciences (SPSS) was used to analyze the data and to establish the relationship between the various variables. Moreover, Khartoum University and the Ministry of Health both granted ethical approval.

Results: 168 medical doctors took part in this study. No significant association was found between doctors' knowledge about MPV and their recent practice during this outbreak (p=0.83). In contrast to that, doctors' knowledge and attitude showed a significant correlation (p= 0.00).

Conclusion: Medical doctors' knowledge about MPV was good but there is knowledge gap in the area of treatment and prevention. We should dedicate our efforts in the part of evidence-based medicine and continuous knowledge assessment of the doctors should be applied. As well, we recommend establishing clinical guidelines and treatment protocol regarding MPV.

Audience Take Away Notes

- Knowing about the re-emerging monkey pox disease
- Know a hint about doctor's knowledge, attitude and practice and correlation between them
- Focusing on the importance of evidence-based medicine and continuous knowledge assessment

Biography

Fathiya Awadalla is a fifth year medical student at university of Khartoum from Sudan. Passionate about learning of the new diseases and the epidemiology of them.





Anthony Kityo1* and Sang-Ah Lee1,2

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The intake of ultra-processed foods, all-cause, cancer and cardiovascular mortality in the health examinees (HEXA) cohort

Background: The relationship between ultra-processed food (UPF) intake and mortality is unknown despite the rise in the intake of UPF in Asian countries. This study examined the association of UPF intake with all-cause, cancer and cardiovascular disease (CVD) mortality.

Methods: Participants were 113,576 adults who responded to a 106-item food frequency questionnaire at recruitment of the 2004-2013 Health Examinees (HEXA) study, a prospective cohort study in Korea. UPF were defined using the NOVA classification and evaluated as quartiles of the proportion of UPF in the diet (% total food weight). Multivariable cox-regression and restricted cubic spline models were used to examine the association of UPF intake with all-cause and cause specific mortality.

Findings: 3456 deaths were recorded during a median follow-up of 10.6 (interquartile range, 9.5-11.9) years. There was no evidence of association of total UPF intake with all-cause, cancer or CVD mortality comparing the highest with the lowest quartiles of UPF intake (all-cause mortality, men: hazard ratio [HR] 1.08, 95% confidence interval [CI] 0.95-1.22; women: HR 0.95, 95% CI 0.81-1.11; cancer mortality, men: HR 1.02, 95% confidence interval [CI] 0.84-1.22; women: HR 1.02, 95% CI 0.83-1.26; CVD mortality, men: HR 0.88, 95% CI 0.64-1.22; women: HR 0.80, 95% CI 0.53-1.19). However, the risk of all-cause mortality increased in both men and women with high consumption of ultra-processed red meat and fish (men, HR 1.26, 95% CI 1.11-1.43); women, HR 1.22 95% CI 1.05-1.43); and in men with high consumption of ultra-processed milk (HR 1.13, 95% CI 1.01-1.26); and soymilk drink (HR 1.12, 95% CI 1.00-1.25).

Conclusion: We found no evidence of association between total UPF intake with all-cause, cancer and CVD mortality, but ultra-processed red meat and fish in both sexes, and milk and soymilk drinks in men were positively associated with all-cause mortality.

Keywords: ultra-processed food, red meat, NOVA, mortality, cohort study, spline analysis, dose-response

- Consumption of whole or minimally processed foods in place of ultra-processed meat, milk and soy
 beverages may be of interest to the Korean population-but further evidence is required to substantiate
 this claim
- Faculty members should form consortia of cohorts from Asian countries, and conduct pooled analyses
 on the impact of UPF consumption on multiple health outcomes to solve the limitations of low UPF
 intake and fewer cases in individual cohorts
- The findings of this study further raise the question of why total UPF intake is not associated with mortality in Korea-inconsistent with existing literature from



Mr. Kityo completed his Bachelor's degree in Human Nutrition from Makerere University-Uganda, and graduated with a MSc in Food Science and Nutrition in 2019 from Kyungpook National University, Korea. In 2021, He enrolled for a PhD in Preventive Medicine at Kangwon National University in Korea, focusing on Nutrition and cancer epidemiology under Prof Sang-Ah Lee. He has so far published 6 papers including 3 papers in SCI journals.

IN-PERSON



Robert A. Sloan, Ph.DDepartment of Social and Behavioral Medicine, Kagoshima University Graduate Medical School, Kagoshima 890-8520, Japan

Fitness as a vital sign and population health metric

The evidence that cardiorespiratory fitness (CRF) predicts morbidity and mortality independent of common risk factors is indisputable. However, CRF is impractical to measure in healthcare or community health settings. We used a new estimated cardiorespiratory fitness (eCRF) algorithm based on 42,676 healthy adults that use information routinely documented in electronic health care records to predict abnormal blood glucose incidence. Participants were adults (17.8% female) 20-81 years old at baseline from the Aerobics Center Longitudinal Study between 1979 and 2006. eCRF was based on sex, age, body mass index, resting heart rate, resting blood pressure, and smoking status. CRF was measured by maximal treadmill testing. Cox proportional hazards regression models were established using eCRF and CRF as independent variables predicting the abnormal blood glucose incidence while adjusting for covariates. Of 8,602 participants at risk at baseline, 3,580 (41.6%) developed abnormal blood glucose during an average of 4.9 years follow-up. The average eCRF of 12.03 \pm 1.75 METs was equivalent to the CRF of 12.15 \pm 2.40 METs within the 10% equivalence limit. In fully adjusted models, the estimated risks were the same (Hazard Ratios = 0.96), eCRF (95% C.I.s = 0.93-0.99), and CRF (95% CI of 0.94-0.98). Each 1-MET increase was associated with a 4% reduced risk. ECRF can be a vital sign and population health metric used for research and prevention.

Audience Take Away Notes

- The audience will be able to learn the importance of cardiorespiratory fitness measurement and the
 value of estimated cardiorespiratory fitness (eCRF) in population health assessment, healthcare, and
 research
- The audience will learn how to apply the eCRF algorithm to their work
- This research is designed for other faculty to use and expand their research or teaching
- The eCRF solution is designed to embed in electronic health record software or adhoc with population health data
- Currently, the solution can help aid in abnormal glucose prediction
- The research will be applied across morbidity, mortality, and demography

Biography

Dr. Robert Sloan has worked as a researcher and practitioner in the USA, Japan, and Singapore. Currently, he holds a tenured position in the faculty of medicine at Kagoshima University Graduate Medical School. His research focus is on chronic disease prevention. He has served as a subject matter expert for the U.S. Navy Public Health Centre and as a Deputy Director of the Singapore Ministry of Health-Health Promotion Board. He trained at the Ochsner Heart and Vascular Institute in New Orleans, LA, and the Cooper Institute for Aerobics Research in Dallas, TX. He completed a Ph.D. in Public Health, M.A. in Exercise Science & Health Promotion, and a B.A. in Psychology.



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Alexander Reznik, Ph.D.¹*, Ph.D.¹, Akihiro Masuyama, Ph.D.², Daichi Sugawara, Ph.D.³, Richard Isralowitz, Ph.D.⁴

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"Help" profession students from Israel and Japan: An examination of COVID 19 Impact on loneliness and other Psycho-Emotional behaviors

Purpose: Prolonged, or severe loneliness due to the COVID-19 pandemic can have negative consequences for those experiencing it; and there is a dearth of empirical evidence about this condition among university students. The purpose of this cross-national study was to examine the association of COVID-19 on loneliness among university students from the "help" professions of medicine, nursing, social work, and psychology, and its consequences in terms of mental health, substance use and eating behavior.

Methods: Data were collected from a prospective sample of Japanese and Israeli university students. The online survey included 660 respondents – 225 Japanese and 435 Israeli, 37% male and 63% female. Data were collected from October 2021 to January 2022. The present study used research instruments to gauge the association of COVID-19 fear and its association with psycho-emotional behavior, loneliness, resilience, burnout, substance use (i.e., tobacco, alcohol, and prescription drugs), eating behavior. All instruments used for this research evidenced high reliability in Hebrew and Japanese. Statistical analysis was performed using SPSS (version 25).

Results: 31% of Israeli and 40% of Japanese students reported increased loneliness during the COVID-19 pandemic. Emotional and social related factors of loneliness were more prevalent among Japanese students. Regardless of country status, gender and religiosity were not found associated with loneliness. Two-way ANOVA of country and psycho-emotional deterioration as well as country and unhealthy eating behavior evidence significant differences in terms of loneliness. Also, COVID-19 fear and burnout were higher among Japanese students and these students evidenced lower resilience. Overall, regardless of nationality, loneliness was found to be significantly associated with fear, burnout, resilience, and substance use. n addition, a negative association was found between loneliness and age - younger students were more inclined to express loneliness.

Conclusions: Pandemic conditions tend to be associated with loneliness and psycho-emotional well-being. Current study findings from Israel and Japan confirm the association in terms of student fear, burnout, unhealthy eating behavior and substance use. Further research is needed, across locations and overtime, to verify these findings and determine the long-term consequences of the pandemic including those that may be associated with ethnic background.

- The issue of mental health during the COVID-19 pandemic and beyond is a major public health challenge
- Deterioration of the psycho-emotional well-being of "help" profession (i.e., medicine, psychology, social work, nursing) students is associated with function ability and increased loneliness

- Preventing increased substance use (e.g., tobacco, alcohol, and prescription drugs) and harmful eating
 behaviour (including the intake of increased levels of salt and sugar foods) during the pandemic is a
 public health challenge with implications associated with managing COVID-19-related fears, stress, and
 loneliness. This especially important for "help" professionals who are role models for health prevention
 and intervention on individual and community levels.
- University leadership personnel should be concerned about the negative impact of COVID-19 on "help" profession students; and intervention measures that may be needed to strengthen and support them through contact, counselling, and other forms of psychological assistance if necessary
- The impact of COVID-19 on students is related to national, cultural, gender, religious and other statuses. The university and its "help" profession areas of study and practice should be sensitive to these factors and take them into account for education, and intervention purposes

Dr. Alexander Reznik is Senior Research Associate, Regional Alcohol and Drug Abuse Research (RADAR) Center, Ben Gurion University of the Negev.He received his doctorate from the Institute of Psychology, Russian Academy of Sciences, Moscow. Dr. Reznik is the author of books and scientific publications on substance abuse among high-risk populations including former Soviet Union immigrants. His research interests include cross-cultural psychology, multicultural aspects of substance use, immigration, acculturation, and vulnerable populations.

IN-PERSON



Jie Hsu^{1*}, Gwo-Hwa Wan^{2,3,4,5}, Tai-Ho Hung^{5,6,7}, Te-Yao Hsu^{7,8}

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The influence of particulate matter and sulfur dioxide on blood pressure change in pregnant women and birth outcomes in fetuses

The purpose of this study was to evaluate the influences of outdoor air pollutants in the northern f L Taiwan area on blood pressure changes in pregnant women and their fetal birth outcomes. This study recruited the pregnant women aged 20 or above who live in northern Taiwan, including 54 healthy pregnant women and 15 women with pregnancy-induced hypertension (PIH) from the Department of Obstetrics and Gynecology in Taipei Chang Gung Memorial Hospital. Data of personal characteristics, prenatal examination, and fetal birth outcomes of recruited subjects and outdoor air pollutants concentrations are obtained in this study. This study showed that the age of pregnant women with PIH (38.15 years old) was significantly higher than healthy pregnant women (33.86 years old). We also observed that both gestational week (pregnant women with PIH: 37.03 weeks, healthy pregnant women: 38.82 weeks, P < 0.001) and fetal birth weight (pregnant women with PIH: 2689.33 gm, healthy pregnant women: 3035.09 gm, P = 0.002) were significantly different between the women with PIH and healthy pregnant women. No difference in fetal length was found between the two groups. Additionally, except that PM2.5 exposure of healthy pregnant women in the third trimester was slightly higher than the air quality standard of the Environmental Protection Administration in Taiwan, other air pollutants were all in line with the standard. Exposure to PM10 in the first trimester was positively associated with diastolic pressure (rs=0.9, P=0.037) and mean artery pressure (rs=0.9, P=0.037) in women with PIH. The exposure of PM10 and PM2.5 were not associated with fetal birth outcomes after adjusting for the group of pregnant women. However, every 0.1 ppb increment of SO2 exposure in the second trimester of pregnant women was related to the reduction of birth weight (-30.05 grams), chest (-0.15 cm) and abdominal circumferences (-0.14 cm). The preliminary conclusion of this study was that exposure to PM affects blood pressure changes in pregnant women with PIH, while SO2 exposure was negatively associated with fetal birth weight, chest and abdominal circumferences.

- Learn about the health effects of exposure to air pollutants during pregnancy on mothers and fetuses
- The underlying mechanisms of the relationship between exposure of air pollutants and pregnancy outcomes remain uncertain, and it is worth investigation in the future
- It is an important reference to pregnant women regarding how to avoid exposure to air pollutants and protect themselves



Jie, Hsu studied respiratory therapy at the Kaohsiung Medical University, Taiwan, and graduated as a bachelor in 2021. She then studies for a master's degree in clinical medical sciences at Chang Gung University, Taiwan. Now she joins and learns in the respiratory physiology laboratory of Professor Gwo-Hwa Wan at the department of respiratory therapy at Chang Gung University.



Waiprib Thanmattana Holy Innocents' High School, Singapore, Singapore

Role of HLA-C*04:01 distribution in Thai population: Contributions of the genetics marker with severity of COVID-19

NOVID-19 or Coronavirus is an infectious disease caused by the SARS-CoV2 virus, mainly affects the respiratory system which could be spread via contact or airborne. Symptoms include fever, cough, breathlessness, sore throat, and loss of taste or smell. It is fatal to some individuals after contracting the disease while others appear asymptomatic. Within the Human Leukocyte Antigen (HLA) is located on the short arm of chromosome 6 is associated with immune response. The specific HLA allele may present antigen to the T cell. Previous study, the HLA-C*04:01 allele was associated with a significant increase in the severe COVID-19 infection with OR (95% CI) =1.73 (1.20-2.49) and p-value <0.021. Our objective is to investigate the distribution of HLA-C*04:01 allele in Thai population. One-hundred ninety Thai individuals were enrolled in this study. Genomic DNA were extracted from EDTA whole blood by Genomic DNA Mini Kit. HLA-C alleles were genotyped by polymerase chain reaction sequence specific oligonucleotides (PCR-SSOs). We found the frequency of the top ten HLA-C alleles were HLA-C*01:02 (14.47%), HLA-C*08:01(12.11%), HLA-C*03:04 (10.26%), HLA-C*07:02(9.47%), HLA-C*03:02 (6.58%), HLA-C*12:02 (6.05%), HLA-C*04:01(5.79%), HLA-C*07:01 (5.53%), HLA-C*07:04 (4.47%), HLA-C*04:03 HLA-C*06:02 and HLA-C*15:02 (3.95%), HLA-C*14:02 (3.42%). Out of the 22 HLA-C*04:01 alleles present in the 190 in the Thai population, all of them are Heterozygous alleles. Furthermore, the frequencies of HLA-C*04:01 alleles were similar among Thai population and Caucasians, Hispanics, North Americans and Asians (p-value = 0.31, 0.07, 0.10 and 1.00 respectively), but there was significant difference when compared between Thais and African Americans with p-value = 0.04. From this research it could be concluded that the presence of HLA-C*04:01 distribution might be relevant in predicting the severity of the COVID-19 infection in the Thai population. We need further study in larger numbers of Thai patients with severe COVID-19.

Audience Take Away Notes

- With this knowledge the audience would be able to have an easier time to choose and locate the HLA-C
 alleles that are the most closely linked and responsible for the severity of the COVID-19 infection.
 This would aid those working in laboratories to efficiently identify patients who are more prone in the
 disease so that they would be able to seek treatment or isolate themselves as to prevent further spread
 of the disease to those around them
- The audience would also be able to know the frequency of the HLA-C alleles that are present in the general population of different races

Biography

Waiprib Thanmattana is a secondary 4 student that is currently studying at Holy Innocents' High School. She did a joint research with Dr. Patompong Satapornpong at Excellence Pharmacogenomics and Precision Medicine Centre, Rangsit University, Thailand regarding the HLA-C distribution in the Thai population.





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Factors related to the occupational commitment of nurses working in a university hospital in the Kanto area of Japan

This study explored the relationship between occupational commitment of nurses and work motivation, intention to continue working as a nurse, and intention to change occupation, aiming to develop support arrangements to improve occupational commitment. An anonymous self- rated questionnaire survey was conducted with nurses working in the participant university hospital in the Kanto area of Japan. Nurses who were in management positions, working part-time, and those who worked shorter hours than full time staff were excluded. The survey items included personal factors, a Japanese version of the Occupational Commitment Scale, the Work Motivation Scale for Nurses, work environment factors, professional behaviour, and stress factors.

Excluding the responses that had no answers to the questions of the Japanese version of the Occupational Commitment Scale and that included two or more choices to these questions, 447 (57.5%) valid responses (61 males, 386 females) were analyzed. The mean age, mean length of clinical experience (in years), mean total score of the occupational commitment were 28.52 ± 7.75 , 6.41 ± 6.19 , and 53.73 ± 6.67 , respectively.

The result of a multiple regression analysis showed the following factors as related to the occupational commitment: 'Wishing to continue working as nurses as long as possible' ($\pi = 0.380 \, \text{mp} < .01$), 'Wishing to change the career path or workplace' ($\pi = -0.115$, p < .05), 'Having a good relationship with the own patients/family' ($\pi = 0.108$, p < .05), and 'Having someone to consult with among other professions' ($\pi = 0.094$, p < .05). The adjusted R2 was 20%. Nurses who are 'Wishing to continue working as nurses as long as possible,' 'Having a good relationship with the own patients/family,' and 'Having someone to consult with among other professions' would have high occupational commitment, while nurses 'Wishing to change the career path or workplace' would have a low occupational commitment.

Further studies were needed to develop support arrangements to improve occupational commitment of nurses by obtaining more accurate knowledge of the factors influencing the explanatory and objective variables.

Audience Take Away Notes

- Work motivation was not associated with occupational commitment
- Nurses who are 'Wishing to continue working as nurses as long as possible', 'Having a good relationship
 with the own patients/family', and 'Having someone to consult with among other professions' would
 have high occupational commitment
- While nurses 'Wishing to change the career path or workplace' would have a low occupational commitment

Biography

I studied Nursing Management at the Graduate School of International University of Health and Welfare in Japan, and will receive my Master's degree in 2021. I am currently a doctoral student.





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Factors related to work engagement of nurses working in acute care hospitals

Turses working in acute care hospitals may be burdened by demanding work and interpersonal relationships, resulting in lower work engagement. This study aims to identify factors related to work engagement (positive and fulfilled psychological states toward work) of nurses working in acute-care hospitals in Japan. A self-administered questionnaire survey was conducted with 1,014 nurses working in two participating acute-care hospitals in the Kanto region of Japan. Survey items include questions from a Japanese short version of the Utrecht Work Engagement Scale (UWES), individual factors, workplace environmental factors, and a scale for leadership behaviors of nurse managers. Of the 1014 individuals to whom questionnaires were distributed, 562 (55.4%) responded. Of these 562, 423 had no deficits or duplicates in the Japanese version of the UWES and the Leadership Behavior Scale for Nursing Managers, but one assistant nurse and two persons with undescribed practice positions were included who were not eligible, leaving 420 (41.4%) for analysis. Multiple regression analysis showed that work engagement was higher among nurses who had higher motivation to learn(u = .310, p < .00) who felt more accomplished at work(\square = .284, p < .00), who wished to continue working at the current workplace (\square = .206, p < .00), and who had persons to consult about work problems(\square = .121, p < .001). The findings suggest that nursing managers need to develop and provide concrete measures to improve the work engagement of nurses working in acute-care hospitals. The measures include creating an environment for continued learning, such as providing training both inside and outside the hospital, and creating a workplace environment that leads to job satisfaction and willingness to continue working.

Audience Take Away Notes

- This study provides insight into factors related to work engagement among nurses working in acute care hospitals in Japan
- Can examine measures to improve work engagement of nurses working in acute care hospitals in Japan

Biography

I studied Nursing Management at International University of Health and Welfare Graduate School and received my Master's Degree in 2022.





Noriko Nishimura^{1*}, Eiko Suzuki²

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Awareness survey on second career for head nurses working at general hospitals

Background: The way nurses will work in the future, known as the 100-year life era, will require them to continue to contribute to society by making use of their careers and wealth of experience in the nursing profession even after retirement. This study examines awareness of second careers among head nurses who work at general hospitals.

Methods: A questionnaire survey was administered to 440 head nurses aged 40 years or older in prefecture A regarding their post-retirement employment preferences, desired position, department in which they work, employment status, and nursing management skills that could be applied to their work.

Result: There were 255 responses (response rate, 57.9%). Of these, more than 40% of the head nurses answered that they would like to continue working at their current workplace. And they said they would like to work part-time as part of the nursing staff. Their reasons for continuing to work were classified as wanting to use their experience to help others, liking nursing work, and financial difficulties. In addition, 84.3% of head nurses lacked preparation for their second career and lacked confidence in their own nursing skills and ability to work immediately.

Conclusion: The study found that head nurses are so immersed in their daily nursing management duties that they have little time or opportunity to think about or obtain information about second careers. We need to support them so that they can have a rich second career.

Audience Take Away Notes

- This study will prepare nurse managers for their second careers and thereby enrich their second careers
- It will lead to opportunities for nursing managers to reflect on their own abilities
- It will allow us to examine the utilization of human resources based on their experience and abilities as nursing managers

Biography

I have worked as a nurse at a university hospital for over 30 years, 15 of those as a nursing administrator. I am currently working as a faculty member at a nursing college and studying for a PhD. Nurse managers have a significant impact on the quality of nursing care and the culture of the workplace, I am interested in conducting research that will help support nurse managers.



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Characteristics of young nurses assertiveness

Objective: This study aimed to identify characteristics of assertiveness of young nurses.

Methods: A self-rating questionnaire survey was conducted with novice nurses of five hospitals where nursing directors expressed cooperation, from September to November of 2019. The questionnaire included the Nurse Assertiveness Scale (NAS), the emotional intelligence scale, and the team collaboration scale.

Results: The mean scores of NAS and emotional intelligence of females and males were different. The participants were 805 female and 72 male nurses: mean age 22.60 ± 3.07 ; mean NAS 67.4 ± 10.1 , and mean intelligence score 11.3 ± 2.2 . Female nurses were less assertive than males, with statistically significantly higher total NAS and subscale non-assertive scores than males (p < 0.01). The score of the unresponsive or aggressive attitudes was lower than males, but there was no significant difference in acceptance of improper evaluations. Examining the correlation with other continuous variables by the NAS total score and subscales (acceptance of improper evaluations, non-assertive, unresponsive or aggressive attitudes), the NAS total score was inversely correlated with self-confidence in nursing practice, rapidness of judgment, extroversion, and team cooperation, but correlated with burnout and neuroticism. By subscales, acceptance of improper evaluations was inversely correlated with emotional intelligence, being cut out for being nurses, self-confidence in nursing practice, diligence, and team collaboration, but correlated with burnout and neuroticism. A non-assertive attitude was inversely correlated with burnout and neuroticism. Unresponsive or aggressive attitude was only correlated with team collaboration.

Discussion: Female nurses were less assertive than male nurses, but there was no difference in the assertiveness of female and male nurses with passive attitudes, such as accepting improper evaluations of others. Nurses who cannot be assertive reported negative characteristics more strongly by lack of self-confidence in nursing practice, slowness of judgment, easy burnout tendencies, neuroticism, and poor team cooperation. Nurses who are likely to accept improper evaluations of others may display low emotional intelligence and poor diligence, and may need special education.

Biography

I am a professor at the International University of Health and Welfare. My major is Nursing Management Policy.



Pushpa Gole*, Jyoti Patel, Ajinkya Date Tata Memorial Hospital, India

To assess knowledge of occupational risks associated with solid waste management among novice nurses in the tertiary cancer hospital

Background: A maximum of tertiary care hospitals use radioisotopes for diagnostic and therapeutic applications. Safe disposal of radioactive waste is a vital component of the overall management of hospital waste. An important objective in radioactive waste management is to safeguard that the radiation exposure to an individual (Public, Radiation worker, Patient) and the environment does not overdo the prescribed safe limits. Disposal of Radioactive waste in the public domain is undertaken in accordance with the Atomic Energy (Safe disposal of radioactive waste) rules of 1987 promulgated by the Indian Central Government Atomic Energy Act 1962. Any eventual plan of a hospital that intends to use radioisotopes for diagnostic and therapeutic procedures needs to have sufficient infrastructural and workers resources to keep its ambient radiation levels within specified safe limits. Regular monitoring of hospital areas and radiation workers is mandatory to assess the quality of radiation safety. Records should be maintained to identify the quality and quantity of radioactive waste generated and the mode of its disposal. The Radiation Safety officer plays a key role in waste disposal operations.

Objective: The purpose of this study is to assess the level of knowledge among novice nurses in the tertiary cancer hospital about occupational risks associated with solid waste management

Design: Cross-sectional study. Conducted in Tata memorial hospital among a population aged 20 years and above, using a global standardized methodology to collect Training The study gathers information regarding the respondent's background characteristics, Radioactive waste management Knowledge.

Results: We have 100 participants under the study of which 46 completed GNM, 9 where GNM+1YEAR ONCOLOGY, 43 have completed their BSc and one has an MSc degree. Out of 100 participants, 68% have less than 5 years of experience 21% have experience of 5 to 15 years and 10% participants has more than 15 years of experience in that 47.5 % have Prior training on safety Radioactive waste management and 52.5 does not have any experience. Only 82% of participants agree to the use of Nuclear Medicine for Diagnosis therapeutic purposes. From the above 100 participants, 42.4 % said that any Nurse can work in the Radiation medicine department and 55.6% said not. Out of 100 47.5% of participants said that thermoluminescent dosimeters (TLD) Prevent Radiation and 44.4% have a different opinion.9.1% said that Radioactive waste is only in one form and the rest 86% said that Radioactive waste is three types: solid, liquid and gaseous states.18.2% of participants said that Anyone can Enter the Radiation Area and 81.8% have diff statements from above 18.2% participants .all were agreed to Pregnant Nurse cannot work in Radiation department. Everybody has a different opinion about after any radiation therapy used linen will go immediately to normal wash.68.7 percentage said no 27% said yes and 4 % said they do not know. Radiation decay documentation is always required but 30.3% have a different opinion. Everybody has different opinions about where Radiation spillage is handled by Nurses. Out of 100 participants, 18% people said that there is three colour code Segregation for solid bio-medical waste.38.4% AGREE with there are 4 colour codes and similarly 38.4% and 5% don't know about colour code Segregation of solid bio-medical waste.

Keywords: Ocupation, Waste management, Radiation



Audience Take Away Notes

- Complete scores were derived from 14 items that explored awareness regardingra dioactive waste management three items were demography, one item was about training Secondary, and the 10 items were knowledge questions
- Outcomes include working in an oncology hospital and awareness regarding the knowledge regarding radioactive waste management

Biography

Mrs Pushpa Gole working as Nurse in charge in Tata memorial Hospital since 1988,As present she is working as sister In charge in Intervention radiology department, She has completed following degree.





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MMA embolization in treatment for adult CSDH: A systematic review and meta analysis

Introduction: Surgical intervention is a commonly used for CSDH. However, surgical evacuation of CSDH is not without a fair share of complications such as acute SDH formation or recurrence of CSDH. Endovascular embolization of the middle meningeal artery (MMA) has been emerged as a minimally invasive method in recent years for treatment of CSDH. Hence, this systematic review and meta-analysis aim to evaluate the effectiveness of MMAE in treating CSDH as adjective vs surgical treatment alone and MMAE as upfront vs surgical treatment.

Methods: This systematic review in line with the PRISMA statement to perform a literature search.

Results: There are 21 studies included in this review. There were eight studies included for Meta-Analysis with 321 patients in the MMAE group and 1193 patients in the ST group. This meta-analysis showed in less recurrence rate in MMAE group (P<0.00001, I2= 26%). We further divided the study population into different groups based on the indication of MMAE (Adjunctive or sole treatment). MMAE as adjective treatment is more favourable than the ST group (P=0.0002, I2=0%) in six studies. Two studies using MMAE as sole therapy also showed more favour to the MMAE group (P=0.02, I2= 0%). In the reoperation rate that the result is favored the experiment group with P<0.0001, I2=6%. In MMAE as adjunctive treatment is shown favour to ST group with P=0.004, I2= 0%. There is no significate difference in complication. The subgroup analysis did not show differences either. Similarly, there is no significant difference in mortality (P=0.53, I2= 0%) and mRS score (P=0.43, I2=73%).

Conclusion: This study showed MMAE can be an adjunctive therapy together with surgical intervention without increase of complication and motility and mobility. High-quality randomise control trial is lacking; thus, further randomise control trial to confirm the findings and overall conclusion of this meta-analysis.

Audience Take Away Notes

- Identified the clinic problems from daily practices
- Collaboration with surgeons working together to improve patients' care and clinic outcome
- Promote evidence base practice and to develop recommendation for further practices

Biography

Ms Angela Zhan Bin Bin was obtained her Master of Nursing at NUS in 2019. Since 2021 she has been working as an Advanced practice nurse (Nurse practitioner) at National Neuroscience Institute. She finished her Bachelor of Science (Hons) in Biomedical Science Second Class Honors Second Division in 2013. The following year, she finished her Bachelor of Science (Nursing) Conversion Program for Registered nurses in 2014. She studied in Nanyang polytechnic and graduated as a registered nurse in 2007. She finished her Advanced Diploma in Nursing (Neuroscience) in 2011.

IN-PERSON



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Total and cause-specific mortality associated with meat intake in a large cohort study in Korea

Background: Asia has experienced a large increase in meat intake in the past decade, yet the health impact of meat intake is not well studied.

Objective: We examined the association of meat intake with all-cause, cancer and cardiovascular disease (CVD) mortality in an Asian country.

Methods: Participants were 113,568 adults with dietary data at recruitment (2004-2013) of the Health Examinees-Gem (HEXA-G) study, a prospective cohort study conducted in 8 regions of Korea. Participants were followed until 31 December 2020. Total, red, white, and organ meat intake were computed based on a 106-item questionnaire. Multivariable Cox proportional hazard models were implemented using the lowest quintile of meat intake as the reference category.

Findings: For 1,205,236 person-years, 3454 deaths were recorded. High intake of processed red meat was positively associated with all-cause mortality (men: hazard ratio (HR) 1.21, 95% confidence interval (95% CI) 1.07-1.37; women: HR 1.32, 95% CI 1.12-1.56). Increased risk of all-cause mortality (HR 1.21, 95% CI 1.05-1.39) and cancer mortality (HR 1.24, 95% CI 1.03-1.50) was observed in women with high intake of organ meat. Moderate intake of pork belly was associated with reduced risk of all-cause mortality in men (HR 0.76, 95% CI 0.62-0.93) and women (HR 0.83, 95% 0.69-0.98) but high intake was associated with increased risk of CVD mortality in women (HR 1.84, 95% CI 1.20-2.82). Low beef intake decreased the risk of CVD mortality in men (HR 0.58, 95% CI 0.40-0.84), but roasted pork increased cancer mortality in women (HR 1.26, 95% CI 1.05-1.52).

Conclusion: There was increased risk of all-cause mortality associated with intake of processed red meat in men and women, increased risk of all-cause and cancer mortality with intake of organ meat in women, and increased risk of cancer mortality with intake of roasted pork in women. High intake of pork belly increased the risk of CVD mortality in women, but moderate intake was inversely associated with mortality from all-causes in both men and women.

Keywords: Meat intake, processed red meat, all-cause mortality, cox model, cohort study

- Although more evidence is required, results from this study warrant public efforts to minimize
 consumption of processed red meat, roasted meat and moderate the consumption of pork belly and
 beef, and substitute them with other animal proteins such as lean chicken, fish and seafood
- Researchers may extend these findings to examine the socio-ecological contexts that underlie unique
 associations of meat intake with health outcomes in Asia, to design effective public health guidelines
 for meat consumption

Mr. Kityo completed his Bachelor's degree in Human Nutrition from Makerere University-Uganda, MSc in Food Science and Nutrition in 2019 from Kyungpook National University, Korea. In 2021, He enrolled for a PhD in Preventive Medicine at Kangwon National University in Korea, focusing on Nutrition and cancer epidemiology under Prof Sang-Ah Lee. He has so far published 6 papers including 3 papers in SCI journals.





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Psychosocial distress and inflammation: A cross-sectional and bidirectional analysis of a large population-based study

Background: Low-grade inflammation induces metabolic syndrome and cardiovascular disease. Psychosocial stress has previously been linked to inflammation, but whether psychosocial distress induces inflammation or inflammation induces psychosocial distress remains unclear. This study evaluated the cross-sectional association between psychosocial distress and inflammation and vice versa.

Methods: This population-based study used data from the Health Examinees study (HEXA) that prospectively recruited 173,357 participants aged 40 years and above between 2004 and 2013 at 38 health examination centers and training hospitals located in eight regions in Korea. A total of 122,087 participants were included in this analysis. The inflammatory marker hsCRP and psychosocial distress measured by Psychological Well-being Index (PWI) scores.

Results: The mean hsCRP was 0.71±2.27mg/L and the mean PWI score was 15.8±7.4. Participants with higher PWI scores had higher hsCRP levels (p linearity <0.001), a higher risk of high hsCRP (hsCRP>1.0 mg/L (Ptrend =0.008 and 0.028 in men and women, respectively) and clinically elevated hsCRP (hsCRP>3.0 mg/L (Ptrend =0.031 and <0.001 in men and women, respectively)). On the other hand, increasing hsCRP levels predicted severe psychosocial distress (PWI≥27) in men (Ptrend =0.027).

Conclusion: A composite measure of psychological well-being or distress is bidirectionally associated with chronic low-grade inflammation. These findings warrant longitudinal studies to confirm the true direction of association. Studies that use other markers of inflammation are also needed.

- This study provides important information about the two-way relationship between psychosocial
 distress and chronic low-grade inflammation. The findings could be useful in identifying individuals at
 risk of developing related conditions and informing interventions to reduce psychosocial distress and
 associated health risks. Longitudinal studies and other markers of inflammation are needed to confirm
 the direction of the association
- The study provides valuable information to public health professionals to identify patients at risk of chronic low-grade inflammation and associated health outcomes. Healthcare professionals can use the study findings to design interventions that reduce psychosocial distress and inflammation, such as stress management programs, mental health services, dietary changes, and physical activity. Lastly, the study can help healthcare professionals educate their patients on the importance of maintaining good mental health and adopting a healthy lifestyle to improve their overall well-being
- The research can be valuable for faculty members in public health, psychology, medicine, and other related disciplines, as it suggests a bidirectional association between psychosocial distress and chronic low-grade inflammation. The large population-based sample and methodology used in this study, including the use of the PWI and hsCRP as measures, can serve as a reference and be applied to future studies in similar fields

• This study provides valuable information for researchers who are interested in investigating the bidirectional relationship between psychosocial distress and chronic low-grade inflammation. The findings can inform the development of research questions, study design, and methods, and help researchers choose appropriate inflammatory markers and psychosocial distress measures. The study emphasizes the need for longitudinal studies to establish causality and the importance of considering other markers of inflammation. Overall, this study can be used to improve the accuracy and validity of research design in this field of study

Biography

Byeong-Eun Choi received a Bachelor's degree in Mathematics from Hallym University. He completed his candidate Master's degree program in Mathematics Education at Kangwon National University. Currently, he is pursuing a Master's degree in Big Data Medical Convergence at the same university. Since 2021, he has been conducting research related to preventive medicine, chronic disease epidemiology, and medical statistics in Professor Sang-Ah Lee's lab at Kangwon National University. His research interests include prediction models using machine learning and genomics.

IN-PERSON



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Classification of class-imbalanced medical data using data resampling and propensity score matching

edical data is often imbalanced, posing a challenge to classification for disease diagnosis. Researchers Language have reported frequent performance degradation due to class imbalance in medical data. Given that medical data is composed of information collected through various methods, including demographics, environmental factors, diagnostic checks, and subjective responses, addressing class imbalance is a crucial part of understanding the data's characteristics and rules. In this study, we applied Propensity Score Matching (PSM) to handle class imbalance at the data level while reflecting the medical data's unique characteristics. The classification was performed using six under-sampling methods, three over-sampling methods, two hybrid-sampling methods, and PSM on the ADNI data, thyroid disease database, and heart disease health indicators data with imbalance ratios of 11.3, 12.0, and 9.6, respectively. We used support vector machine, logistic regression, XGBoost and random forest as classification models and compared the AUC, AUPR, F1 score, and Matthews Correlation Coefficient(MCC) of the models. We also compared the average and frequency of variables for each class using independent sample t-tests and chi-square tests to confirm the effect of PSM. As a result, the performance of classification improved when PSM was applied to variables with no difference between classes, but it deteriorated when a variable with a difference between classes was included. Therefore, PSM can be useful for creating appropriate models by reflecting the data distribution when conducting classification prediction studies using medical data with unbalanced classes. Our study provides valuable insights into finding techniques suitable for medical data's characteristics and expands existing epidemiology research by applying techniques used in machine learning.

Audience Take Away Notes

- The approach used in this study can leverage the distribution of data to improve the accuracy of the model when conducting classification and predictive studies using imbalanced medical data
- We provided ideas for finding techniques suitable for medical data characteristics
- By applying techniques used in the existing epidemiology fields to machine learning, the performance of prediction models can be improved

Biography

Ms. Roh received the B.S. degree in Chemistry and Joint Program of Data Analysis from Kangwon National University, Korea, in 2019. She received the M.S. degree in Interdisciplinary Graduate Program in Medical Bigdata Convergence from Kangwon National University, in 2023. She is currently pursuing a Ph.D. degree in the same department. Her research interests include machine learning and its application to medical big data.





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A 12-year follow-up study on lifestyle and hypertension in Korean adults

Objective: To investigate the sex-specific associations of lifestyle factors (smoking, drinking, physical activity), and risk of hypertension, and whether these associations differ by body mass index (BMI) and selected demographic characteristics.

Methods: A total of 121,244 participants (29,327 with hypertension), aged ≥20 years were selected from the 2002-2015 National Health Insurance Service database and followed up until December 2015. Lifestyle factors were assessed using a standardized interviewer-administered questionnaire and evaluated as: smoking (never, past, current); drinking (past/never, current); and physical activity (yes, no). Hypertension was defined as systolic blood pressure (SBP) diastolic blood pressure (DBP) of ≥120/80mmHg or physician diagnosis or taking antihypertensive medication at follow-up. Associations were examined using multivariable cox models.

Results: A total of 15,860 men and 13,467 women developed hypertension. The associations of lifestyle factors, and risk of hypertension were observed only in men (past vs. never smoker: hazard ratio [HR] 1.11, 95% confidence interval [CI] 1.06-1.16; current vs. never smoker: HR 1.10, 95% CI 1.06-1.13; current vs. non/never drinker: HR 1.07, 95% CI 1.04-1.11; physical activity: HR 0.96, 95% CI 0.93-0.99). In stratified analyses, past smoking increased the risk of hypertension in men who had high income, obesity, resided in urban regions, and subscribed to regional insurance. Furthermore, physical activity reduced the risk of hypertension among men who resided in rural regions and were employee-insured. However, current smoking increased the risk of hypertension in women who had low income, normal weight, resided in rural regions, and subscribed to employee-insurance. Drinking was protective of hypertension only in normal-weight women and those with employee-insurance.

Conclusion: Smoking, and drinking increased, but physical activity decreased the risk of hypertension. These associations differed by sex and demographic sub-groups. These results can inform the development of effective policies for the prevention of hypertension.

- The research findings can be used to develop guidelines for the prevention and management of hypertension. Policies or programs can be created to encourage improvements in unhealthy lifestyle factors, such as smoking, drinking, and physical inactivity, to enhance hypertension prevention. In addition, educational programs for the prevention and treatment of hypertension can be developed for hypertensive patients
- The research results can be beneficial to other researchers or educators. These findings can be used to develop programs or educational programs for hypertension prevention. Furthermore, the results can be used as a basis for identifying research topics related to hypertension in other studies
- The results suggest that lifestyle factors such as smoking, drinking, and physical inactivity are
 associated with the development of hypertension, highlighting the importance of improving these
 factors for hypertension prevention. Moreover, by demonstrating the gender differences in the risk of
 hypertension development, the necessity of gender-specific hypertension prevention and management
 can be emphasized.



Jung-Eun Lee has a bachelor's degree in Computer Science and is currently pursuing a master's degree in Big Data Medical Convergence at Kangwon National University. Since 2021, she has been conducting research on preventive medicine, chronic disease epidemiology, and medical statistics under the supervision of Professor Sang-ah Lee at Kangwon National University.



NURSING AND
PUBLIC HEALTH
CONFERENCE

Nurse learners engagement with community development has influenced the professional practice of nurse graduates

The changing global landscape demands nurse educators adjust their thinking to create innovative ways to address community health, education and sustainability for the education of undergraduate nurse learners. This presentation focuses on global community health and the impact of engaging with an undergraduate nursing curriculum based at School of Nursing at Otago Polytechnic, Dunedin, New Zealand in support of this claim. Global interconnectivity, changing demographics and the mobility of the work force has seen a greater need for nurse graduates to be work ready regarding global citizenship. If this is the case, then there is a need to develop a pedagogy to fully immerse learners in cross cultural context of learning while providing a learning and teaching model for the nursing tertiary education sector.

A qualitative design has been engaged with to investigate the collaboration between third year undergraduate nurse learners and community stakeholders positioned globally in geographically rural communities. Third year undergraduate nurse learners completing their community health care clinical placement were assigned to practice with the community of Bishop's Castle, Shropshire, UK and Liro, Paama, Vanuatu, Pacific during a global pandemic. In the process there was a lateral shift for engagement and rapid movement into a virtual space. Adaptation and resilience by nurse learners, the community and facilitators of traditional teaching and learning models demonstrates a commitment to sustainable and ethical global engagement undertaken within International Service-Learning opportunities.

Planning, developing, and designing the teaching and learning aspect of engagement as well as community stakeholder expectations during this inquiry has been explored. The aim has been to capture this experience which in turn has further informed teaching and learning practice to create compassionate, responsive, and prepared nurse graduates to extend their context of practice from local to global delivery of health care. Enhancing learning, health promotion that is specific to population needs, and inclusive design through the "living lab" engagement is detailed and discussed.

Multiple United Nations Sustainable Development Goals are connected to this work and the most hopeful of these is how this work can strive to find creative ways in which to achieve Goal 17 Partnerships for the Goals. Partnership requires shared vision and collaboration to develop successful agendas globally, nationally, regionally, and locally. This shared vision between the School of Nursing, Otago Polytechnic, Dunedin and the communities we partner with around health and find solutions that work, is a prime example of ways in which grass root projects are contributing to the shifting global paradigm that incorporates health and wellbeing for all.



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Biography

Jean is a Professor of Nursing, originally from Wales, UK. Jean has more than 30 years' experience of working with the rural nursing workforce in New Zealand. The cumulation of her work associated with rural nursing, includes activism, research, and education. Education includes undergraduate, postgraduate and doctoral engagement. Jean's initial work with rural nurses commenced in Wales and continued with the establishment of the Centre for Rural Health in New Zealand of which she was co-director. Jean is also an advocate for sustainable rural community development and nurse education. Jean's focus is research directive which both informs and directs her practice.

Further, this study will share the dynamic reflections from invited graduate nurses on whether engaging with these community development projects at an undergraduate level has any influence on their current professional practice. These findings are proving further validation of this work. The question of how authentic engagement and collaboration can transpire in a virtual realm and the capacity to create meaningful connections with the global community, specifically relating to geographically isolated populations, continues to be our collective challenge

- This presentation will stimulate ongoing research to provide new information to assist in the provision and global and community health care internationally
- This presentation will stimulate ongoing discussion for the provision of teaching and learning pedagogy within nursing education
- Nurses are change agents, their response to local contexts is paramount and this presentation with enhance their contributions
- Rural nurses are connected to their geographical context which shapes their practice and community health
- This presentation will help the audience reflect on their job and the clients they care for and reflect on making a difference
- · This research could offer other faculties an approach in which to expand their research or teaching

Socio determinants of health and their effect on patients surgical readiness and post surgical readmission rates

The presentation will discuss preliminary findings of an on-going Quality Improvement project that involves 13 leading children's hospitals looking at social and demographic determinants of health and their effect in pre-operative fasting readiness. Also, will discuss the finding of a Quality Improvement project between 2017 and 2019 period and their effect in post-surgical readmission rate.

Audience Take Away Notes

- Relationship between social and demographic determinants in adherence to pre-operative fasting guidelines
- Relationship between these determinants as the rate of readmission after surgery
- Examining the effects of the combination of these factots in the readmission rate
- Explore preventive measures and identifications of underrepresented groups who are more at risk



Carlos A Archilla-Cady MD, MBA

Department or Anaesthesiology and Pain Management at Nemours Children's Health Orlando, Florida, USA

Biography

Dr. Carlos Archilla-Cady is a Pediatric Anesthesiologist working at the Nemours Children's Health in Orlando, Florida. He is the immediate past Chair of the Anesthesiology and Pain Management Department and past member of the Senior Leadership Team. He recently obtained a Global Executive MBA from the IESE Business School. He is a healthcare leader, supporter of medical missions, researcher, and frequent keynote speaker at national and international conferences. He is an Associate Professor at the University of Central Florida School of Medicines and an Assistance Professor at the Florida State University School of Medicine. He frequently speaks about pediatric pain management and post-surgical/ anesthesia cognitive changes. He is an advocate for disability inclusion and an advocate of human, healthcare and children rights working with his parent professional organizations in efforts to advance sound public policies in the United States Congress.

Artificial intelligence in nursing education: Are we ready

Artificial intelligence (AI) refers to healthcare technologies, and how it is transforming nurses' roles and enhancing patient care. Typically AI refers to the ability of computers to independently convert data into knowledge to guide decision-making. AI is already part of our current health care environment. Many of the Electronic Health Record (EHR) and patient monitor systems are based on AI principles, enabling expansion of telemedicine, virtual visits and remote monitoring a reality. This technology has the potential to reshape a nurse's ability to deliver care and monitor patients, particularly with limited resources and staffing.

Contemporary literature confirms embracing AI is inevitable if we want to provide quality care during times when staffing numbers is dwindling. While A1 technology can make us work smarter and clinical decisiontools can make us more efficient health care providers, we must prepare compassionate, critical thinking nurses – that is non-negotiable. Nursing educators are increasingly challenged to leverage AI in preparing students to meet the demands of an ever evolving health care environment.

Audience Take Away Notes

- Knowledge of the scope of Artificial Intelligence (AI) in healthcare
- Understanding how AI can reshape nursing practice
- Examples of how AI can be integrated in existing nursing courses and programs



Mary Estelle Bester

School of Nursing, Waters College of Health Professions, Georgia Southern University Statesboro, Georgia, United States of America

Biography

Dr. Estelle Bester has obtained her Ph.D. in Nursing in South Africa and taught for 20 years at a University in South Africa. She spent 10 years in Jeddah, Saudi Arabia as a Program-Director in Nursing Practice, Quality and Research before joining Georgia Southern University as an Assistant Professor during Fall 2017. Her research and scholarly interests focus on implementing technology in Nursing Education and blending technology with Evidence-Based Teaching Practices.



Facilitating patient engagement in high tech care environments: The patients perspective and students lack of competency

The impact of the use of technology on patient care has been a focus of the healthcare industry for more than a decade. Recognizing the impact of technology on nursing practice and how this affects the nurse's engagement with patients is a significant challenge for the future of nursing education and professional development. Teaching and incorporating competencies such as transpersonal caring and patient engagement in the here and now will continue to be a challenge as the evolution of technology continues at warp speed.

This nursing research is a combination of phenomenology and narrative analysis. The study explored the patients' perspective of the nurse's use of technology in care delivery at the bedside. A semi-structured interview format was used to interview a total of 18 hospitalized patients in two different acute care environments. Six significant themes evolved from the data analysis.

The nursing profession has not ignored the impact of emerging technologies on patient care, however we have ignored the importance of listening to our clients and asking how they perceive these changes in nursing practice. In addition, nursing education has not kept up with these changes and this lack of response has created a deficit in the skills needed to provide comprehensive, individualized patient cantered care. This research provides evidence, and suggestions for, additional skills and competencies that need to be developed and integrated into nursing school curricula and professional development activities.

Audience Take Away Notes

- Participants will revisit the importance of patient engagement in nursing care delivery and understand the significance of social justice concepts as they apply to professional practice
- Opportunities for patient engagement in nursing care delivery will be discussed and participants will demonstrate how these concepts can be incorporated into daily care plans
- A brief overview of phenomenology and qualitative research methods will be presented
- Evidence will be presented that supports the development of new competencies needed in nursing school curriculums and professional development in order to facilitate increased patient engagement in high-tech care environments
- Nurse educators, faculty and managers (at all levels) will gain an
 understanding of the significance that patient engagement has on
 patient satisfaction and health outcomes and will provide evidenced
 based content to expand teaching in a diversity of learning



Ericka Waidley, PhD, MA, MSN, BSN

Linfield University Portland, Oregon, USA

Biography

Ericka Waidley completed PhD in Human Organization and Systems and an MA in Leadership Studies from Fielding Graduate University. She is an international speaker and consultant in areas related to organization development redesign, process/systems and development, quality management, communication, strategic planning, and shared leadership. Waidley has extensive experience as an educator and has held many leadership positions professionally and with community organizations. She is a published writer in professional journals, texts, and on the Web. As an educator she has developed curricula and taught at several universities in California and Oregon, both in the classroom and online. She currently teaches in the School of Nursing and is a guest speaker in the School of Business.





Hajjah Norziah Sarudin Cluster Education, Open University Malaysia, Kelana Jaya, Kuala Lumpur, Malaysia

Proctoring online exam in nursing education using UTAUT model: Emerging technology "live stream online exam"

The COVID-19 has not only affected the businesses, but educational institutions also suffered from this pandemic. Therefore, nursing students also directed their attention towards technology adoption or e-learning to avoid physical interaction and learn by maintaining social distancing. This study emphasized the importance of Proctoring Online exam the concepts of UTAUT (the unified theory of acceptance and use of technology) theory. The study aimed to investigate the effect of effort expectancy, performance expectancy, social influence, and facilitating conditions on behavioral intention to use e-learning. Moreover, the relationship was measured between the behavioral intentions to use online learning and e-learning adoption behavior. These relationships were analyzed by literature analysis. Thus, this research will be useful for administrators or principals of educational institutes.

Keywords: UTAUT, Technology Adoption, Performance Expectancy, Social Influence, Effort Expectancy, Behavioral Intention.

Biography

Hajjah Norziah Sarudin is a Lecturer at Mahsa University, Selangor. She is Program Coordinator for Open Distance Learning Bachelor Of Nursing Science (HONS). Obtain her Bachelor Nursing (Hons), Master of Nursing and Post Graduate Advance Diploma Teaching from Open University Malaysia, Kuala Lumpur. Qualified as Registered Renal Nurse Malaysia and currently ongoing Doctorate of Education major in ICT. Her main experience 13 years clinical experience in Oncology Palliative. However, her interest in academic field of Instructional Technology for Open Distance Education for Nursing and eager to be first Nurse in country as Technologies.



Chanchal Kurup^{1*}, Elisabeth Jacob¹ PhD., MEd., RNi Betihavas¹ PhD MN Grad Cert ULT BN RN Adam Burston^{1,3} PhD, MHlthServMgmt, BN, RN

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The transition of internationally qualified nurses specialty skills to developed countries clinical practice after immigration: A mixed method research

Purpose: Recruitment of Internationally Qualified Nurses (IQNs) is one of the long-standing human resource strategies to address the global nursing shortage in developed countries. Many IQNs immigrate with extensive specialist nursing skills. Specialty skill sets enable nurses to think differently and critically in a specific nursing field Working in a department other than their specialty may impede the nurses' full effectiveness and, in some instances, lead to adverse patient events. A critical challenge of IQN immigration is deskilling or downward occupational mobility in the host country. A lack of a clear pathway to utilise specialty skills of IQNs makes recognising and utilising these skills complex for nurses. The specialised expertise that IQNs bring to the host country, such as Intensive Care Unit (ICU), cardiology, respiratory, and renal, is in high demand in developed countries but is often underutilised. This exploratory, descriptive mixed-methods study aimed to explore how IQNs transfer their specialty skills to developed countries after immigration. This research is conducted in two phases. Informed by the literature review, in-phase one, data was gathered from IQNs and recruiting managers through online surveys in Australia. Social media, publicly available hospital contact information, and snowballing were all used to recruit participants. Phase two will involve a focus group conducted on a video conferencing platform, and the participants will be recruited from the phase one-survey. Descriptive and inferential statistics were used for the quantitative and content analysis for the qualitative data. The findings so far indicate that the registering body and first employers do not provide systematic support for IQNs and that the financial burden that nurses must bear results in the underutilisation of specialty skills. The ability of nurses to transition between countries and maintain speciality practice demands immediate attention in the current atmosphere of the global pandemic and nurse scarcity The results are useful for registering bodies, health services, and policymakers in developed countries in planning how to make the best use of their IQNs, to ensure the nurse are utilising their full skill sets to provide optimal patient care. Along with providing a baseline for further research, the study can be used as a reference point for IQNs before, during, or after immigration and to increase the knowledge base related to IQN immigration and associated skill utilisation.

Biography

Mrs. Chanchal Kurup is a nursing graduate from Govt school of nursing, Calicut, Kerala, India. She is currently a Lecturer and Early Career Academic in the School of NMSS, CQ University, Rockhampton, Queensland. Chanchal is a novice researcher with experience in mixed methods. Possesses a master's in clinical education (Research Stream). Chanchal is undertaking her PhD utilising mixed methods and also has experience in statistical analysis. She maintains a strong interest in teaching evidence-based practice and better supporting the transition of student nurses to registered nurses.



Dr. Elaine Chow Hoi YeeSchool of Nursing, Tung Wah College, Hong Kong, China

Workplace bullying and job satisfaction among nurses in Hong Kong

Introduction: Workplace bullying is defined as persistent exposure to interpersonal aggression and mistreatment from colleagues, superiors or subordinates. The term "bullying" implies a power gradient between perpetrators and victims and is usually associated with ongoing conflict that takes place for a period of more than 6 months. Health care professionals are more vulnerable and higher risk in suffering from workplace bullying, particularly among nurses. Nurses are a traditionally oppressed group who have been rendered powerless by the medical establishment, they often feel powerless to effect decisions affecting working conditions, creating frustration which can lead to conflict within the discipline. Nurses who expose to workplace bullying are under high level of stress which may lead to serious consequences including chronic fatigue, insomnia, depression, low-self-esteem and initiate nonattendance. Workplace bullying victim nurses may commit more errors during providing patient care. Nurses who exposed to workplace bullying are more likely to use the avoidance strategies and leave the organization which may the cause manpower shortage. Manpower shortage in nursing profession would affect the quality of patient care and health care services. Job satisfaction and positive workplace relationships greatly affect turnover rate of nurses. It is necessary to understand the situation of workplace bullying and job satisfaction among nurses in Hong Kong. The aim of this study is to investigate the relationship between workplace bullying and job satisfaction among nurses in Hong Kong.

Methods: This is a cross-sectional study. A total of 388 nurses in Hong Kong were recruited. Each participant completed a set of self-reported questionnaires with three sections, including socio-demographic data, the Negative Acts Questionnaire-Revised (NAQ-R) to measure the exposure of bullying in the workplace and the Minnesota Satisfaction Questionnaire (MSQ) to measure the job satisfaction. Descriptive data were used to analysis the socio-demographic data. T-test and ANONA test were used to compare means. Pearson's correlation was used to analyze the relationship between exposure to workplace bullying and job satisfaction. P value less than 0.05 was considered as statistically significant and confidence interval within a 95% range.

Result: There were 65.2% (n=253) of female and 34.8% (n=135) were male. For the education level, 68.6% (n=266) were degree holders, 18.3% (n=71) were higher diploma holders and 13.1% (n=51) were master's degree holders. Majority were registered nurses which accounted for 82.2% (n=319), enrolled nurses were 14.2% (n=55) and nursing officers/advanced practice nurses (APN) were 3.6% (n=14). According to the NAQ-R, 21.6% (n=84) of participants did not exposure to workplace bullying (sum <33); 50.8% (n=197) of them were being occasionally bullied (45>sum≥33); 27.6% (n=107) of them were classified as victims (sum≥45). For the job satisfaction, 46.6% (n=181) of participants were satisfied with their job (15<sum>35). The result showed that there was a strong negative correlation between NAQ-R and MSQ (p=0.00<0.05, r=-0.859).

Conclusion: Nurses with more exposure to workplace bullying are more likely to have lower job satisfaction. Promoting harmonious in working environment is vital to reduce the incidence of workplace bullying among nurses in order to maintain job satisfaction and retain the workforce for better patient outcomes.

Audience Take Away Notes

- The issue of workplace bullying among nurses should be addressed in order to provide quality of care to patient
- Workplace bullying among nurses may increase the manpower shortage
- More support should be provided by the organization to promote harmonious working environment in the health care setting
- Future study may consider to investigate the working environment and social culture that may induce workplace bullying

Biography

Dr. Elaine Chow is currently the Assistant Professor at the School of Nursing at Tung Wah College. She obtained her Bachelor's Degree in Nursing and a Master of Nursing from The University of Hong Kong, and received her Doctorate Degree in Nursing from The University of Hong Kong in 2016. She is an experienced Registered Nurse and has rich teaching experience in nursing education in Hong Kong. She started her career as a Registered Nurse in a public hospital with substantial professional experience in orthopaedic and renal nursing. Her research interests include women's health, violence and mental health.





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Monitoring customized pressure sleeves based on MFF pressure testing system for the treatment of hypertrophic scars

Background: Pressure therapy has been one of the mainstay of hypertrophic scar treatment. Maintaining effective pressure dosage generated by the pressure garment to scar is regarded as an important factor to the effectiveness of pressure therapy. This study aimed to explore the clinical effect and experience of monitoring customized pressure sleeves based on MFF pressure testing system for the treatment of hypertrophic scars.

Method: Ten patients with hypertrophic scars were recruited for the study. All the subjects were treated with pressure therapy programme using customized pressure sleeves for 6-9 months. The pressure sleeves were replaced regularly throughout the intervention, and the interface pressure was monitored with the MFF pressure test system to ensure the pressure dosage of 10–40mmHg (at rest). Patients' comfortability and satisfaction were also taken into account. The Vancouver Scar Scale (VSS) was used to evaluate pigmentation, vascularity, pliability, and height of the scars. Subjects' report of pain and itch was documented. Assessments were conducted before the first treatment and after the last treatment. All subjects were informed of the 23-h daily wearing regime and techniques of pressure sleeve wearing, cleaning and maintenance.

Result: The patients with hypertrophic scar demonstrated significant improvements in scar pigmentation, vascularity, pliability, height, pain and itch after 6 to 9 months of treatment. Some side-effects of pressure therapy such as blistering, ulceration, limb swelling, paresthesia, etc. did not occur in our included studies.

Conclusion: Regular monitoring and adjustment during the pressure therapy of hypertrophic scars for pressure dosage generated by pressure sleeve is vital to achieve best treatment outcomes. Early application of pressure therapy may contribute to better outcomes.

Audience Take Away Notes

- The application of MFF pressure testing system facilitated the standardization of the pressure dosage to hypertrophic scar of the patients. This helped to maintain an optimal pressure range during the treatment and ensure the treatment effect of pressure sleeve
- Regular monitoring and adjustment for pressure dosage generated by pressure sleeve is important to achieve better treatment outcomes
- Pressure therapy (10–40mmHg) could improve clinical effects including decreasing VSS score, pain and itch

⁶Department of Gynecology, Xiangya Hospital, Central South University, Changsha, Hunan, China

Biography

Ying Wu, master supervisor, is a Professor and Head Nurse at Department of Burns at Xiangya Hospital, Central South University. She is mainly engaged in burn care and nursing management research, and serves as a reviewer for Clinical Nursing Research (USA) and Journal of Wound Care (UK). In 2014, she participated in clinical management training at Johns Hopkins Hospital in the US. She has published more than 30 research articles in academic journals and supervised or participated in several national and provincial natural science projects.



Dr. Mary Anbarasi JohnsonProfessor in Nursing, Pediatric Nursing Department, CMC Vellore, India

Clinical pathways in pediatric nursing clinical practice, its usage in the developing countries like India

Clinical pathways are very essential in the practice of pediatric nursing. They support the implementation of evidence-based practice, improve clinical processes by reducing risk, reduce duplication through the use of a standardised tool, and reduce variation in health service process delivery. Nurses play an imperative role in identifying, managing various illnesses, preventing complications by intervening at the correct time. They also play co-ordinating roles between the teams. They are patient advocates and patient and their family counsellors. Clinical pathways give appropriate direction for nursing action and they have evolved through evidences. The clinical pathways must be available in the units for various pediatric conditions for pediatric nurses which will enable them to carry out their interventions quickly without any delay. Timely interventions will reduce morbidity and mortalily in day to day practice. Efforts must be taken by the pediatric faculty to introduce the clinical pathways for various specialities and various conditions. This presentation is intended to insist on the importance of bringing out clinical pathways in the country for pediatric population which will be freely available for nurses in their clinical practice.

Biography

I am Mary Anbarasi Johnson working as a professor and Head in pediatric nursing department, CMC Vellore. I worked as Clinical Nurse Specialist in PICU for a year and as Assit Professor in USA for two years. I also worked in administration in nursing ,in Saudi Arabia Defence Sector. CMC gave me opportunity to be Master trainer for International Projects like GFATM, IMNCI at national level as well national projects like ICMR Infection control, Child Sexual Abuse Protection, OSCE by Dr. MGR Medical university as well Diabetic Educators programme etc. It also gave me opportunity to be examiner or paper setter for various levels of nursing students for 6 universities and inspector for Dr. MGR Medical University. I am very much interested in reviewing articles. I have published in 70 national, international journals and presented in around 30 national and international conferences. I have also contributed for 5 book chapters and is working on publishing a book soon. I have served in CMC Vellore as addl. Deputy Nurisng Superintendent for staff training and quality assurance as well in CMC Institutional research board as a member for a term of 4 years. I am reviewer or editorial member or advisory member in more than 50 international journals. I am also a recipient of President's Gold medal for standing first in the university for Bsc.N programme. I give all thanks to Lord Jesus Christ who is the reason for my living. I am indepted to my family, teachers and friends for their encouragement and support and particularly to CMC Vellore which has mentored me.



Alexander M Gleason, Phd, RNSr. Instructor, Nursing Faculty, Fatima College of Health Sciences, Abu Dhabi, United Arab Emirates

Exploring the impact of artificial intelligence based education on student nurses bedside history taking abilities

This project seeks to address the primary need of improving the diagnostic skills of student nurses. To do so, an Artificial Intelligence (AI) guided interview and differential diagnosis app was developed to provide targeted training. The use of this AI-driven app is expected to reduce the rate of diagnostic errors among student nurses.

Audience Take Away Notes

- Apply AI applications to solve common differential diagnoses at the bedside
- Compare standard Jarvis checklist to AI app prompt pedagogy in learning history taking
- Critique changing "how its always been" regarding teaching student nurses how to conduct a bedside interview including speed to proficiency and accuracy

Biography

Artificial Intelligence (NLP) on quality assurance of student learning and employee health. 25 years of clinical, academic, and management experience ensuring medically necessary and evidence-based care. Leading nursing in the USA, Singapore, China (Hong Kong SAR), and the Middle East. Current research is implementing Artificial Intelligence to measure BSN students' clinical competency and readiness for practice.



Rahma Yusuf Haji Mohamud Mogadishu Somalia Turkish Training and Research Hospital, Somalia

Prevalence of female genital mutilation and its effects on birth outcomes: A cross sectional study at a tertiary care hospital in Somalia

Introduction: Female Genital Mutilation (FGM) is a traditional harmful practice that involves the partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons. FGM is mostly performed by traditional practitioners who have no medical training and causes an adverse impact on the female's health, so the aim of this study was to assess the prevalence of FGM and its effects on birth outcomes.

Methods: A cross-sectional observational study was conducted among all female patients attended at the outpatient department of obstetrics and gynecology of Mogadishu Somali Training and Research Hospital in one year of the study period. Female participants aged 18–50 who had a history of FGM were included in the study. The sample of the study was 255 women, with data including sociodemographic and the type of FGM as determined by an examination, using a convenient sampling technique.

Results: The study, which included 255 participants, found that type 3 FGM accounted for 44.3% of all cases, followed by type 2 FGM at 31.8% and type 1 FGM at 61 (23.9%). Although health workers are less likely to perform FGM, traditional practitioners (56.4%) still handled the majority of the procedure. Additionally, circumcised women had lower levels of education and generally resided in rural regions. There was no difference between the gravida groups in terms of their gravid state. Higher risks of stillbirth, episiotomy, outlet obstruction, perineal tear, need for emergency surgery, admission to a neonatal intensive care unit, and new-borns with an Apgar score below 7 were among the birth outcomes associated with FGM.

Conclusion: This study demonstrated that FGM has harmful health impacts, particularly birth effects that might have long- or short-term effects on the mother and the new-born. There must be awareness in place to end FGM and a goal to include precise data for researches on the issue for evidence-based data.

Biography

I have a bachelor's degree in nursing and a master's degree in public and tropical health; for the last five years, I have been working at the Mogadishu Somalia Turkish Training and Research Hospital as a Supervisor Nurse, and I am currently working as the executive secretary of the research and training department. I have ten years of experience as a nurse, and I have research experience too. My research interests include hospital and public health promotion.



Rasmeh Al Huneiti^{1*}, Essam Elsayed², Bushra Saeed³, Basil Bashqawi⁴, Eiman Al- Hajri³, Eman Radwan³

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²Health Profession Department Ministry of Public Health, Doha, Qatar ³Strategic Planning and Performance Department, Ministry of Public Health, Doha, Qatar

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National clinical guidelines education program, state of Qatar

In my presentation I will share with the audience multidisciplinary National Education Program that include education on National clinical guidelines recommendation, this program is part of multimodal strategy for national clinical practice implementation in state of Qatar. The program is joint venture collaboration between two departments in Ministry of Public Health in Qatar, Department of Health Professions and Strategic Planning and Performance Department, it aims to provide the Shared platform for Multidisciplinary team to learn the National Clinical Practice Guidelines recommendations.

Audience Take Away Notes

- The audience will learn the importance of Multidisciplinary education in improving patient's outcomes
- The presentation will help medical educators to develop similar platforms in their practice
- The audience will be provided with a practical solution for clinical practice guidelines implementation and uptake

Biography

Dr. Rasmeh AL- Huneiti is a Clinical Guidelines Specialist at the Ministry of Public Health, Strategic Planning and Performance Department, in state of Qatar. She is also a guest lecturer in Healthcare at Calgary University-Qatar. Rasmeh holds a BSc in General Nursing from the University of Jordan. She has a PhD in Medical Education from Brunel University in the UK. Her post graduate qualifications include a Diploma in Primary Healthcare, MSc in General Nursing Education, International Diploma in HR Management, Certificate in Clinical Nutrition, Health Systems Development Specialization from the Imperial College London, and Project Manager Industry Training Program (PMITP) offered by Reach Academy, Toronto, Canada. As a reviewer and editing board member she contributed to several international conferences, peer reviewed journals and her research work is published internationally. Since 2015 she has been serving as Adjunct Professor at Calgary University Qatar and as Guest Lecturer on Patient Safety and Healthcare Quality, and Healthcare Regulation for the master's Leadership in nursing program. Rasmeh is also a guest speaker for the Patient Safety and Change Management Community Medicine Residency Program. Rasmeh developed and published an E-learning Model for E-health Education in Developing Countries. She is a volunteer at the Qatar Red Crescent Society. She also a volunteer trainer at MOPH on change management and professional ethics. Professionally her experience spans more than 30 years across a variety of challenging roles, including clinical nursing, education, administration, training and staff development, regulation, research, and clinical guidelines development as well as change management. Since joining the Ministry of Public Health National Clinical Guidelines Program in 2015, she has played a lead role in setting the Change management and Communication strategy for the program which she currently leads. She also serves as a member on several Guideline related national working groups. Rasmeh is invited speaker in several Nursing and healthcare quality international forums and conferences.



Gulbu Tanrıverdi^{1*}, Melike Yalcın Gursoy Canakkale Onsekiz Mart University. Faculty Of Health Science. Canakkale. Turkey

The effect of intercultural nursing course on nursing students levels of ethnocentrism

Thnocentrism is the belief of an individual or professional group that their ethnic group or culture is isuperior or even the best of others. Ethnocentrism is when individuals judge the cultures of others by upholding their own cultural values. Researches indicate the existence of ethnocentrism in university students. The aim of this research is; A comparison of the level of ethnocentrism between students who took and did not take the Intercultural Nursing course. Thus, it will be determined whether the course is effective in reducing the ethnocentric approach, which is one of the important obstacles of the holistic approach, on the students. The study was planned as a pretest posttest quasi-trial model in the fall semester of the 2022-2023 academic year for nursing students. The students who took the course formed the control group, and those who did not take the case. Data were collected twice at the beginning and end of the semester. Data were collected in face-to-face classes with a questionnaire. The Ethnocentrism Scale was used to diagnose ethnocentrism. Permission was obtained from the ethics committee, institution and students. The study was planned as a pretest posttest quasi-trial model in the fall semester of the 2022-2023 academic year for nursing students. The students who took the course formed the control group, and those who did not take the case. Data were collected twice at the beginning and end of the semester. Data were collected in face-to-face classes with a questionnaire. The Ethnocentrism Scale was used to diagnose ethnocentrism. Permission was obtained from the ethics committee, institution and students. In line with the results, the effect of intercultural nursing course on students' ethnocentrism was discussed.

Audience Take Away Notes

- They can use the intercultural nursing course and the suggested content in their own curriculum in reducing ethnocentrism
- It will help in reducing the ethnocentrism of students
- Other faculty could use this research to expand their research or teaching
- This provide a practical solution to a problem that could simplify or make a designer's job more efficient
- It improve the accuracy of a design, or provide new information to assist in a design problem
- List all other benefits
 - o Raise awareness of ethnocentrism
 - o It will raise awareness of cultural relativism

Biography

Tanriverdi, who became a professor in the field of Public Health Nursing in 2017, focuses on culture in health and nursing. She has pioneered many studies in the field of intercultural nursing in Turkey, has prepared many editorial books, created guides, given courses, chaired congresses and symposiums, established associations, developed models, given seminars, conducted dissertations, and planned institutional trainings. In his original book, Tanriverdi explained how to develop a culturally competent approach in nursing, edited seven books focusing on improving cultural competence, and wrote 40 book chapters. Tanriverdi, who has eighty articles, has made presentations focusing on cultural competence to more than one hundred scientific and social platforms.



Si Yee LiewCertified Occupational health Nurse Consultant, Edmonton Police Service, Edmonton, Canada

Fatigue management

Canadian Occupational Health and Safety Association had stated that studies show most accidents happen mostly when officers are more likely to sleep between midnight to 6am and 1pm to 3pm. There are about 88 diagnosable sleep disorders currently in North America that people can go to see a sleep specialist and get diagnosis with. But between the sleep disorders and sleep apnea, we have many in the middle what really causes insomnia and fatigue. This session aims to provide the deepest, most cuttingedge and comprehensive information about identifying and intervening to heal sleep issues — resources that anyone can start to use to feel more well-rested and at peace.

Keywords: Fatigue, Sleep, resiliency, mental health, circadian Rhythm

Audience Take Away Note

- At the end of the training, audiences will have a deeper understanding of their root causes of fatigue, how traumas impact sleep and how sleep affects both mentally and biologically specifically the nervous system
- · Audiences will learn the strategies and able to use right away to restore sleep and reset nervous system

Biography

Si Liew is a bestselling author, an Occupational Health Nurse for over 20 years and I had worked in a variety of industries including healthcare, manufacturing, construction, oil and gas and enforcement law; act as a medical subject matter expert to these corporation Executive Team and leads the employee health and safety programs. She helps develop corporate health a wellness programs and works directly with healthcare professionals through training, mentoring with the objective of achieving healthy workplace.



Saeed Moradian^{1*}, Shive Ghasemi², Babak Boutorabi³, Zakieh Sharifian⁴, Fay Dastjerdi¹, Catriona Buick¹, Doris Howell⁵

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V-care development: Capturing and analyzing immune related adverse events

Introduction: Immunotherapy revolutionizes the treatment of many different types of cancers. But it is associated with a myriad of Immune-related Adverse Events (irAEs). Patient-Reported Outcomes (PROs) are recognized as valuable tools for continuously collecting patient-centred data and are frequently used in oncology trials. However, a few studies researching ePRO follow-up approach on patients treated with immunotherapy that may reflect a lack of support services for this population.

Methods: The team co-developed a digital platform (V-Care) using ePROs for a new follow-up pathway for cancer patients receiving immunotherapy. We used multiple methods to functionalize the first three phases of the CeHRes roadmap. These phases were not performed sequentially but were interwoven all over the developmental process.

Results: The development of the application was categorized into two phases "User interface" (UI) and "User Experience" (UX) designs. In the first phase, the pages of the application were segmented intogeneral categories. Based on the received feedback from all stakeholders, the application was modified. In phase two, the mock-up pages were sent to the Figma website. Also, Android Package Kit (APK) of the application was installed and tested several times on the mobile phone to proactively detect and fix any errors. After solving some technical issues and adjusting the errors on the android version to provide a better experience for the users, the iOS version of this application was developed.

Conclusion: The findings from our project can be used to investigate whether symptoms collected by the ePRO tools on cancer patients being treated with ICIs follow symptoms reported in clinical trials and if there are linked to specific symptoms that do occur.

Biography

Dr. Moradian has worked in a variety of clinical settings before consolidating his nursing career within the areas of Nursing Research and Oncology. He graduated from the University of Manchester's Nursing PhD program in the UK. He was engaged as a postdoctoral research fellow in the Department of Supportive Care of the Princess Margaret Cancer Centre (PM) and the Faculty of Nursing at the University of Toronto. He is working as an assistant professor at York University. Dr. Moradian's research program focuses on reducing the burden of complex cancer symptoms and improving the quality of self-management support in the cancer system. His research has explored novel methods and innovative techniques to find more effective ways in controlling and managing complex symptoms in cancer patients. Most of his recent studies and contributions focus on interventions using e-technology to empower patients to manage their symptoms and improve patient-professional interactions.



Stefano PochettiInternational Recruitment Lead – Nursing Workforce NHS England – South East Region

International recruitment fellowship: An innovative approach to recruitment, and retention and leadership

The International Recruitment (IR) Regional Fellowship is an innovative opportunity that allows International colleagues working in NHS Trust to be part of the NHS England Regional Nursing Workforce Team for 15 hours per month.

As experts by experience, Internationally Educated Nurses, midwives, and Allied Health Professions add significant value to the decision-making process and can influence projects and programmes to deliver ethical international recruitment. Moreover, the fellowship has allowed the fellows to experience working in a Regional role, with NHS England South East Region supporting their professional development. By the end of the programme, all participants have recognised increased confidence in public speaking and presenting, and most of them have progressed in their careers within their organizations. All the nurses who progressed have recognised the importance of this opportunity within their application and interview process.

Following the appointment of 8 fellows, NHS England South East Region has been successfully delivering the first fellowship over the last 18 months. Moreover, the fellows themselves have been delivering the first Regional forum for Internationally Educated nurses and midwives. A recent evaluation of the forum has shown the importance for International recruits to have a safe space that allows discussion of challenges and sharing of good practices. This has been positively impacting on the recruitment process, as well as the retention and professional development of internationally educated of healthcare professionals.

The framework of this initial fellowship has now been shared widely, and different organisations (Including Nursing Associations and Integrated Care Systems) are now applying this new way to professionally develop nurse colleagues.

While the initial approach was developed around International Recruitment, theories of this fellowship can cover a wide range of components and programmes, to enable healthcare professionals across different organization to be involved, and influence, corporate programmes as well as National strategies.

Audience Take Away Notes

- This approach can be replicated in any local, system, or National healthcare organizations
- Healthcare leaders will be able to implement this approach, with the learning shared from the presentation
- Yes, the same approach has already shared and replicated with two more organizations within the National Health Service in England.
- Yes, this concept can be applied to deliver practical solutions to any programme or challenge, by hearing the voice of service users and/or expert by experience
- Yes, the whole programme focuses on co-design new programme, and review the existing ones

- List all other benefits
 - o Personal and Professional development of fellows
 - o Positive impact on recruitment and retention
 - o Ability to replicate this approach with limited or no cost

Biography

Stefano is an Internationally Educated Nurse who relocated from Italy to England in February 2014, after completing a bachelor's degree in nursing at San Raffaele University in Milan. Following a pathway mainly focused on elective and emergency surgical departments, in 2020 Stefano started a role as Matron for inpatients and outpatient departments in Women's Health. While undertaking the matron role, Stefano developed a passion for Quality Improvement and staff development.

In 2021, Stefano was appointed as International Recruitment Lead for the South East Region in NHS England. With his passion for inclusion and staff development, Stefano created the first fellowship for Internationally Educated Nurses (IENs). This programme has allowed more IENs to take part in a Regional Team for 2 working days a month, to support decision-making and personal development.

Stefano is at the final stage of a Master of Science in International Healthcare Management, and the study of leadership components have inspired him in further developing this fellowship programme.



Dr. Latiena F WilliamsUniversity of South Florida, United States

A multidisciplinary approach: Improving health outcomes of persons experiencing homelessness

Homelessness is a major public and social health problem. For years, nurses have been on the frontline with a substantial and significant role in caring for the most vulnerable populations in guiding, assisting, and aiding the homeless to access to health and social services as well as helping them to navigate out of homelessness. These positive benefits associated with recuperative care programs have included strong physical, social, and emotional outcomes. The gaps and opportunities revealed by working as a nurse in a homeless shelter serves as a road map for developing comprehensive recuperative care programs that focus on education, jobs, housing, and healthcare in an equitable manner. Therefore, providing adequate funding to coordinate state and community level supports, thus bridging the gaps between many services that support those who are homeless. Nurses who work with the homeless population can provide health care that can achieve successful outcomes and decrease health disparities. To better address social determinants of health, nursing leaders should integrate awareness and hands on experience to better understand the root of social factors, social justice, and advocacy to improve health outcomes among the homeless population. Now more than ever, nurses are needed to work closely with their boards of health, state health departments, and professional coalitions to rebuild and reimagine sustainable support systems for the homeless population.

Audience Take Away Notes

- Discuss the nurses' role in policy influence and decision making for the homeless population
- Identify homelessness as a global and local burden responsible for health inequities
- Discuss bridging the gaps between many services that support those who are homeless
- Describe positive benefits associated with recuperative care programs

Biography

Dr. Williams is passionate about addressing health disparities and social justice issues to promote diversity, equity, and inclusion. She is an Assistant Professor at the University of South Florida. As an educator, she has had the opportunity to teach students from a variety of backgrounds, cultures, and disciplines. For many years, she has worked extensively with underserved populations as a clinician, academician, and researcher. She has given many national and international presentations and authored several scholarly publications. For almost five years, she has been charged with using her God-given expertise to provide insight into health behaviors and outcomes in the church and communities. In addition, she is engaged with active participation with a wide audience of nursing leaders to advance the nation's agenda in expanding inclusive health care.



Rachel E Spector, RN, PhD, CTN-A, FAAN Boston College, United States

Cultural care: From research to theory to an educational paradigm

The presentation is predicated on my 40 years of conducting exploratory descriptive research studies of the TRADITIONAL¹ (ancient, HEALTH² and ILLNESS³ beliefs and practices derived from one's intangible cultural heritage over generations) and developing courses to teach the findings within the class content. The focus of the class is cultural diversity and how health and illness beliefs and practices vary cross-culturally. The students examine the health/health traditions derived from their intangible cultural heritage and then progress to examining the health and illness beliefs and practices of people from diverse cultural heritages. It is an effective approach to help us learn about health, explore diversity and the socio-political issues relevant to this topic, explore selected communities, understand health disparities, and become involved in community-based strategies to remediate this dire political situation. Given the magnitude of the legitimatized attitudinal change towards the "other" and those in dire need of health care, it is imperative to teach this content to nurses.

The course encompasses not only theory, but also process, and experiential learning opportunities.

Theory: Several texts including, Spector, Cultural Diversity in Health and Illness, 9th edition; Fadiman, The Spirit Catches You and You Fall Down; Adiga, White Tiger; Picoult, J. Small Great Things; and Vance, Hillbilly Elegy are used. The texts serve as the basis for discussion and the search for common threads.

Process: Over the course of the semester, the 5 steps to Cultural Care are ascended. The process begins with the questions "Who are you?" "Why are you here?" and "What are the traditional beliefs about health in your family and heritage?"

Experiential Learning: There are countless opportunities such as "urban hikes," visits to faith centers, meeting traditional healers, and community assessments.

This course has been extremely popular over the years.

'Traditional—Ancient, HEALTH beliefs and practices derived from one's ethno-cultural-religious heritage that has been handed down through the generations.

'Health - The balance of the person, both within one's being—physical, mental, and spiritual—and in the outside world—natural, communal, and metaphysical.

¹ILLNESS— The imbalance of the person, both within one's being—physical, mental, and spiritual—and in the outside world—natural, communal, and metaphysical.

Audience Take Away Notes

- Meanings of traditional, health, and illness
- Examples of traditional, health, and illness beliefs and practices
- The five steps for applying this to Cultural Care
- Strategies for developing this course in various settings

Biography

Dr. Spector is the author of several books, including Cultural Diversity in Health and Illness, now in its 9th edition; Cultural Care: Guides to Heritage Assessment and Health Traditions; and Las Culturas de la SALUD, published in Spain (2003) and a text in the Chinese Traditional Language (2007). She is continuing her ongoing research in cultural diversity as it relates to traditional health beliefs and practices. Her work focuses on developing and teaching models of effective nursing care, or "Cultural Care," (a concept that describes holistic health care that is culturally sensitive, culturally appropriate, and culturally competent) in multicultural populations.



Stephanie Sideras, RN, PhD, CHSE University of Portland, United States

An exploration of the effect of mindfulness on the development of clinical reasoning in undergraduate nursing students

This pilot study explored the effect of mindfulness based training, with its attributes of being present, aware, attentive and accepting on the development of clinical reasoning ability.

Background: The working world of a nurse is complex. Nurses are expected to manage multiple patients and their complicated, competing, and unpredictable situations. The work requires coping with multiple shifts in cognitive focus. The result can seem chaotic, particularly to a student already feeling challenged from the stress of providing patient care while immersed in the learning process.

Methods: A mixed method design with an intervention only student group of 15 was used. Quantitative assessments of mindfulness, stress and clinical reasoning ability were conducted. Qualitative focus groups evaluated response to mindfulness based training (MBT) and the clinical reasoning learning activities. Five clinical reasoning learning activities and three mindfulness based trainings were embedded in an acute care seminar. Participant learners committed to 10 minutes a day, 4 days a week of personal mindfulness practice. Clinical reasoning ability was assessed through analysis of the student's ability to receive a patient handoff report and track salient data in 5 categories. The handoff report information was further analyzed for organization and the presence of errors.

Results: Data was analyzed using the paired-samples t-test. There was no statistical change in mindfulness (t(7) = .373, p = .720) or stress (t(7) = .351, p = .736) from pre-test to post-test. However, there were statistically significant improvements in students' ability to track and organize salient data, with a decrease in errors. Qualitative data analysis revealed consistent theme of student appreciation of the clinically focused learning activities as well as improvement in confidence in their ability to listen to report and prepare to care for a patient.

N=16	PreTest	PostTest	Paired-samples	Cohen's
Category	Mean / SD	Mean / SD	T Test	effect size
Percentage Salient Data Captured	64.89t% / SD = .102	85.91% / SD = .092	t (15) = 7.21, p = .000	1.80
Percentage of captured data out of position	11.22% / SD = .08	1.2% / SD = .025	t (15) = 4.54, p = .000	1.13
Presence of Errors	4.79% / SD = .025	1.5% / SD = .014	t (15) = 5.12, p = 000	1.28

Table 1. Quantitative analysis of clinical reasoning handoff data by category

Implications: The MBTs implemented in this study focused on purpose and benefit; the clinical application arm was lost secondary to COVID surge. Results from this pilot study support deliberate teaching of the ability to notice and organize patient data. Replication in conditions where theory and clinical practice can be integrated is warranted.

Audience Take Away Notes

- Analysis of a handoff memory aid can provide nurse educators evidence of a students' noticing capacity
- As noticing initiates clinical reasoning, deliberate practice that will improve accuracy, organization and scope is beneficial to students
- Clinical reasoning learning activities can be intentionally designed to focus on prioritization of bedside safety checks, focused physical assessments and essential follow up care
- Further research is needed examining the integration of deliberate teaching of clinical reasoning with clinical practice applications overlayed with mindfulness

Biography

Dr. Sideras studied nursing at St. Louis University in the United States of America and attained both her undergraduate and master's degrees there. Her PhD in nursing education was awarded in 2008 from Oregon Health & Sciences University. She has been engaged in clinical education since 1989 and immersed in teaching with simulation since 2005. Her current position is an Assistant Professor for the University of Portland. Her research has a dual focus – development and assessment of clinical reasoning and also examining the effect of simulation practice on student nurse's professional attitudes and values. Her publications reflect her research interests.

DAY 03

VIRTUAL



Valerie LynnPostnatal Recovery Specialist Eco-Postnatal Care Company, Laguna Beach, California, USA

The science behind postnatal recovery rituals: A western perspective

Valerie Lynn, Postnatal Recovery Specialist based in the U.S., presents her original research. The yearlong study she conducted via the Malaysian Ministry of Health under the guises of the Complementary Medicine Department was conducted in government hospitals and the field. Miss Lynn was ahead of her time in identifying the effectiveness of traditional postnatal recovery practices carried out during the Healing Window of Opportunity, or the first six weeks of the fourth trimester after pregnancy and childbirth, and in the case of miscarriage and stillborn birth.

She supported the centuries of evidence-based proof with science by identifying core tenants of traditional postnatal recovery practices based on postnatal anatomy and postnatal food science.

Audience Take Away Notes

- The audience will learn the western-science that is being put behind centuries of evidence-based proof of the effectiveness of postnatal recovery practices
- Able to better explain to the younger generations the effectiveness of care for new mothers that is being Questioned

Biography

Valerie Lynn is a Postnatal Care Specialist in recovery from pregnancy, childbirth, miscarriage, and stillborn birth. Valerie has been a significant force in introducing after-birth recovery practices from Malaysia, its traditions, techniques, and treatments to women globally. She experienced postpartum anxiety and obsessive-compulsive disorder after the birth of her son in 2007, for nine months. Valerie turned to the traditional Malaysian healthcare system to re-balance her hormones and heal herself naturally with feminine-focused body treatments, herbal products, and postnatal nourishment.



Malliga Jambulingam Morgan State University, United States

Insights into inconsistent infant safe sleep practices among African American caregivers

Background: After the 1994 national "Safe Sleep Campaign," acceptance of infant sleep practices was followed by a significant reduction in the national SIDS death rate. Interestingly, SIDS deaths of African American (AA) infants has remained comparatively high--creating an incidence rate disparity. The elusive question is "why?" Understanding the basis of infant safe sleep practices by given AA caregivers is therefore important to effectively address inconsistency surrounding the "ABCs" of safe sleep practices.

Objective: To understand the knowledge base, attitudes, circumstances, and current behavioral patterns surrounding infant safe sleep practices among given AA caregivers.

Methods: A purposive sampling strategy, including 31 participants from three targeted Baltimore communities, was employed. Knowledge and attitudes of caregivers were assessed using a Focus Group questionnaire to draw participant responses about why ABC strategies for safe sleep were not consistently followed. Caregivers' practices of infant placement for sleep were first assessed by having them demonstrate their routine using a life-size doll in a crib which purposefully contained other items. All group conversations were audio-recorded and transcribed. Collected data were analyzed using ATLAS. ti and by two researchers.

Results: A substantial percentage of the AA caregivers of these communities did not fully understand safety-based and anatomical rationale for placing infants alone and on their backs for sleep. Many expressed fears that the baby might choke the goal of getting maximum sleep for baby and caretaker, while some sought easy monitoring ability.

Conclusion: Understanding the misgivings, circumstances, and fears are instrumental for imagining and supplementing existing safe sleep practice recommendations. Continued Town Hall forums that include practical demonstrations, along with meaningful discussions with educational tools, inclusive of Q & A follow-up should be developed to reduce fears and misconceptions to best increase consistent practice of placing infants alone in supine reduce the risk of SRID.

Biography

Dr. Jambulingam has an extensive experience in the field of maternal child health. She received her PhD (Nursing) degree in 2014 at the University of Texas Medical Branch, Texas, USA. Her research interest concepts are Health Promotion and Disease Prevention, student success, and leadership. As a health promotion aspect, she performed a research in the U. S. on infant massage as it has benefits for mothers and infants. She has expanded her research on "International NICU Nurses' Attitudes Regarding Preterm Infant Massage" at the Council of International NICU Nurses Conference, Vancouver, Canada. As a continuation of study, she has performed a study on "Mothers' Perceptions Regarding Preterm Infant Massage" in Baltimore, MD, USA.

DAY 03

VIRTUAL



Eta nee Enow Vivian Ayamba; Aymle N. N. GaelleDepartment of Nursing, University of Buea, BP63 Buea, Cameroon

Knowledge, Attitudes and Practices of parents regarding convulsion in children under five years in Muea community, Cameroon

Background: Convulsion is an event that can emotionally traumatise most parents. Inadequate knowledge regarding convulsion can cause parental anxiety.

Aim: This research sought to investigate the knowledge, attitudes, concerns and practices of parents regarding convulsion in children under five-years.

Methods: The study employed a community based cross-sectional survey design. Purposive, convenient and snowball samplings were used to select the study site and enroll participants to the study. The study was conducted in Muea Community, Buea Health District in Fako Division, South West Region of Cameroon. The study participants were made up of parents of children under 5-years of age and who had witnessed convulsion in a child. Respondents who met the inclusion criteria and gave their consent to participate in the study were selected. Data was collected using a semi-structured questionnaire made up of both open and closed-ended questions. Data was collected on the knowledge, attitudes, concerns and practices of parents regarding convulsions in children. Data collected was entered using a pre-designed EpiData version 3.1 and data from open-ended questions were analysed using systematic process of thematic analysis.

Results: A total of 100 respondents participated in the study. The study revealed that more than half of the respondents 53.7% had good knowledge on convulsion, 61.9% of the respondents had positive attitudes towards convulsion and 51.4% of parents had good practices regarding convulsion. This study also revealed that knowledge of convulsion had an association (p=0.05) with gender and marital status but was not dependent (p>0.05) on age and level of school attained. Conclusion: The study concluded that even though more than half of the respondents were knowledgeable on convulsion, there is still need for proper parental education as inappropriate attitudes and practices like putting the child's head in the toilet pit, which can lead to complications are still being practiced.

Audience Take Away Notes

- Inadequate parental knowledge regarding convulsion can emotionally traumatise most parents.
- Inadequate parental knowledge regarding convulsion can cause parental anxiety.
- Inadequate parental knowledge regarding convulsion can lead to harmful practices like putting the child's head in the toilet pit, which can in turn lead to complications and long hospital stay.
- Inadequate parental knowledge regarding convulsion can increase infant and child mortality rates
- Adequate parental knowledge on proper home management of fever and Febrile Convulsion (FC) can prevent about 65% of pediatrics emergencies occurring in health facilities due to FC.
- They will have an understanding of the level of parental knowledge about the concept.
- They will seize every opportunity to educate parents on proper home management of fever and Febrile Convulsion (FC).
- Yes, also a further research can be conducted in any aspect in line with this research.

- This research can help health facilities to enforce health education during infant welfare clinics and emphasized on the prevention and proper home management of fever and Febrile Convulsion (FC).
- Yes, also, it will provide new information to assist in designing more research questions in order to expand research in this area.
- List all other benefits
 - o It will create awareness on the need to reinforce parental health education.
 - o It will help curb complications and even death resulting from poor home management (first aid) of FC.
 - o It will reduce parental anxiety.

Biography

Dr. Eta nee Enow Vivian Ayamba studied Nursing at the University of Buea, Cameroon; she has a bachelor of Nursing Science in 2002, a professional Master Degree in Nursing Education in 2009 and a Ph.D in Special Education in 2017 from the same institution. She worked in the hospital for over thirteen years as a Senior Principal Nurse, while teaching on a part time basis. Currently she is a Senior Lecturer of Nursing, Faculty of Health Sciences, University of Buea, Cameroon and the Coordinator for Data Science Center for the Study of Surgery, Injury, and Equity in Africa (D-SINE-Africa)



Dr. Emmanuel Mintah-Benyin^{1*}, Dr. Reginald Quansah²¹School of Public Health, University of Ghana, Legon, Accra, Ghana
²Academic Supervisor, School of Public Health, University of Ghana, Legon, Accra, Ghana

Assessment of work-related low back pain disorders among heavy equipment operators at Ghana Ports and Harbours Authourity (GPHA) Tema Port

Introduction: Among working-class people between the ages of 25 and 49, low back pain (LBP) ranks as the fourth most common cause of disease burden. Acute or chronic forms of low back pain usually results in worker poor job performance and absenteeism due to the prolonged duration needed for full recovery to return to work. The period of absenteeism caused by LBP may vary, but the longer the period, the less likely the chance of returning to work. As previously indicated only a handful of persons with low back pain who have been away from work for at least six months will return to work. LBP is sometimes disregarded since it is not life-threatening although it results in significant disability and health related costs. Also, due to epidemiologic challenges faced in Africa and the lack of accurate data revealing the true state of disease, the problem seems to have been shelved.

Objective: To assess the prevalence and associated factors of work-related low back pain disorders among heavy equipment operators.

Methods: An analytical cross-sectional study was used to assess the prevalence of low back pain disorders (LBPD) among 189 workers who operate heavy machines in the Ghana Ports and Habours Authority (GPHA), Tema Port from November 2021 to February 2022. A structured questionnaire was used to elicit information from study participants. Data was analysed with STATA v.16 using multiple logistic regression with statistical significance set at p<0.05

Results: The prevalence of low back pain disorders among heavy equipment operators at GPHA, Tema was 44.4% (p = 44.4%, 95% CI = 37.2% – 51.8%). Age (aOR = 1.06; 95% CI = 1.00 – 1.12; p = 0.050), working overtime (aOR = 3.68; 95% CI = 1.76 – 7.68; p = 0.001), awkward posture of frequently bending their trunks sideway (aOR = 3.51; 95% CI = 1.39 – 8.84, p = 0.008), and physical activity (aOR = 0.40; 95% CI = 0.20 – 0.80; p = 0.010) were significant predictors of low back pain among heavy equipment operators.

Conclusion: The prevalence of low back pain disorders among heavy equipment operators at GPHA, Tema was relatively high. Age, working overtime, and awkward posture of frequently bending their trunks sideways were factors that contributed to the development of back pain among persons who work with heavy machinery at the Ghana Ports and Habours Authority, GPHA, Tema Port. Engaging in physical activities was a beneficial factor against low back pain among heavy equipment operators. However, the study did not find any significant association of LBPD impact on job performance and absenteeism. Once more, the research proved that an amalgamation of risk factors contributes to the occurrence of low back pain disorders.

Recommendation: The management at GPHA should implement policies to lessen the likelihood that heavy equipment operators would experience LBPD.

Audience take away Notes

- Low back pain (LBP) is ranked as the fourth most common cause of disease burden in the world
- Increasing age, working overtime, and awkward posture (frequently bending their trunks sideways)
 are factors that contribute to the development of back pain among persons who work with heavy
 machinery
- Engaging in physical activities is a beneficial factor against low back pain among heavy equipment operators
- The research proved that an amalgamation of risk factors contributes to the occurrence of low back pain disorders

Biography

Dr. Emmanuel Mintah-Benyin is a Medical Doctor currently working with Ghana Ports and Harbour Authority, Tema-Ghana. He graduated from University of Ghana Medical and Dental School in 2013. He also holds a Master's in Public Health with Strong focus on Biological, Environmental, Occupational Health and Safety. With his passion for preventive public health activism, his research is focused on prevention and management of occupational related diseases.



Lakmali Anthony 1*, Madeline Gillies2, Vikram Iyer1, David Goh1

¹Northern Health, Victoria, Australia ²Goulburn Valley Health, Victoria, Australia

Indirect impact of COVID-19 pandemic on lower extremity amputations – A regional study

Background: The COVID-19 pandemic has profoundly influenced the management of many conditions chronic conditions and peripheral vascular disease (PVD) is no exception. This study aims to evaluate the impact of the pandemic on patients with PVD in Australia by analysing rates of amputation, indications for amputation and urgency of surgery in the pre-pandemic and pandemic periods.

Methods: The Australian Vascular Audit database was used to capture lower extremity amputation data in Victoria, Australia in the 22 months before and after the start of the pandemic. Information on demographics, level of amputation, indication for surgery and its category (emergency, semi-urgent, elective) were collected.

Results: The number of total amputations increased from 1770 pre-pandemic to 1850 during the pandemic, a 4.3% increase. This was largely driven by a significant, 19% increase in major amputations. Minor amputations remained relatively similar in the two time periods. Amputations due to tissue loss secondary to arterial insufficiency increased from 474 to 526, an 11% increase, potentially indicating a delay in revascularisation procedures contributing to the rise in amputations. Elective and emergency surgeries fell by 14% and 18% respectively while semi-urgent amputations increased by 32%.

Conclusion: This study provides evidence that the pandemic has led to an increase in major amputations in PVD patients. It also provides insight into factors driving this increase, such as tissue loss secondary to arterial insufficiency being an increasingly common indication for the observed rise in amputations. These findings can inform and direct future vascular surgery service delivery to help prepare for the post-pandemic recovery. Additionally, this study further confirms that patients with chronic diseases such as PVD are often disproportionately disadvantaged when global crises affect routine provision of healthcare and calls for better systems to be developed that can be used in such crises in the future.



Dr. Lakmali Anthony^{1*}, Dr. Madeline Gillies², Ms Morica Tran, Mr. David Goh¹

¹Department of Vascular Surgery, The Northern Health, Victoria, Australia ²Goulburn Valley Health, Victoria, Australia

The indirect impact of COVID-19 pandemic on limb preservation care- A retrospective analysis of trends in lower limb revascularisation

Background: Disruptions caused by COVID-19 pandemic have profoundly influenced the management of many conditions, especially vascular pathologies including limb preservation care. The aim of this study is to evaluate the impact of the pandemic on patients with peripheral arterial disease (PAD) focusing on lower limb revascularisation procedure volume, their indication and urgency of surgery.

Methods: The Australian Vascular Audit (AVA) was used to capture data on revascularisation procedures before and after the onset of the pandemic in Victoria, Australia. Information on patient demographics, procedures performed, their indication and urgency of surgery were collected.

Results: There was a significant 22.7% increase in revascularisations for PAD during the COVID-19 pandemic, driven solely by a 31.9% increase in endovascular revascularisation procedures. Endovascular procedures for all indications of PAD, namely claudication, rest pain and tissue loss, increased by 22.3%, 62.9% and 35% respectively, during the pandemic compared to pre-pandemic times. Open procedures declined by 10.2% during the pandemic. There were significant 13.9% and 62.2% increases in elective and semi-urgent revascularisations respectively during the pandemic while emergency revascularisations for PAD fell by 4.2%.

Conclusions: This study found that the volume of revascularisation for PAD increased significantly during the pandemic indicating that patients with PAD had significant deterioration of their condition during the pandemic. This is likely multifactorial; due to disruptions to standard provision of podiatry, vascular surgery and endocrinology services to these patients, a decline in overall health and changes in health-related behaviours due to restrictions and infection control methods imposed during the pandemic. The number of elective and semi-urgent procedures also increased during the pandemic which reflects the significant deterioration of PAD patients during the pandemic. This study highlights a concerning trend of worsening PAD when routine care of these patients is disrupted. Such data should be instrumental in contingency planning and resource allocation for managing the ongoing pandemic.



16-18^{HORNOH}

VIRTUAL ROOM 01

DAY 03

VIRTUAL ROOM 01 POSTERS

INTERNATIONAL

NURSING AND
PUBLIC HEALTH
CONFERENCE



Konno Miki*, Tabata H., Asari T. and Mise K.

Department of Nursing, School of Health Sciences, Sapporo Medical University, Sapporo, Hokkaido, Japan

Short-term effect of a smoking prevention class from the perspective of students and their parent

Purpose: To hold a smoking prevention class for students, and to clarify the effect of the class according to students' and parent's perception, and parents' smoking behaviors.

Methods: A smoking prevention class was held for students at one elementary school and two junior high schools in Hokkaido Prefecture, Japan from 2019 to 2020. After receiving Ethical Review Board approval, a longitudinal study was conducted on 340 student-parent pairs. A survey was conducted three times per month for students and twice per month for parents. The effect of the class was evaluated based on less psychosocial nicotine dependence and reduced smoking actions.

Results: Valid responses were obtained from 140 student-parent pairs (38 sixth-graders and 102 seventh-graders). Among the students, 80 (57.1%) responded that there were smokers around them. Students' Kano Test for Social Nicotine Dependence (KTSND) total score (median) decreased from 4.0 before the class (T1) to 2.0 immediately after the class (T2), and 3.0 one month after the class (T3). The low score indicates low psychosocial nicotine dependence. There was no significant difference between T1 and T3. No significant difference in parents' KTSND total score (median) was observed between before the class and one month after the class (both 14.0). A total of 113 (80.7%) parents read a document about smoking cessation provided by the school, and 45 (32.1%) parents listened to a talk about the class. Among parental respondents, 23 were smokers (16.4%), and there were 40 smokers (28.6%) who also lived in the same house. One month later, about 40% of smokers and about 20% of housemates showed actions such as reducing passive smoking and smoking cessation.

Conclusion: One month after the smoking class, the students' and parent's smoking perception remained unchanged; however, the class provided the opportunity to reconsider smoking actions among the students' housemates.

Keywords: Student, parent, smoking prevention class

Audience Take Away Note

- The audience can learn that health education is not limited to the person in front of it
- Smoking prevention class for children has a slight impact on family smoking habits
- If you can contribute to family health education through children, it will be a cost-effective method

Biography

Dr. Konno studied Chiba University, Japan and graduated as DSN in 1999. She has been working at Sapporo Medical University, Japan. She has edited eight textbooks on pediatric nursing and published more than 40 research achievements.



Yuki Ohtsuyama Tokyo Junshin University, Tokyo, Japan

Knowledge of the elder abuse prevention law among the nurses working in general hospital wards in Japan

In Japan's super-aging society, prevention of and countermeasures against elder abuse is an issue that must be addressed on an ongoing basis. In Japan, however, research on elder abuse prevention in home care nursing has been the main focus, and research on nurses working in hospitals remains scarce. Therefore, we conducted a survey of 3277 nurses working in general hospital beds in Japan to investigate their knowledge of elder abuse and prevention methods and to obtain suggestions for the development of future educational programs. The age \pm SD was 38.5 ± 10.8 years, and the number of years worked as nurses \pm SD was 11.6 ± 10.2 years.

2181 respondents, or 67.5%, indicated that they were aware of the Elder Abuse Prevention Law, while 1101 respondents, or 34.4%, indicated that they had had the opportunity to learn about the law.

This indicates that the Elder Abuse Prevention Law, which was enacted in 2005, was likely incorporated into basic nursing education, and that the respondents did not feel that they had to learn about the law on their own, but were made aware of it through their eduation. In addition, a chi-square test using knowledge of the Elder Abuse Prevention Law as the dependent variable revealed significant differences in awareness of the possibility of detecting patients suffering from elder abuse (P<0.001), experience in handling cases (P<0.003), and interest in elder nursing (P<0.001). It is thought that being aware of the possibility of detection first leads to the actual detection of abused elderly persons. In addition, it is necessary to further analyze the obtained data, since interest in elder care nursing may lead to participation in training and acquisition of proactive knowledge about elder abuse.

Audience Take Away

- You can learn about the current state of Japanese nurses' knowledge of elder abuse and the Elder Abuse Prevention Law
- In order to improve knowledge about elder abuse, it is necessary not only to learn but also to increase interest in elder nursing itself

Biography

Yuki Ohtsuyama, an assistant researcher, has worked with the elderly for many years in clinical environments. Her personal experiences lead to her interest in research on elderly abuse and how it can be better identified by nurses. After graduating with a BSN in 2008, Yuki began clinical work with patients as an RN in a surgical ward specializing in respiratory medicine, and orthopedic and gastrointestinal surgery. She continued work as a nurse both in an emergency room and in a nursing home while working to achieve her MSN. She graduated with a specialization in gerontology in 2014.

DAY 03

VIRTUAL



Ssu-Yuan Lin¹*, Chia-Yi Chiao², Hui-Chi Li³

¹Department of Preventive Medicine Center, Asia University Hospital, Taichung City, Taiwan

²Department of Nursing, Chung Shan Medical University, Taichung City, Taiwan ³Department of Nursing, Asia University, Taichung City, Taiwan

Effect of walking on cancer related fatigue in cancer patients: Systematic review

Background: Cancer-related fatigue is one of the most common and distressing symptoms experienced by cancer patients, which often has a huge influence on the quality of life. Many local and international research on the application of walking exercise relieve cancer-related fatigue have been published. This systemic review and meta-analysis research will integrate these articles. The results of this research will provide a reference for clinical staffs to plan effective relief strategies for cancer patients.

Purpose: The purpose of this study aims to integrate the effectiveness of walking exercise on cancer-related fatigue in patients with cancer.

Methods: Through the systemic literature methods, this study use "Walking", "Cancer" and "Cancer Related fatigue" as keywords to search English databases such as PubmeduCochraneuMEDLINEuCINAHL and Embase, and two Chinese databases such as Huayi Online Library and Taiwan master's thesis system resources. Irrelevant and repeated references will be excluded. After quality assessment of the references, systematic literature review will be conducted. Finally, meta-analysis will be applied to examine the effectiveness of walking exercise intervention in improving cancer-related fatigue in cancer patients.

Results: The results of this study are expected to provide a reference for cancer patients, their family members, and health-related care providers, as well as encourage cancer patients to improve cancer-related fatigue through continuous and regular exercise, thereby improving their quality of life.

Audience Take Away Notes

- Fatigue is a common and distressing symptom experienced by cancer patients receiving treatment and may last long after completion of treatment
- Exercise has been shown to be effective in reducing fatigue for cancer survivors after completion of their treatment
- The effects of exercise on reducing cancer survivors' fatigue during treatment phase are inconclusive
- The effect of home-based brisk walking exercise effectively reduced fatigue

Biography

Ssu-Yuan Lin is a second-year nursing student at Asia University. She received a bachelor's degree in nusing from Fu Jen Catholic University. She work at Asia University Hospital as a registered nursing. Her current field placement is Preventive Medicine. She is interested in preventive medicine for health examination, prevention for cancer survivors.



Chih Wen Chen

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Health care policy for prevention and management of dementia in Taiwan: Analysis and suggestions

The World Health Organization (WHO) designated dementia as a global public health priority in April 2012. The 2019 Global Dementia Report estimates that there are more than 50 million people living with dementia worldwide, which is expected to grow to 152 million by 2050. One person suffers from dementia every three seconds; the current cost of dementia is US\$1 trillion per year, and it is expected to double by 2030. Due to the slow course of the disease and the complex physical and mental symptoms, patients with dementia and the poor quality of life of family caregivers, coupled with the worsening of the course of the disease, lead to the burden and pressure of family caregivers.

As society ageing, the number of people with dementia is increasing. Dementia is a slowly worsening condition that may delay early diagnosis due to the lack of early symptoms. In addition to early diagnosis and treatment, it also provides counseling for caregivers, methods and options for follow-up care according to the different degrees of disability and activities of daily living of patients with dementia, in order to plan a care model that best suits the patient's own wishes and expectations.

The government should normalize the dementia-friendly policy instead of making it a disease, and plan long-term care measures mainly for dementia as soon as possible, so as to provide continuous and complete care according to the disease characteristics and care needs of dementia. In addition to the promotion of the Dementia Shared Care Network, the content of publicity services for caregivers has been strengthened, and the primary medical screening and referral program has been promoted to increase the rate of diagnosis. Establish a more diversified long-term care service model to meet the needs of family care for dementia. Government and civil society can work together to strengthen outreach to the population and increase the use of courses such as family emotional support groups and family care skills.

Promote dementia related research, increase research funding for dementia prevention, treatment, and care, encourage integrated care plans to promote the establishment of dementia care policies and care models, and delay the degeneration and disability of the demented. Reduce the cost of care.

Audience Take Away Notes

- The importance of dementia prevention and care
- Key points of dementia prevention and care

Biography

Ms. Chih Wen Chen studied National Taipei University Of Nursing And Health Sciences and graduated as MS in 2013. She then continuing on Ph.D. program in 2018. Currently a PhD student.



Watcharapong Yaowarat¹, Thanee Kaewthummanukul², Waruntorn Jongrungrotsakul²*

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Predicting factors of hearing protection device use of workers in kaolin mineral dressing factories, Thailand

Noise-induced hearing loss, the most significant occupational and safety problem among the working population, can be effectively prevented through hearing protection devices (HPDs) use. This study, aimed to examine whether the following factors, perceived benefits, perceived barriers, perceived self-efficacy, and interpersonal and situational influences about using hearing protection could predict HPD use among 132 qualified workers in production lines at Kaolin Mineral Dressing factories, Uttaradit and Lampang provinces. Data collection was undertaken during August to September 2020 according to the interview form developed by Yaruang et al. (2010), which was assured by a panel of experts and its reliability value was at an acceptable level. Data analysis was performed using logistic regression analysis.

The results revealed that only the situational factor on using hearing protection could predict HPD use, which accounted for 21.80 percent of the total variance for HPD use. It was also found that the study sample who had a score for the situational factors on using hearing protection greater than or equal to the median were 4.16 times more likely to use HPDs than those who had lower median scores. (OR = 4.16, p < .05). The results, thus, indicate that organization policies addressing worker health along with enhancing a supportive environment for HPD use, in particular, the provision of various HPDs, are of great importance. Therefore, occupational health nurses and related health teams should enhance workers' use of HPDs effectively through knowledge dissemination by adopting strategies appropriate to the workplace context leading to an achievement of worker health policy focusing on work safety

Biography

Waruntorn Jongrungrotsakul, RN, Ph.D., Assistant Professor, Instructor at Public Health Nursing Department, Faculty of Nursing, Chiang Mai University, Thailand. She teaches nursing students in the Undergraduates of Community health nursing and Master program of occupational health nursing. She has several years of research experience as a specialist nurse, in occupational health nursing. Her research of interest is workplace health promotion, worker health assessment, and informal sector.



Victoria Grimes HolsingerImproving Healthcare Culture and Nursing, United States

Non-sexual harassment and bullying in the workplace

Background: Addressing the issue of non-sexual harassment, workplace bullying (WPB) of minority nurses and non-minority groups who reported either being harassed or bullied. A review of the literature in concert with the findings of the grounded theory study and interventional interviews revealed several categories of issues that illustrate the causes of this phenomenon. These categories were further delineated into specific sub-headings and organized in a fishbone flow chart. The fishbone made it possible to understand the influences of WPB in terms of the groups and the broader concepts of the major groups. The team created a list of specifically cited issues or problems. These were referred to as "line items." These concepts were combined where appropriate into fourteensubgroups. These subgroups were incorporated into four significant groups based on their overall concept: Environment, Process, Policy, and People. An algorithm was developed illuminating several barriers to resolution. Barriers include the time and energy of the individual, action from those receiving the report, and commitment from senior leadership to support the resolution.

The Data: A hazard analysis was performed on each of the 44 items in the Fishbone Diagram. Each line item was given two scores—one score for probability and one score for severity. The probability score was rated based on multiple stakeholder sessions, literature, and study findings, of what was the likelihood a minority nurse would experience this item. Scores were determined based on the reported results from the stakeholder sessions and the conclusions of the literature regarding severity. The score was based on how severe the consequences would be to the target. A score for each item of 1 – 4 was assigned. One being lowest probability or severity and four being highest. These two scores were multiplied to give an overall score for the item. Hence the range of overall scores could be between 1 and 16. A score of 12 or more is given the highest priority. A score of 8 to 11.5 is given medium priority, and under 8 is the lower priority. Items with a score under eight are not dismissed, however.

Recommendation: Accountably and trust of leadership were a reoccurring finding. There was the sense that there were two standards of behavior toward staff and supervisor. That management and their friends were not held accountable. Another common reoccurring theme was that some abusive managers get a promotion or are rewarded when they target selective individuals. Finally, the AES's recurring concern is that it is not reflective, and many did not trust how the findings were tabulated accurately. Suggesting a need to look at the variation within a department would allow the VA to intervene when that group culture was unhealthy.

Conclusion: Assessing the elements that create a hostile environment can be achieved through ongoing study and dialogue between staff and management. An outside group's intervention would ensure fair and equitable outcomes.

Biography

Victoria Grimes-Holsinger is a registered nurse Retired from the Department of Veterans Affairs in Boston, Massachusetts, she works with colleagues to found Nursing Health Culture Alliance (NHCA) and Improving Healthcare Culture (IHC). She received her Doctor of Nurse Practice (DNP) in the area of Population Health from Quinnipiac University. Dr. Grimes-Holsinger's work focuses on the impact of stress on the health of nurses, developing an

intervention that addresses workplace stress and improved workgroup psychological safety. She created a workbook to accompany her intervention. She is an active member of the American Nurses Association (ANA) policy committee as well as the End Workplace Violence Coalition.

Dr. Grimes-Holsinger graduated with honors and was inducted in the Sigma Tau-Rho honor society as well as receiving acknowledgment for her academic achievement from the VA. She received an invitation to serve with the local Sigma chapter working on succession planning and on their research committee. She is also an active member on VA committees. She is a peer reviewer for the Infusion Nurses Society (INS), active in ANA, Secretary of Nurse Organization of the Veterans Affair (NOVA) and sits on the VA's Best Practice committee and Nurse Profession Standards Board.Dr. Grimes-Holsinger has a diverse array of hobbies and interest. She enjoys painting in watercolors, gardening, and creating outfits for friends and family. She keeps her native heritage folkways (Lakota/Lenape) along with her daughter and keeps many of the traditions she was taught in her youth. She has the belief that resilience comes from the ability to face adversity without losing one's integrity and grace.



Monica Gallegos-Alvarado^{1*}, Sofia Elena Perez-Zumano², Ma. Cristina Ochoa-Estrada³, Ma. De Los Angeles Alarcon Rosales⁴

¹Faculty of Nursing and Obstetrics of the Juarez University of the State of Durango. Durango, Mexico. Creator and head of the Nursing Care Program for Breast Cancer Mastectomy (PROCUIDEM)

²National School of Nursing and Midwifery. Autonomous University of Mexico. Coordinator of nursing masters and doctorate programs

³Doctora en Ciencias de Enfermeria. PhD in Nursing Sciences. Faculty of Nursing and Obstetrics of the Juarez University of the State of Durango. Durango, Mexico. research coordinator

⁴Maestra en Ciencias de Enfermeria. teacher of Nursing Sciences. director of the Faculty of Nursing and Obstetrics of the Juarez University of the State of Durango, Durango, Mexico

Prevalence post-mastectomy human responses: Approach from the need of continuity of care and adaptation

To estimate the prevalence of human responses as care needs in the postoperative period of Mastectomy in survivors of women with breast cancer. Method: Retrospective descriptive study of 164 cases of women diagnosed with breast cancer in post-surgical treatment of mastectomy; To obtain the data, an organized nursing assessment was performed based on Roy's Adaptation Model, using a semi-structured interview and physical examination to identify human responses; The classification of nursing diagnoses of the North American Nursing Diagnosis Association 2021-2023 and was considered; For the analysis of the descriptive variables, SSPS version 20 was used. Results: Woman with an average age of 54 years, 60% married, 50% housewives, 67% with radical mastectomy with lymph node dissection. 23 human responses present in the 4 adaptive modes were identified, the most prevalent, risk of ineffective self-management of lymphedema, deficient knowledge, impaired mobility and death anxiety. Conclusions: The care of the post- operative mastectomized woman implies understanding the changes experienced and providing the professional assistance necessary for her rehabilitation based on the human responses recorded during this process, representing the first step to establish a care plan that sets the guidelines of performance for the nursing professional in the 4 adaptive modes. A model for the continuity of nursing care aimed at post- mastectomy women is proposed based on the evidence found.

Keywords: Mastectomy, nursing care, nursing diagnosis, breast cancer, adaptation.

Audience Take Away Notes

- Innovation in the continuity of care for people with breast cancer
- Independent nursing care opportunity, as advanced practice
- Innovation in evidence-based nursing care
- Support in health coverage in non-communicable chronic diseases such as cancer, avoiding complications
- On humanized care needs and use of nursing taxonomy in the care of people with breast cancer Continuity of care in people with breast cancer as an independent nursing practice
- On evidence-based practice and adaptation theory
- First take into account the human responses or care needs of post-mastectomy people to educate them about their care at home and avoid complications
- Second, consider the need for lymphedema management as an area of opportunity for training and implementing this care as an advanced nursing practice
- You can feel motivated by the nursing work itself by directing care to human needs or responses. Facilitates nursing care directed to the post-mastectomy person, through a care model

- List all other benefits
 - o It reflects the use of nursing taxonomy. Reflects nursing care based on nursing theory
 - o It allows visualizing the continuity of nursing care in a global public health problem such as breast cancer

Biography

Lic. Monica Gallegos, Master of Nursing Sciences, from the University of Guanajuato and Doctorate in Nursing Sciences. By the National University of Trujillo Peru in agreement with the Autonomous University of Mexico (UNAM). International certification in lymphedema care by the Lymphatic Drainage School of Brussels. *Active Member of the Lymphatic Association of Mexico, as a certified teacher in lymphedema treatment education. Creator and manager of the nursing care program for mastectomized women (PROCUIDEM), installed at the Durango Nursing and Obstetrics Faculty since 2013, expanded to the state cancer center and the national nursing school in Mexico City.



Yau Yim ChingMaster student, The Hong Kong Polytechnic University, Hong Kong

Exploring Hong Kong general ward nurses' experiences of transitional care for patients discharged from ICU

Background: The transition of patients from intensive care units (ICUs) to general wards is a regular occurrence to relieve manpower pressures and financial constraints. Early transfer of patients significantly increases the risk of ICU readmission, an increased length of hospital stay and in-hospital mortality.

Objective: Nurses' role in promoting continuity of care is key for post-ICU patients to prevent ICU readmission. However, there are limited studies to explore general ward nurses' experiences taking care of post-discharged ICU patients. Therefore, the aim of this study was to explore Hong Kong general ward nurses' experiences of transitional care for patients discharged from ICU.

Method: This study used a descriptive and exploratory qualitative approach and used inductive thematic analysis through an iterative approach. Focus group interviews with 20 registered nurses who are currently working in the general ward environment of an acute care hospital in Hong Kong and have cared for a post-ICU patient within the past 6-12 months.

Results: There were four overarching themes (1) Feeling unsupported, helpless & alone in providing quality nursing care, (2) 'Not knowing what I need to know": Feeling uninformed and ignorant of the needs of the post-ICU patient, (3) Remaining hyper-vigilant in the face of adversity, and (4) Being better informed reduces my anxiety and stress

Conclusion: Nurses working in general wards in Hong Kong experienced significant challenges of caring for the post ICU patients. May felt out of their depth and struggled with the complexity of care required to look after these patients. Communication and ICU specific terminology was a major barrier to effective care

Biography

Ms Yau Yim Ching has been a nurse academic and clinician for several years. Her area of clinical and research experience is in intensive care nursing practice, transitional nursing care and education as a qualitative researcher.



Dr. Selvia Arokiya Mary AmalanathanBisha University, Kingdom of Saudi Arabia
Assistant Professor MSN, CRM, Doctor of alternative medicine (AM)

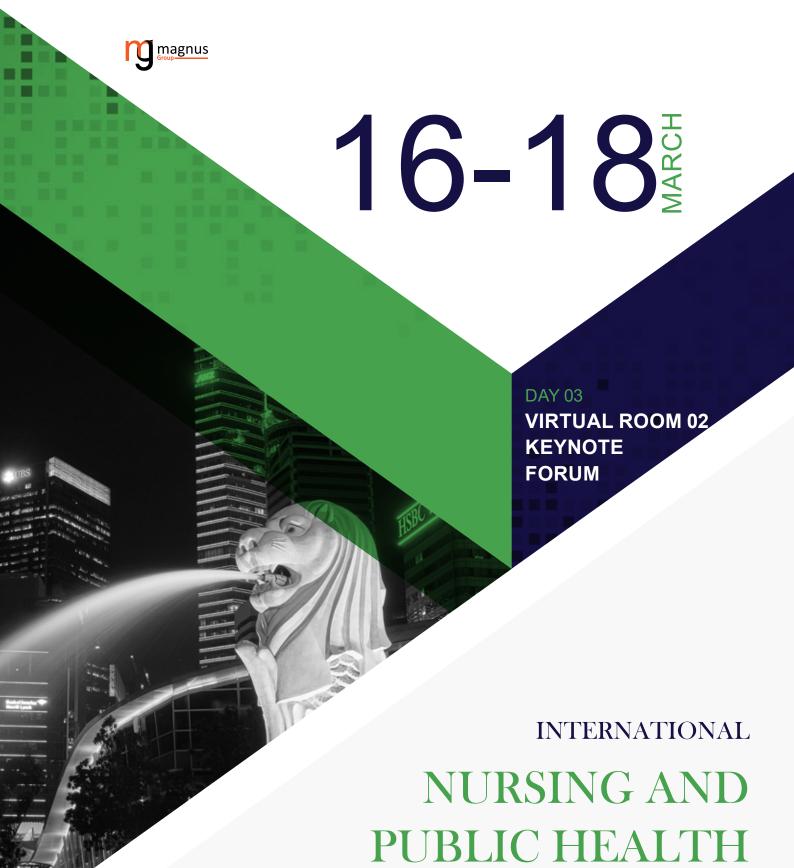
Mental health prediction using machine learning: Pain and stress detection using wearable sensors and devices

Pain is a subjective feeling; it is a sensation that every human being must have experienced all their life. Yet, its mechanism and the way to immune to it is still a question to be answered. This re-view presents the mechanism and correlation of pain and stress, their assessment and detection approach with medical devices and wearable sensors. Various physiological signals (i.e., heart activity, brain activity, muscle activity, electrodermal activity, respiratory, blood volume pulse, skin tempera-ture) and behavioral signals are organized for wearables sensors detection. By reviewing the wearable sensors used in the healthcare domain, we hope to find a way for wearable healthcare-monitoring system to be applied on pain and stress detection. Since pain leads to multiple consequences or symptoms such as muscle tension and depression that are stress related, there is a chance to find a new approach for chronic pain detection using daily life sensors or devices. Then by integrating modern computing techniques, there is a chance to handle pain and stress management issue.

Keywords: Mental health machine learning, pain detection; stress detection; wearable sensor; physiological signals; behavioral signals

Biography

Dr Selvia Arokiya Mary Amalanathan is affiliated with Bisha University, Kingdom of Saudi Arabia. She has been undertaking research for 15 years and is guiding research scholars as well. Her stint in academia spans close to two decades. Her research areas comprise Research, Leadership, Administration, Education, medical nursing, alternative medicine, hospice care, technology, and innovations. She has 25 publications to her credit. She possesses good organizational, leadership and planning capabilities as demonstrated by 14 years as an organizer. She is a pragmatic person with global technology-focus and strives to satisfy academic teaching and learner needs. She has specialized in Oncology, Cardiac and Critical Care Nursing. She has organised several workshops on Continuing Nursing Education and is efficient in development of curriculum and Rubric for evaluation. She was recently bestowed with the best academician award by Saveetha University College of management. Her other accolades comprise Best researcher award from ESN; Best speaker award by International Scientific Health Care Professional forum and Scientific Nursing Meet; Excellent academician; Best speaker on breast cancer awareness by Ministry of Information and Broadcasting, Government of India. She was also awarded the Gold Medal for the Best Outgoing Student at the Masters level by Saveetha University, Chennai, India.



CONFERENCE

Change your genes - Change your life: Healthy aging and longevity

Biology is no longer destiny. Our DNA doesn't determine our health and disease prospects, as geneticists once believed. According to the new science of epigenetics, the vast majority of our genes are fluid and dynamic—and their expression is shaped by what we think and what we do. Our genetic profile may signal an inherited vulnerability to a disease, but our choices and behaviors determine whether these genes will be switched on or off. Each of us can influence our genes to create optimal health and longevity. Dr. Pelletier will discuss the latest epigenetic research, including the Ancestry.com inspired 'Heritability Study' and share timely media coverage including details of the 'CRISPR Babies' and its potential impact on science. He will also reveal the organizations and cutting-edge technology that will forever change the landscape of optimal health and longevity. We encourage you to attend and to engage with Dr. Pelletier in learning how to incorporate these new findings into your own lives.

Audience Take Away Notes

- Differentiate genetics vs epigenetics
- Apply practical, evidence-based epigenetic assays in practice
- Determine "personalized nutrition" based on latest data



Kenneth R. Pelletier, PhD, MD

Clinical Professor of Medicine,
Department of Medicine,
Department of Family &
Community Medicine,
Department of Psychiatry,
University of California School of
Medicine, San Francisco, United
States of America

Biography

Kenneth R. Pelletier, PhD, MD is a Clinical Professor of Medicine, Department of Medicine; Department of Family and Community Medicine; and Department of Psychiatry at the University Of California School Of Medicine, San Francisco (UCSF). At the UCSF School of Medicine, he is Director of the Corporate Health Improvement Program (CHIP) which is a research program between CHIP and 15 of the Fortune 500 corporations including Apple, Cisco, American Airlines, IBM, Dow, Prudential, Cummins, Ford, NASA, and PepsiCo. He also serves as a Vice President with American Specialty Health (ASH).



Ferritin and Neurotoxicity: A contributor to deleterious outcomes for Subarachnoid Hemorrhage

Background: Ferritin is a protein that is critical for storing iron. Ferritin has recently been shown to play a role in iron homeostasis, immunomodulation, inflammation, and antioxidation. Previously, it was believed that ferritin was exclusively an intracellular peptide. However, there is significant evidence that ferritin is also in the serum, cerebral spinal fluid, and synovial fluid.

Summary: Within the brain, ferritin can bind to oligodendrocytes adjacent to the blood-brain-barrier to allow a docking point for ferritin to be engulfed by microglia in the brain parenchyma. When iron supplies in the brain are low, the lysosomal-autophagy pathway is activated to degrade ferritin and mobilize iron. Iron is critical in the brain for the formation of myelin and used during cellular respiration. If this sequestration and degradation of iron is impaired, the oxidative effects of iron may leave the brain vulnerable to neurotoxic effects. Subarachnoid hemorrhage (SAH) causes hemolysis of erythrocytes leading to the release of iron. Subsequently, a rise in ferritin is observed which promotes the neurologic insult following SAH. The degree to which ferritin is elevated post-SAH may correlate with the downstream neurotoxicity.

Key Messages: The literature seems to point to a critical balance in ferritin levels. Ferritin is protective against further oxidative effects of iron, but ferritin also contributes to neurotoxic outcomes. In this review, we will discuss the role of ferritin in the brain. Specifically, we will address cerebral ferritin iron uptake and ferritin clearance. This homeostatic process influences the development and progression of subarachnoid hemorrhage.

Audience Take Away Notes

- How ferritin contributes to neurotoxicity
- The role of microglia in vasospasm development
- · Neuroinflammation and subarachnoid hemorrhage expansion



Brandon Lucke-Wold MD, PhD

Department of Neurosurgery, University of Florida, Gainesville, United States

Biography

Brandon Lucke-Wold was born and raised in Colorado Springs, CO. He graduated magna cum laude with a BS in Neuroscience and distinction in honors from Baylor University. He completed his MD/PhD, Master's in Clinical and Translational Research, and the Global Health Track at West Virginia University School of Medicine. His research focus was on traumatic brain injury, neurosurgical simulation, and stroke. At West Virginia University, he also served as a health coach for the Diabetes Prevention and Management program in Morgantown and Charleston, WV, which significantly improved health outcomes for participants. In addition to his research and public health projects, he is a co-founder of

the biotechnology company Wright-Wold Scientific, the pharmaceutical company CTE cure, and was a science advocate on Capitol Hill through the Washington Fellow's program. He has also served as president of the WVU chapters for the American Association of Pharmaceutical Scientists, Neurosurgery Interest group, and Erlenmeyer Initiative Entrepreneur group. In addition, he has served as vice president for the graduate student neuroscience interest group, Nu Rho Psi Honor Society, and medical students for global health. He was an active member of the Gold Humanism Honor Society and Alpha Omega Alpha Honor Society. He is currently a member of the UF House Staff Council, Positive Culture Committee, Quality Improvement Committee, Board of Directors Alachua County Medical Society, and Accreditation Requirements Review Committee. He is married to Noelle Lucke-Wold and has two children. As a family, they enjoy running with their dogs, rock climbing, and traveling. In his spare time, Brandon frequently runs half marathons and 10ks together with is wife. Brandon also enjoys reading, playing piano, discussing philosophy, and playing chess. He is currently a Pgy5 neurosurgery resident at University of Florida with pursuing endovascular enfolded training and was awarded the Dempsey Cerebrovascular Research Fellowship.



Hatred as a contagious disease and public health issue

Background: Hatred has been studied for centuries by philosophers and theologians, and only more recently by social psychologists, anthropologists, and evolutionary scientists. However, there is still no consensus on a scientific or comprehensive theory, definition, or model of hatred. In the 21st century, hatred due to fear, incitement, and violence is presenting an unprecedented global existential threat. Hatred contributes to the burden of disease, death, and disability among individuals and communities. A significant portion of violence in the world is based on hatred of the other. Thus, this presentation will discuss Hatred, which can be conceptualized as a contagious disease, spreading violence, fear, and ignorance. Like traditionally known diseases, hatred is initially triggered by a causal agent or from harmful exposure. Once the exposure is manifested and incubated within the host, it can grow slowly over a period of time by continuous chronic exposure, or instantly by acute exposure. As the harmful exposure starts to grow, it will start to negatively impact the host's functionality (health and wellbeing).

Measuring Hatred: The global community must recognize hatred as a public health and safety issue in order to move from the management of hatred to the active prevention of its root causes through promotion, education, and awareness. We must measure it as a first and necessary step, and if unable to prevent it, mitigate it. By developing a model of hatred, we can identify specific cognitive and interpersonal patterns influencing one's behavior linked to hatred. With a psychometric tool that measures these processes, we can look at the specific pattern of scales in individuals high in hatred towards others. Then we can develop targeted interventions potentially reducing some of the violence attributed to hatred. The Abuelaish Hatred Scale (AHS) is currently under development and has undergone psychometric progress. Data has been collected from normative samples as well as samples of people who are intolerant of immigrants. Further data has been collected in Gaza from a Palestinian sample and analyzed to examine determinants of ingroup and outgroup perception of threat in relation to Hatred.

Conclusions: There is a need for studying hatred through a socio biomedical approach, for the academic community to establish a comprehensive understanding of its cause, spread, and symptoms. The establishment of the Global Institute for the Study of Socio-endemic Diseases (GISED), Hatred, Health and Peace aims to be the premier research facility for addressing and exploring the pathophysiology and socio epidemiology of hatred, among other socio-endemic diseases that have yet to receive adequate attention. This initiative strives to create a research hub for addressing socio-endemic diseases' health impacts from a multidisciplinary, interdisciplinary, comprehensive, holistic, collaborative, and convergent approach.



Dr. Izzeldin Abuelaish

Dalla Lana School of Public

Health, University of Toronto,

Toronto, Ontario, Canada

Biography

Professor Dr. Izzeldin Abuelaish is a Palestinian-Canadian MD, and Human rights and Peace activist. Professor Dr. Abuelaish studied medicine in Cairo, Egypt and received a diploma in Obstetrics and Gynecology from the University of London, UK, as well as an MPH from Harvard University. He has received numerous awards and accolades, including 18 honorary degrees and 5 Nobel Peace Prize nominations. He is currently a Full Professor at the University of Toronto. His research interests include health as a determinant of peace, hatred as a public health epidemic, and the role women play as influential brokers of health and peace.



Audience Take Away Notes

- The audience will benefit from this presentation by learning about a novel approach to understanding hatred, measuring hatred and bringing awareness to a pressing public health concern which can be prevented
- Researchers, academics and students can benefit from learning about a new psychometric tool and
 public health approach being developed which consider the impact of a hatred as a destructive and
 contagious disease, which has received limited consideration
- This knowledge may encourage the development of "hatred and health" workshops, courses, and
 graduate studies and the incorporation of these streams into existing hate studies curricula (which
 currently focus on legal, political, and social justice considerations of hatred), as well as peace and
 conflict studies
- Furthermore, our ability to comprehend the impacts of hatred can lead to the promotion and establishment of healthy, resilient communities and peace at the local and global level. Our goal is to improve the understanding of hatred, raise awareness of it as a disease, and develop better interventions for hate as it relates to public safety and public health concerns



Pandemic prevention using the seven Golden Rules of Vision Zero

When companies hire employees they promise them – at least implicitly – that they will stay safe and healthy at their place of work. The seven Golden Rules help management to convert this promise into reality. The Covid virus has enlarged the spectrum of risks by a threat that comes from outside and has root causes that cannot be banned by the companies. What, therefore, can and should management teams do to keep their promise of safety, health and wellbeing?

This presentation shows that the seven Golden Rules of Vision Zero stay "golden" also when attempting to prevent a pandemic. Take leadership - the first rule - becomes even more important: when managers explain and justify behavioral measures to avoid infections, using language their employees are familiar with and understand, then employees will follow those measures more willingly than complying with rules imposed by distant governments. Measures connected to a place of work are concrete and specific, which fosters acceptance. Improve qualifications and develop competencies, says rule number 6. When a company lives a safety culture based on Vision Zero, managers are trusted when they convey knowledge. This trust serves as a foundation upon which managers can build when trying to bring order to the often-conflicting opinions about the current pandemic. One more example: rule rule 3-define targets-renders prevention more effective because companyinternal objectives are more practical than general reproduction rates. They concern frequency of cleaning surfaces, testing before work, drawing distance lines on the floor.

Furthermore, the use of the seven Golden Rules is important to stay consistent and to refrain from a proliferation of rules. Although the virus threatens directly "only" the health of each individual, it also has secondary effects on safety and wellbeing. Using masks renders communication more difficult; comprehension problems impair safety. And working at home can create psychological problems with a negative impact on wellbeing. A coherent approach as proved by the seven Golden Rules is kind of a "must".



Mark Fullemann
Practice & Experience GmbH,
Switzerland

Biography

2012 ongoing: **Practice & Experience Ltd**

Consulting in the areas of:

- 1. Occupational Health & Safety
- 2. Management Reporting
- 3. Global Project Management
- 4. Business Planning
- 5. Group organization
- 6. Change Management

2012 - 2015: OC Oerlikon

Management Ltd

Head of Health, Safety and Environment

1986 – 2011: Holcim Corporate

- Training of the management boards of subsidiaries
- Development and Roll-out of an integrated Management Reporting
- Development and implementation of a methodology for Business Planning

Teaching: University of Applied Science, Northwestern Switzerland

- 2000 ongoing Lecturer for Change Management, Management
- (Courses for Executive MBA)
- 2013/14 Lecturer for Change Management and Aspects of Group Management (Master level) Baden-Württemberg Cooperative State University
- 2012 2014 Lecturer for Change Management (Bachelor level)

DAY 03

Education: 2012 – 2015 Doctoral studies MTEC ETH Zurich

2006 Senior Leadership Program IMD/Holcim2004 Senior Management Program IMD/Holcim

1991 Senior Management Program Harvard Business School

1974 Master of Science in Physics, ETH Zurich
 1969 Swiss High School Diploma (Baden)
 1967 US High School Diploma (Ridgewood NJ)

Special Experience:

• Working with teams in nearly all world regions

How to align National Health Care Policy goals with patient care: A mechanism to improve population health

Background: The Arizona Medicaid program recently completed a six-year program (2016-2022) to integrate behavioral health services and primary care for patients. The overall goal is to reduce care fragmentation for patients needing treatment for mental health conditions and substance use disorders. A Quality Improvement Collaborative (QIC) was implemented to help providers achieve secondary and tertiary prevention targets. The audience will gain knowledge in the quality improvement (QI) strategies, methods, and techniques implemented to improve behavioral health and primary care integration.

Methods: This is a prospective study using secondary and tertiary prevention strategies to improve behavioral health and primary care integration. We developed a QIC that included representatives from over 400 clinic locations across Arizona. The intervention group organizations participated in a monthly QIC meeting that included performance feedback, technical assistance, and application of QI methods and techniques. The QIC focused on the performance for evidenced-based secondary and tertiary prevention interventions. The performance was assessed using key quality metrics, such as clinic follow-up after hospitalization for mental illness.

Data Analysis: Data were analyzed using frequency distributions, cross tabulations, trend analysis, and difference-in-difference analysis.

Results: Comparing national Medicaid health maintenance organization performance with Arizona participant performance, the difference-in-differences findings for the follow-up after psychiatric hospital in 7-days and 30-days indicates improved performance for the cohort. The national performance on the 7-day follow-up after hospitalization after a psychiatric hospitalization in 2017 was 37% and in 2021 was 39%. Whereas the performance of the participants was 44% in 2017 and 62% in 2021, a 16-point difference (228%). For the 30- day follow-up after hospitalization after a psychiatric hospitalization, the national performance was 58% in 2017 and 59% in 2021. Whereas the performance of the participants was 67% in 2017 and 80% in 2021, a 19- point difference (211%).

Benefit:

- Reduce Fragmentation between acute and behavioral health care
- Increase efficiencies in service delivery for member with behavioral health needs by improving integration at the provider level
- Improve health outcomes for members with physical health and behavioral health needs



Dr. William J Riley, PhD

College of Health Solutions, Arizona State University / Professor, Phoenix, Arizona, United States

Biography

William Riley, Ph.D., is professor for the Science of Health Care Delivery in the College of Health Solutions at Arizona State University (ASU), where he serves as the director of the National Safety Net Advancement Center. He was previously the associate dean for the School of Public Health at the University of Minnesota and is a former health care executive with more than 20 years of experience as a president and CEO of a Blue Cross Blue Shield of Minnesota subsidiary, a large multispecialty medical group, and an integrated delivery system serving disadvantaged populations. He has led quality improvement collaboratives (QIC) in over 200 hospitals, health care systems, and public health departments.

DAY 03

Conclusion: There is substantial fragmentation in the health care system for providing care to patient populations needing mental health services and care for substance use disorders. The results from this study suggest that primary care and behavioral health integration can be accomplished on a large-scale level using QI techniques. Audience members will learn quality improvement strategies to help promote an efficient behavioral health and primary care integration.



16-18^{MARCH}

VIRTUAL ROOM 02

DAY 03

VIRTUAL ROOM 02 SPEAKERS

INTERNATIONAL

NURSING AND
PUBLIC HEALTH
CONFERENCE



Wen Hao^{1*}, Yifan Shan¹, Takashi Kimura¹, Shingekazu Ukawa², Satoe Okabayashi³, Kenji Wakai⁴, Masahiko Ando⁵, Akiko Tamakoshi¹

¹Department of Public Health, Faculty of Medicine and Graduate School of Medicine, Hokkaido University, Sapporo, Japan

²Research Unit of Advanced Interdisciplinary Care Science, Graduate School of Human Life Science, Osaka Metropolitan University, Osaka, Japan

³Agency for Health, Safety and Environment, Kyoto University, Kyoto, Japan ⁴Department of Preventive Medicine, Graduate School of Medicine, Nagoya University, Japan

⁵Center for Advanced Medicine and Clinical Research, Nagoya University Hospital, Nagoya, Japan

Association of dual decline in gait speed and domain-specific cognition with incident dementia in Japanese older adults: An age-specific cohort study

Background: Previous study found dual decline in gait speed and domain-specific cognition (especially memory) is related with elevated risks of dementia, however, study with a long follow-up period to examine the long-term impact of dual decline on dementia is scared.

Objectives: We aim to understand the declines in domain-specific cognitive function and gait speed in youngest-old adults (65 to 70 years old), and the risk of being dementia until oldest old (85 years old).

Methods: Data were obtained from an on-going age-specific prospective cohort study in Japan called The New Integrated Suburban Seniority Investigation Project. Participants included are those who were about to reach the age of 65 years between 1997 and 2001, and finished health check-ups and self-administered questionnaires at both 65 and 70 years old. Gait speed decline was defined as subjective speed change from "fast" to "normal" or "slow", or from "normal" to "slow" in 70-year questionnaire compares to the 65's. Cognitive tests included the word recall and the delayed word recall from the Alzheimer's Disease Assessment Scale, the digit span forwards and backwards from Wechsler Adult Intelligence Scale-revised, and the Stroop colour and word test. Cognitive decline was defined as being in the lowest tertile of a 5-year change in each cognitive test. Dementia was diagnosed as the cognitive disability greater than IIa in the Japanese Long-term Care Insurance system. Cox proportional hazard models were used to estimate risk of dementia adjusting for covariates, with death as competing risk.

Results: Among 475 participants (47.8% men), 22.7% progressed to dementia after an average of 12.5-year follow-up. Dual decline in gait with delayed word recall (HR: 3.38, 95% CI: 1.43-7.96), word recall (HR: 2.47, 95% CI: 1.03-5.90), and Stroop colour and word test (HR: 2.64, 95% CI: 1.15-6.05) had higher risks of being dementia than single decline or no decline. The highest risk was found in people with single gait decline in Digit Span Backwards group (HR: 4.52, 95% CI: 1.81-11.29) in competing risk models. Single gait decline was significantly associated with dementia in all five cognitive tests group.

Discussions: Youngest-old dual declines in gait with certain cognitive domains might be a stronger predictor of future incident dementia, however, the single gait decline, even subjective speed decline, still shows a great significance as a low-costing noncognitive marker of dementia from more than a decade ago.

Audience Take Away Notes

- Youngest-old dual decline in gait and cognitive domains (especially long-term memory) is associated with increased risks of being dementia at oldest-old age in Japanese community-dwelling older adults
- Subjective gait speed decline is also a good low-costing marker in predicting future incident dementia and should be considered of adding into clinical assessments

• Dual decline can predict dementia from more than a decade ago, and can be an efficient target of dementia prevention with its easily recognizable features

Biography

Wen Hao is currently a 2nd year PhD student majored in Public Health at Hokkaido University, Hokkaido, Japan. She received her MPH degree in 2021.



Li Yuanmin^{1*}, Song Zhengfang²

¹Key Laboratory of Transplant Engineering and Immunology, NHC; Frontiers Science Center for Disease-Related Molecular Network, West China Hospital, Sichuan University
²Sichuan Provincial Cancer Hospital

Discussion on the creation and feasibility of constructing a holistic monitoring and early warning system for emerging infectious diseases

Background: Corona virus disease 2019 (COVID-19) has become the most widespread global acute infectious disease in the past century, resulting in serious damages to human health, economic development and social stability. COVID-19 has revealed and exacerbated social, economic and political inequality and caused a series of malpractices, such as negative impacts on the environment, and unsustainable modes of production. The prevention and control of Emerging Infectious Diseases (EIDs) in the context of globalization should be worthy of learning a lesson and should be highly valued. However, the crisis can be transformed into an opportunity more than ever before, prompting us to advocate and create a better social protection system, to facilitate human health, to prepare for the challenges of future pandemics or crises, and to work together to promote harmonious coexistence between human and nature. Currently, an opportunity to be grasped is to construct an international systematic monitoring and early warning system for emerging infectious diseases. The importance and irreplaceability of early monitoring and early warning have been fully recognized from the occurrence and development of COVID-19. As a result, the monitoring of emerging infectious diseases should be regarded as the primary factor and cornerstone of the overall prevention and control efficiency, similar to the role of flood embankments. At the same time, such monitoring should have strict international cooperation, systemization, and integrity.

Methods: We summarized the early detection, monitoring and evaluation status of COVID-19, the epidemic trend of COVID-19 since December 2019, and the new consensus in the prevention and control practice; also, the early warning and monitoring measures of emerging infectious diseases at home and abroad were refined and summarized. The weight comparison was conducted on primary factors (policy strength, public cooperation, intervention measures, and infrastructures, etc. running through prevention and control measures. According to the principles of systematization and integrity, the construction of monitoring and early warning system for emerging infectious diseases were established and to conduct preliminary feasibility analysis.

Results: Firstly, early identification, monitoring and warning play a primary role in the prevention and control of emerging infectious diseases. And that existing international early surveillance of emerging infectious diseases lack integrity, systematization, and efficient international cooperation. Also, integrated emerging infectious disease monitoring system form a holistic and networked dynamic monitoring at five levels of emerging infectious diseases-infectious diseases-febrile diseases-microorganisms and intermediate hosts-global biological environment, and carry out digital collation, analysis, research and evaluation in real time. At last, it is feasible to establish a systematic early warning system for emerging infectious diseases based on global sharing.

Conclusion: In the context of the global EID pandemic represented by the COVID-19 epidemic, the construction of a systematic and holistic monitoring and early warning system for emerging infectious diseases is the basis for the prevention and control of public health emergencies. And based on the scientific

basis of detection technology and early warning model, the establishment and enrichment of monitoring and early warning network will create a new framework and implementation blueprint for the prospective prediction and control of emerging infectious diseases, and provide a new theoretical basis and paradigm for coping with the possible global epidemic of EID in the future.

Biography

Li Yuanmin is a Assistant research fellow, Medical postdoctor at Key Laboratory of Transplant Engineering and Immunology, NHC; Frontiers Science Center for Disease-Related Molecular Network, West China Hospital, Sichuan University. I am engaged in research on basic immunology and epidemiology, with multiple SCI papers published and responsible for several research projects at the provincial and other levels.



Dr. Gopal Ashish Sharma^{1*} and Prof. Dr. Anmol Gupta²

¹Department of Community Medicine, Indira Gandhi Medical College/Faculty, Shimla, HP, India

²Department of Community Medicine, Indira Gandhi Medical College/Professor and Head, Shimla, HP, India

Best practices and challenges of COVID-19 vaccination. An experience from a tertiary care centre in India.

Best Practice is defined as, "An intervention that has shown evidence of effectiveness in a particular setting and is likely to be replicable to other situations." India launched its nationwide COVID-19 vaccination drive on 16th January 2021, & Himachal Pradesh (HP), initiated the drive simultaneously. COVID-19 Vaccination centre of I.G. Medical college Shimla is continuously administering the vaccines to the beneficiaries to date. The centre had worked on the principle of 'Zero tolerance' to the dose wastage. More than 2500 'wastage' doses of COVISHIELD were utilised saving more than 5 lakh INR (6131 USD) notionally at our centre. Most advanced AEFI management centre was established at the centre with continuous availability of an anaesthetist for any severe AEFI on all sessions. More than 100 high risk beneficiaries were vaccinated at the centre from across the regions of the state. During peak rush hour sessions, the centre was able to vaccinate beneficiaries in least possible waiting time (10 Beneficiaries in 10 min). Dedicated staff at the centre supported community members by booking online slots also. Our Centre had administered 41,297 vaccine doses with nil wastage encompassing 560 sessions utilising 3879 (10-dose) vials till 30th November, 2022.

Audience Take Away Notes

- Audience can learn, assimilate and disseminate the management skills involving creative thinking, motivation, problem solving, teamwork, during the troubled times. When there was huge demand of vaccine amidst the severe brunt of second wave of COVID-19 pandemic with significant mortality and morbidity across India, our center at premier institute of the state not only followed and practiced the zero tolerance to dose wastage and at the same time administered maximum possible doses durin sessions ensuing second wave. We were a preferred centre of the vaccination and the centre got media coverage on reputed national television channel too
- Any public health initiatives are primarily focused to address objective of health, and this presentation
 would highlight how one can reach the most needy one by implementing small managerial things as a
 standard routine practice for two years
- To some extent in a teaching as an exceptional model of management during crisis
- This provide a practical solution to a problem that could simplify or make a designer's job more efficient
- This improve the accuracy of a design, or provide new information to assist in a design problem
- Classic example of staff from different sections of an institution working and delivering together for larger cause

Biography

Dr. Gopal Ashish Sharma had completed his Masters MD (Community Medicine) as distinction holder in 2018 & served for 19 Years. He is an editorial board member of PLOS ONE journal since November, 2021. He worked as a State Program Officer (NHM), remain attached as "Officer on Special duty" to the Secretary Health Govt of HP, for containment of COVID-19. He is on panel of State Trainer of Trainees (ToT) for HP- Universal Screening of NCDs under the Ayushman Bharat- by GOI and "Eat Right Toolkit" Health & Wellness Centers- program by Government of India.

DAY 03

VIRTUAL



Reneepearl Kim Sales^{1*}, Joseph Orano¹, Miguel Manuel Dorotan¹, Juan Carlos Miguel Camacho¹, Krizelle Cleo Fowler¹, Kathryn Burgonio¹, Allen Danielle Gonzales¹, Lynnell Alexie Ong¹, Krizell Ngipol¹, Kevin Ivan Cavan¹, Kristine Alvina¹

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Evaluation of the National Unified Health Research Agenda 2017-2022

Background: Health systems are under increasing pressure to implement interventions that will improve population health. The 58th World Health Assembly in 2004 and the 2008 Bamaka Call to Action emphasized the use of evidence as an essential priority to achieve health equity. The attainment of high-quality research begins with a strong national health research system that generates, disseminates, and uses evidence. Research agendas have been shown to maximize the efficiency and effectiveness of research investments, strengthen health research systems, and harmonize research priorities across stakeholders. Despite recognition of research agendas as an important tool for health improvement and resource optimization, most of these do not include an evaluation plan. First published in 2006, the Philippine National Unified Health Research Agenda (NUHRA) is intended to guide national health research activity, generate research support, and promote the translation of research into practice. Its most recent version, the NUHRA 2017-2022, was informed by international, national, and regional research priorities. In its 5th year of implementation, this evaluation is being undertaken to 1) determine if intended NUHRA 2017-2022 outputs occurred as planned and 2) inform future NUHRA research priority-setting.

Methods: This evaluation uses a mixed methods design with a triangulation, convergence model approach. An evaluation plan was developed based on a literature review of global research agenda evaluation literature and policy review of NUHRA implementation and management of health research. Secondary quantitative data collection focused on research output metrics from all regions of the Philippines. Primary data was collected through 40 key informant interviews of national and regional health research council members, NUHRA implementers, and researchers. Data will be analyzed through descriptive and thematic analysis using an abductive approach.

The evaluation will be completed by July 2022.

Results and Discussion

The results will identify:

- Stakeholder awareness of the research agenda
- The influence of NUHRA 2017-2022 in setting health research direction
- Funding of research aligned with the agenda
- The extent to which the intended results of agenda were delivered and achieved
- Key factors, good practices, and challenges in research agenda implementation

The results will also be discussed in the context of health, political, and socio-economic changes that have occurred since 2017, particularly any midterm revisions to the NUHRA and the impact of COVID-19

Audience Take Away Notes

- National research agenda evaluations, at least in published literature, are uncommon. But research agendas are increasingly recognized as a crucial first step in evidence-to-policy translation, particularly in ensuring that efficient research investments are made. The audience can learn the following from this evaluation:
 - o How a national health research agenda can influence national and institutional health research direction, funding, and health policy/program design and implementation
 - o How the implementation design of a national research agenda affects the attainment of its goals/ objectives
 - o Learn lessons on
 - Advocating a national research agenda to research stakeholders
 - Ensuring sustained relevance of a national health research agenda through changing context
 - Health research grant management systems and monitoring research aligned with a national health research agenda
 - The role a national health research agenda plays in evidence-based decision-making

Biography

Reneepearl Kim Sales is a Board Member and Partner at the Alliance for Improving Health Outcomes, a nonprofit public health organization in the Philippines. She has conducted research in the fields of research priority setting, health policy, health services, and health regulation. She is also one of the conveners of Women in Global Health-Philippines, a women-led movement demanding for gender equity in global health. She obtained a Master of Science in International Public Health in 2016 from the Liverpool School of Tropical Medicine, UK.



Duanghathai Saipinta^{1*}, Tanittian Panyamongkol², Witaya Suriyasathaporn^{3,4}

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Influenza viruses: Detection in domestic animals, Thailand

espiratory virus infections in domestic animals are a significant issue for the veterinary, livestock \mathbf{K} industries and public health. Influenza is one of the major viral diseases that affect humans and animals. With the limited report of the animal influenza virus epidemic in Thailand, this study aimed to determine the presence of the influenza virus in domestic animals with respiratory signs by nasal swab collection in a tropical environment. A cross-sectional study was conducted from June 2020 to August 2021 in Chiang Mai province, Thailand. Nasal swab samples from 96 animals (pigs, dogs, cats and dairy calves) were tested for influenza A virus (IAV) and 168 animals (dairy calves) were tested for influenza C virus (ICV) and influenza D virus (IDV) by using real-time rt-PCR. The respiratory signs and general data of all animals were recorded on the sample collection date. Low percentages of IAV at 4.3%, 0%, and 4.4% were found in cats, dogs, and dairy calves with respiratory clinical signs, respectively, but IAV in pigs with the clinical signs was high at 15%. The respiratory disease pigs with mucous discharge were associated with IAV at p < 0.05. The percentages of ICV, and IDV in dairy calves were 68.4%, and 65.8%, respectively. The occurrence of influenza D virus had a significant rate of coinfection with ICV (p < 0.01). In conclusion, influenza virus was found in most domestic animals in a tropical environment which might relate to the cross-species transmission in this area. Routine monitoring of influenza virus infections in domestic animals should be conducted.

Audience Take Away Notes

- Increase awareness of influenza virus surveillance in animals
- This is the first reported detection of influenza A, C and D viruses in a dairy herd in a tropical area
- Increase monitoring of influenza virus cross-species transmission across humans, animals, and other species

Biography

Miss Duanghathai Saipinta is a Ph.D. student in veterinary science at the Faculty of Veterinary medicine, Chiangmai University and received the Ph.D. scholarship of Research and Researchers for Industries (RRI), National Research Council of Thailand. She has been working as a veterinarian for the treatment and herd health management of dairy cattle in Mae-on district, the Satellite Animal Hospital, Faculty of Veterinary Medicine, Chiangmai University for 9 years. She graduated with a Doctor of Veterinary Medicine in 2011 and a Master's Degree specializing in the field of Veterinary Science in 2015 from the Faculty of Veterinary Medicine, Chiangmai University, Thailand.



Dr. Pooja M RDepartment of CSE, Vidyavardhaka College of Engineering, Mysuru, Karnataka

Role of AI in healthcare

Intelligence has been an integral component of every aspect in all most all arenas of life. In the healthcare industry, the degree to which it has been impacted is comparatively low and the progress is in smaller steps when compared to those made in other fields. This can be attributed to several challenges and hurdles faced in healthcare systems. Adding to this, intelligence is not justified in beyond proof of concept studies. Recent years however have embraced hybrid models that involve incorporation of intelligence from AI systems, besides leaving the ultimate responsibility of disease identification/outcomes in the hands of the clinician as a means of critical intervention. Growing number of studies have indicated the successful implications of intelligence through analytics in areas including patient stratification, decisions at triage and prediction of severity levels of disease.

Biography

Dr. Pooja M R, is currently working as Professor and Head in the Department of Computer Science & Engineering. She has more than 35 research publications in peer reviewed international journals and international conferences. Her research interest includes Machine Learning and Artificial Intelligence, Analytics and Health informatics. She has received appreciations for her multidisciplinary research with substantial contributions in the field of health informatics and Artificial Intelligence. She is nominated as Bentham Ambassador from INDIA in recognition of her research in Medical Informatics. In recognition of her research, she has been selected as Editorial Board Member for various peer reviewed journals and also is a member of the Technical Program Committee of various international conferences. She has delivered talks at various international technical platforms and is an invited speaker at various conferences and workshops. She is a member of various international professional Bodies.



Asjed Ibrahim Adlan El-sayed*, El-khateeb Abdelazeem, Ammar Hussein, Mohammed Ibrahim, Raghad Mohammed, Ashgan Hassan, Malaz Ahmed, Reem Ahmed, Abdelbagi Mohammed, Manal Mohammed

Khartoum University - Faculty of medicine. Khartoum state, Sudan

New step towards higher quality health education of primary hypertension and Type 2 Diabetes Mellitus

Introduction: Hypertension, is a condition in which blood vessels have persistently raised pressure. Type 2 diabetes mellitus is the body's resistance to insulin. "Setting an example" is health education principle depend upon role model health educator that is free from all modifiable risk factors. This research is conducted to assess the need for risk factors control and health promotion programme among medical students of Khartoum university to raise the quality of health education regarding hypertension and type 2 diabetes by setting role models for the community.

Method: cross sectional study included medical students who had been selected by multistage stratified random sampling. Students completed an online modified standardized questionnaire - which consists from 5 sections-and anthropometric measurements (weight, height, waist circumference) were taken using standardized tools.

Results: A total of 391 medical students with a mean age of 21 ± 2.2 participated in the study. 279 (71.3%) of them were female. 43.8% of medical students were found to have positive first degree family history of hypertension. 33.8% emphasized daily consumption of 2 to 4 types of the highly salty food that had been assessed. 82% reported no moderate physical activity at all. 29% had high stress score, 19.5% were overweight and 8.5% were obese. Waist circumference was found to be more than or equal to 88cm in 47% of females and more than or equal to 102cm in 13.4% of males. 4% of medical students participated in this study were smokers, and the prevalence of smoking increased with the progression of academic levels (p value = 0.03). According to Leicester type2 diabetes risk score, 47.6% (n=186) had increased risk for DM, 17.9% (n=70) had moderate risk for diabetes, and 1.5% (n=6) had high risk for DM. Students from third to six year had significantly higher percentages of increased diabetes risk score than students in first and second years of study (p= .001).

Conclusions: Medical students who will be the doctors and health educators of the near future showed a very poor practice towards control of hypertension and type 2 diabetes risk factors in spite of their high knowledge about these diseases. This make us lose important principle of health education which is "setting an example" for the community. In addition to the effect on their life quality.

Recommendation: Hypertension and type 2 diabetes integrated risk factors control and health promotion programme is recommended to be applied among medical students of Khartoum university to raise the quality of health education regarding these two diseases. Moreover, other medical schools should assess for the need of a such programme.

Audience Take Away Notes

- The idea of developing strategies to increase the quality of health education and counselling as well will be highlighted for all the audience
- The concept of risk factors control and health promotion programme in medical schools will be of a high benefit for faculties Deans to give their students the opportunity of being role models for the community. In addition to this, I will present important points about how to apply this integrated programme in medical schools

• The design of this study and the detailed sections of the questionnaire can be a very good base to assess for the need of a such programme in other medical schools by researchers

Biography

Asjed Ibrahim Adlan, Fifth year medical student in Khartoum university, one of the top first hundred students in the Sudaneses secondary school certificate, I worked as a director for a voluntary work for three years in my faculty and also, I have experience and a certificate documented in Germany regarding strategic planning. Participated in 3 researches 2 of them in rural areas of Sudan. Interested in public health and implementation strategies.



Sara Sherzad Rasool, Azizah Ahmad Fauzi*

Faculty of Dentistry, Universiti Kebangsaan Malaysia (Kuala Lumpur Campus), Kuala Lumpur, Wilayah Persekutuan, Malaysia

The impact of emotional intelligence to dental undergraduates' leadership behaviour

eadership, the art of motivating oneself and others towards achieving a common goal, is an inseparable Jpart of dentistry and has been proven essential in all aspects of dentistry where a dentist is obliged to work in an organized medium dealing with different personnel. Leadership skills are crucial for dental students as they will be a part of a dental organization in the future which will be involved in organizing and delivering dental healthcare system. Emotional Intelligence (EI) is the ability to understand, utilize and manage emotions in positive ways may highly influence the self-leadership (SL) level among dental undergraduates. Understanding the association of EI level among dental undergraduates with their leadership behavior is a new aspect that is explored in this study and can be useful to prepare dental training that supports leadership quality development among future dentists. The aim of this study is to find the influence of EI on dental undergraduates' leadership behaviour and to assess the significance of the demographic factors (e.g. university of study, level of academic study and gender) on the students' leadership behaviour. This study was conducted cross-sectionally among dental undergraduates in Malaysia and Kurdistan. Dental students (N=236) participated in the study and answered two questionnaires; The Schutte-Self Report EI Test (SSEIT) and the Revised-Self Leadership Questionnaire (RSLQ). The results of this study demonstrate a significant correlation exists between EI and SL (p<0.01) with 37% of the variation in SL determined by EI. There was no statistically significant difference between the means of SL for all the universities and among the different levels of study. Females had better SL compared to males. In conclusion, most of the students in all three universities demonstrated moderate levels of SL, thus intervention in academic curriculum or planning for training that will enhance leadership skill among dental undergraduates can be considered as a better preparation for them to become future dentists with competency in both patient care as well as managing dental services. In line with this, it is important to understand that EI has an essential role in the development of leadership skill among dental undergraduates.

Audience Take Away Notes

- Audience will be able to learn the value of emotional intelligence particularly in the development leadership skill
- The learned value (significant of emotional intelligence towards leadership behaviour) can be translated in any field that seeks for effective leaders
- The finding of this study can be used to strategize an intervention in the existing curriculum particularly at dental institutions. Thus, this could provide opportunity for further research

Biography

Dr Azizah graduated with Bachelor of Dental Surgery at University of Malaya in 2007 and obtained Master of Science Dentistry at University of Western Cape in 2014. She experienced working as dental officer with Ministry of Health for several years and continue her service at Universiti Kebangsaan Malaysia (UKM) since 2010 until present. She currently holds position as dental lecturer as well as oral-maxillofacial radiologist in Faculty of Dentistry, UKM. Apart of teaching and clinical contributions, she also involves in the faculty administration as Assistant Dean of Quality of Strategy. Until recently, she has published 10 research articles in indexed journals.

DAY 03

VIRTUAL



Alfatih Malik¹, Tayseer Ahmed Hassan Mohamed^{2*}

¹Professor of community Medicine, University of Khartoum, Khartoum, Sudan ²Medical student, University of Khartoum, Khartoum, Sudan

Malaria prevention knowledge, attitudes, and practices among adults in Almusalamyah 2022-2023

Background: In Sudan, malaria is a major public health issue and a leading cause of death. It results in more than 400,000 fatalities annually throughout the world. The majority of fatalities affected infants and other high-risk populations, Communities in various countries have diverse levels of knowledge of malaria specifically in Sudan. Use of insecticide-treated nets is a key malaria vector control method and prevention.

Methods: It was cross sectional community based study conducted in AL_Musalamia region. In AL-Gazeira state in 2022. Convience sampling was conducted use four section questionnaire, analysis done by SPSS (version 28).

Results: Regarding socio-demographic data, 71% of participants were females. Most of participants were of secondary level of education. Majority of household were five in number Representation of the age of the participants was 32.79±19.725. Almost all of the participants heard of Malaria, 96.7% of the participants dictated that mosquito bite is the cause of the Malaria plus other things they mention. 60% of the participants were exposed to Malaria in last six months. The majority have bed-nets at their homes. 76% of house-holds were exposed to Malaria in the last six months. 86.7% of those who reported Malaria in previous two weeks reported also they tested for Malaria and 96.4% were tested positive No significant difference between level of education and the attitude. Regarding the association between Gender and practice, Females tended to have good practice more than males.

Conclusion: There was good knowledge and almost all of the participants heard of Malaria. And the most of participants knew it is transmitted by mosquito bite and can be prevented by mosquito net as the only common preventive method they knew. There were no significant difference between level of education and the attitude. Even though, females had better practice than males. There was an appreciated gap between attitude and practice among males and females equally. Overall, knowledge and attitude were good, but practice needs to be improved.

Keywords: Malaria, Preventive measures

Audience Take Away Notes

- The audience would know more about Sudan, where it is going in field of public health through this presentation
- To apply part of the consultation models in health, which is health behaviour and what directs it
- To negotiate wide range of public health impact and does it matter for developing countries

Biography

I am Tayseer Ahmed Hassan Mohamed, fifth grade medical student from university of Khartoum, Sudan. I am passionate about my career, and about public health as seen to be the essence of emergency response. Nowadays, I have been engaged in different activities related to research and to working in societies that needs. I am passionate about learning about cultures, that is why I have been studying Italian language and culture since a year ago and I am also learning local Sudanese languages. I would be glad to be in this conference, it will add a true value to my career.



Vincent PK Titanji*, Jerome Nyhalah Dinga, Denis Zofou Biotechnology Unit, Faculty of Science University of Buea, SW Region

The role played by phytomedicines in the fight against COVID-19 in Cameroon and Africa

The COVID-19 pandemic caused by SARS-CoV-2 that erupted in Wuhan China in 2019 has now been reduced greatly in many counties around the World (excepting China where a surge is ongoing) thanks to the development and deployment of accurate diagnostics, effective drugs, and vaccines. Despite the cataclysmic predictions of massive COVID-19 deaths in Africa where heath systems are generally less developed, the African continent has so far registered the least number of cases and deaths as compared to those of developed countries (www.who.int accessed 03.01.2023). Several factors including the relatively younger population of Africa, primed immune systems, genetic advantage attributed to the absence of Neanderthal gene that renders Europeans and Asians more susceptible have been evoked to explain Africa's better performance. Whilst no single factor alone may explain Africa's performance, we postulated that the wide consumption of phytomedicines may have contributed significantly to Africa's coping strategies despite the low vaccination rates, limited access to conventional drugs and weak heath systems. To explore this hypothesis, we carried out systematic literature reviews1,3 as well as a survey 2 on the role of phytomedicines as a preventive or curative measure for COVID-19. This talk will summarize our findings.

When COVID-19 first appeared as disease, there were no known cures or vaccines. The main approaches to control the infection included barrier measures (lock downs, hand washing, use of face masks etc) and symptomatic treatment of those hospitalised with antioxidant, immunostimulatory drugs and antibiotics¹

Since COVID-19 shared flu-like symptoms (including fever, cough, running nose) people in many African countries resorted to the use of plant remedies (steam baths, decoctions) for malaria and other fevers to manage COVID-19. The first of these herbal medicines was Covid Organics from Madagascar, which however, was not well received internationally due to lack of scientific evidence from controlled clinical trials. Subsequently, other herbal medicines were developed and registered in various African countries as complementary treatments of COVID-19. These included: Adsak Covid, Elixir Covid, Corocur powder (Cameroon) IHP Detox Tea (Nigeria) COVIDEX (Uganda) Immunitum & ImmuTop (Togo) . The literature review revealed that many of the plants employed had, not only antioxidant and immune-modulatory activities, but anti-viral activities as well, thereby justifying their use in the management of COVID19. A recent survey by our group2 indicated that as many 59 % of participants used herbal remedies as prophylactic or treatment for COVID-19. In conclusion, while phytomedicines played a role in the Africa's COVID-19 response, further studies are needed to validate and quantify their efficacies and safety.

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Audience Take Away Notes

- How African countries have copied/are coping with the COVID pandemic despite weak health systems
- African Medicinal plants are a rich resource of antiviral compounds that could be developed into prescription drugs
- Information and examples of improved herbal medicines approved for the complementary treatment of COVID-19
- Researchers from outside Africa, who are interested in developing prescription drugs against viral infections could collaborate with African researchers to develop some of the plant-derived chemical entities discovered into patent drugs

Biography

Professor Titanji, C. Biol, FIBiol (London); FCAS (Cameroon); FAAS (Nairobi); FTWAS (Trieste) earned a PhD degree (1978) and Docent title (1988) in Physiological Chemistry from Uppsala University, Sweden and a Master's Degree in Animal Biochemistry (1973) from the Lomonosov Moscow State University (ex USSR). Formerly, he served as the Vice-Chancellor & CEO of the Cameroon Christian University Institute (2015–2020); TWAS Visiting Professor of Biotechnology at Addis Ababa University (2015–2019); Rector/Vice-Chancellor (2006–2012) of the University of Buea (UB Founding Coordinator/Director (1986–1997) of the Biotechnology Centre, Nkolbisson, at the University of Yaoundé 1,Cameroon .He has published 141 papers in international, refereed journals.



Natalia Canto-Sancho¹*, Porru S², Seguí-Crespo M¹, Ronda-Pérez E³, Carta A²

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Relation between computer vision syndrome and objective binocular tests in Italian office workers

The prolonged use of video display units (VDU) in occupational activities can affect the visual health of workers, who can suffer from ocular and/or visual symptoms that are grouped into computer vision syndrome (CVS). Its pathophysiology seems to include changes in the ocular surface and in the balance of accommodation-convergence. The most current research has focused on ocular changes in VDU workers, but studies on accommodation and convergence are mainly old and the results are heterogeneous. Therefore, the objective was to analyze the relationship between CVS and different objective binocular tests that assess accommodation and convergence. A cross-sectional study was conducted on 42 Italian VDU workers, randomly selected from 3 different companies in Brescia (Italy). Each worker underwent an anamnesis and if they met the inclusion criteria, they completed the CVS-Q IT© (validated Italian questionnaire to study CVS symptoms), and 6 binocular optometric tests were performed (near point of convergence (NPC), cover test near and far (CTN and CVF), far positive and negative fusional vergence (PFV and NFV) and binocular accommodative facility (BAF)). The difference in medians (Mann-Whitney U test) and proportions (Chi-square or Fisher test) was analyzed in all quantitative and qualitative variables studied as a function of CVS. It was also analysed whether there was a relationship between the CVS-Q IT© score and the quantitative variables (Pearson's or Spearman's correlation coefficient). Finally, it was analyzed whether the mean CVS-Q IT© score was different in those workers who had an abnormal result in each binocular test (t-test for means comparison). Half of the sample (50.0%) was female, the median age was (interquartile range (IOR)=12.00), with a range of 18-50 years. The median number of hours of VDU use for work was 6.50 (2.00) hours/day. 38.1% had CVS. The mean score on the CVS-Q IT© was 4.58 (standard deviation (SD)=1.47) points for those without CVS and 9.38 (1.97) for those with CVS, p-value<0.001. Differences were also observed in the total hours of VDU use between those without CVS (median=7.50, IQR=1.60 hours/day) and those with CVS (median=8.25, IQR=1.00 hours/day), p-value=0.015. Regarding the optometric tests, it was observed that of the total sample, the tests with the most abnormalities were the CTN (45.2%) and BAF (42.5%), and the least abnormalities were the NFV (0.0%), followed by the PFV and NPC (14.3% in both cases), and the CTL (28.6%). No significant relationship was observed between failing each of the individual optometric tests and having CVS. However, it was obtained that the failure of 3 of the 6 optometric binocular tests was related to CVS (p-value=0.023). No significant correlation was found between any optometric test and the CVS-Q IT[®]. However, when analysing whether the mean CVS-Q IT[®] score was different according to each of the tests, considering that the cut-off point of the questionnaire for diagnosing CVS is ≥7 points and although the value was not significant, it was observed that the mean score of the questionnaire for those who did not have an abnormal NPC test was 6.19 (2.79) points and for those who did have an altered NPC test was 7.67 (3.45) points (p-value=0.126). Furthermore, when grouped by the number of abnormal tests, it was observed that the mean CVS-Q IT© score for those who failed less than 3 tests was 5.94 (2.61) points and for those who failed 3 of the 6 tests was 9.17 (3.19) points, this difference being statistically significant (p-value=0.005). All workers who had CVS and failed 3 of the 6 binocular optometric tests had abnormal values on both the CTc and the BAF test. These 2 tests are

fundamental signs for the diagnosis of some binocular dysfunctions, such as convergence insufficiency, which could be a risk factor for CVS.

Audience Take Away Notes

- The prevalence of CVS and accommodative/convergence problems among VDU workers is high, at least 2 out of 5 workers suffer from CVS, and 1 in 3 have accommodative/convergence problems
- Having 3 abnormal optometric test results (the near cover test, binocular accommodative facility and another one) is related to CVS
- In addition to refractive examinations in VDU workers, eye care professionals should perform binocular
 tests to assess the presence of accommodative or vergence anomalies in workers with CVS. Especially
 the cover test in near vision and binocular accommodative facility
- If the worker suffers from CVS and the results of the near cover test and binocular accommodative facility are abnormal, the far vision cover test, the near point of convergence and the far positive fusional vergence should be evaluated in the following order. If any of these tests also show abnormal results, it would be advisable for the worker to start vision therapy to see if, by improving accommodative/convergence skills, CVS symptoms decrease
- Future studies with larger sample sizes should corroborate the hypotheses of this study

Biography

Natalia Canto is graduate in optics and optometry and master's in advanced optometry and visual health from the University of Alicante (UA). She is currently in her final year as a PhD student in the line of research on occupational health. She has a pre-doctoral research contract with the UA, which allows her to combine research with teaching. Her main line of research is the translation, cultural adaptation and validation of the Computer Vision Syndrome Questionnaire (CVS-Q©), originally designed and validated in Spanish, to other languages such as Italian, English, Chinese, among others. But she also participates in other research related to the prevalence of the syndrome in other countries and populations and in research related to dry eye.



Markus van Niekerk Riga Stradins University, Latvia

Female masturbation practices among different populations and age groups

Aim: This study was to assess efficacy of sexual education in schools, the inclusion of female masturbation in such and its sufficiency regarding the preparation of adolescents for safe and consensual sexual activities. Effects of religious, cultural, and parental factors on women's views on masturbation as well as the nature of women's emotions during masturbation were assessed. The frequency of female orgasm during masturbation to sexual intercourse with a partner were compared.

Methods: Cross-sectional anonymous online questionnaire with 24 questions both multiple choice and open ended. Inclusion criteria was female/identify as female, 18 years and older. Approval of the study by Riga Stradins Research Ethics Committee. The questionnaire was promoted on various social media platforms and by word of mouth for a period of 3 months. Analyzation of data was conducted via SPSS 27 system.

Results: A sample size of 1068 participants, aged ≥ 18 years, mainly European (46%) and North American (43%), was obtained. 64.6% reported insufficient sexual education. 84.4-85.2% stated that female masturbation was not covered, with 59% of participants indicating the need for it. Amongst 39.2% of participants, parents didn't discuss any sexual education with them with 29.8% of participants forbidden to engage in pre-marital sexual activity. Amongst those prohibited 38% still masturbated. A total of 1.3% of participants underwent genital mutilation. Assessing frequency of masturbation majority (40.3%) reported to masturbate more than once weekly with the most popular mode of masturbation being sex toys(44%) followed by hands(42%). Comparing the frequency of orgasm while masturbating versus during sexual intercourse with a partner, 59% always report having an orgasm while masturbating solo; compared to 15% when with a partner. Emotions experienced by women during masturbation were mostly positive with the majority feeling relieved (68.7%).

Conclusions: Sexual education programs in schools are insufficient in teaching about female masturbation and preparing students for safe, consensual sexual intercourse; they require reassessment by UNESCO and WHO for more efficient implementation. Female masturbation should be considered a right to female sexual health, this needs to be ensured and included as a normal topic of discussion, no longer considered a taboo in society.

Keywords: Sexual health, female masturbation, female, masturbation

Biography

Hi, my name is Markus van Niekerk, I am 24 years old, South African born-and-raised from a small town called Hoedspruit. Upon completing high school in Pretoria, I started my medical studies at Riga Stradins University in Riga, Latvia. In my final year of studies, I conducted my research on "Female Masturbation Practices." I was first interested in conducting more clinical research, but due to COVID-19 was limited to a Questionnaire based study as suggested by my supervisor. Upon analyzing the data from the questionnaire, I was surprised to see the large sample size that I have achieved for my work, which motivated me even more to ensure this important theme reach the scientific world. As of 10 February 2023, I have attained my Medical Doctors Degree and am looking forward to working in either. The Netherlands or Germany pursuing either Gynaecology and Obstetrics or Orthopaedics and Trauma surgery.



Ofra HalperinMax Stern Academic College of Emek-Yezreel, Nursing Department, Israel

Women's perspectives of childbirth in Kiboga, Uganda

Objective: To gain a deeper understanding of the experiences of women who gave birth at the Kiboga District Hospital in Uganda through analysis of their childbirth stories.

Method: A qualitative interpretive description study conducted in the maternity ward of the Kiboga District Hospital in Uganda. Twenty women, ages 19 to 43 years, were interviewed in a semi-structured interview within 24 hours of childbirth.

Method: In-depth interviews were conducted with the help of a local professional translator to capture the unique experiences of the participants regarding their birth experiences, perceptions, and personal feelings.

Results: Qualitative interpretive and descriptive analysis revealed two main themes that each consisted of several subthemes: Cultural Norms of Childbirth (Women's Status, Submissiveness, and Silence/Acceptance) and the Childbirth Process and Its Impact (Loss, Coping and Overcoming Difficulties, and Physical Well-Being).

Interpretation: Women need to feel supported and valued to deal with their childbirth experiences. Incorporating the professional support of experienced midwives in an enabling environment and providing access to a sufficiently equipped health care facility may improve the mental and physical state of women who give birth in Uganda and help them return to optimal functioning.

Keywords: Childbirth Experience; Coping Strategies; Qualitative Research; Self-Perception of Women

Audience Take Away Notes

• It is important that health staff members get to know minority populations, their culture, customs, and the health disparities they live with in order to provide them with optimal care. It is important for them to understand that they must talk to their patients and ask questions to understand their feelings and their way of coping with developmental crises in life (such as pregnancy and childbirth)

Biography

Ofra Halperin (RN, CNM, PhD), is the head of the Nursing department and a senior lecturer at the Max Stern Yezreel Valley College in Israel. She is a midwife and an expert on women's health. Her scientific work focuses on women's health, nursing education and health promotion. She serves as the chairman of the research committee of the Israeli Midwives Association for the last ten years.



Vanita Ahuja, MD, MPH, MBA, FACS

Department of Surgery, Yale School of Medicine, New Haven, CT, USA

Incorporating social determinants of health in quality projects

Objective: To propose a new framework to design and implement quality improvement within research projects.

Backgrounds: The design and implementation of resident-driven clinical research quality improvement projects has become increasingly complex.

Methods: We propose using the AHRQ systematic seven-step model to guide research projects and the SMART question method to conceive the clinical research questions Results.

Conclusion: Our model provides a practical approach to guiding mentors and residents in their pursuit of quality improvement projects.

Audience Take Away Notes

- Provide a framework to study and understand a patient safety or quality issue
- Develop the steps to implement a quality project in a short timeframe
- Understand resources and stakeholder analysis in developing a project

Biography

Dr. Vanita Ahuja is the Chief of General Surgery at the Connecticut Healthcare System-Veterans Affairs, and is the Surgery Quality Liaison for Yale Surgery Residency Program.

Dr. Ahuja earned her medical degree from Uniformed Services University of the Health Sciences located in Bethesda, Maryland. She then attended Portsmouth Naval Medical Center in Portsmouth, Virginia, where she completed her internship. After completing her internship, Dr. Ahuja went on to complete her residency, which she completed at Johns Hopkins Hospital, located in Baltimore, Maryland. In addition, Dr. Ahuja is also a Fellow of the American College of Surgeons.

Dr. Ahuja most recently was the Director of the surgical residency program at Sinai Hospital in Baltimore. Dr. Ahuja also led the Pennsylvania Consortium ACS National Surgical Quality Improvement Program (NSQIP) and serves as a Consultant for the American Board of Surgery.

Dr. Ahuja is affiliated with Yale University and VA Connecticut Healthcare System. She has more than 40 peer-reviewed publications and is reviewer for multiple surgical journals.



Heather Olivier^{1*} and Christopher Belser²

¹Ph.D. Candidate, University of New Orleans, New Orleans, LA, USA ²Assistant Professor, University of New Orleans, New Orleans, LA, USA

Therapeutic approaches to working with perinatal loss clients: A grounded theory study

Perinatal loss (i.e., miscarriage, stillbirth, termination, and infant death) is commonly referred to in the literature as an invisible loss, non-loss, and even medical event. It is an ambiguous loss exhibiting the dialectical contradiction between the physical absence and psychological presence of the baby accompanied by disenfranchised grief, a reaction to a loss that is unacknowledged by society. Despite the likelihood of mental health clinicians working with clients who have experienced perinatal loss, there has yet to be a therapeutic model designed specifically for the unique grief and trauma reactions presented in this population. Existing grief models do not address the traumatic nature of the loss, and oppositely, trauma models do not address the life-long grief symptoms experienced subsequent to perinatal loss. Lack of clinical trainings and cultural norming processes that do not acknowledge the significance of the loss leave clinicians without resources, tools, and interventions to effectively work with this population. Thus, the purpose of the study is to co-construct a therapeutic model to utilize when working with perinatal loss clients. Exploring therapeutic approaches employed by mental health clinicians, the proposed grounded theory study will collect three forms of data: (a) intensive interviews, (b) elicited documents (i.e., case studies), and (c) extant documents (i.e., perinatal loss specialty training agendas). The qualitative study will include 8-12 participants certified in perinatal mental health (PMH-C) to ensure participants' clinical experience in working with the perinatal loss population for at least two years. Additionally, the proposed study will investigate the following three elements informing therapeutic approaches applied to this population: (a) cultural perceptions of perinatal loss; (b) how the cultural perceptions impact the therapeutic relationship regarding establishing goals, measuring client change, and determining effectiveness; and (c) identification of barriers within the therapeutic process. The findings of the study will be significant to not only mental health clinicians working with perinatal loss clients and the existing perinatal loss research, but they will also illuminate the nature of the therapeutic process for this population to decrease ambiguity surrounding the loss and enfranchise the griever.

Audience Take Away Notes

- Conceptualize how the systemic factors contributing to the socialization of emotions, and subsequent cultural norming processes formed to maintain the monolithic infrastructure of the centralized group, impact the therapeutic process
- Expand their understanding and teaching of ambiguous loss and disenfranchised grief as products of cultural perceptions responsible for how mental health professionals identify maladaptive behaviors subsequent to perinatal loss
- Broaden their understanding of perinatal loss to be inclusive of all losses within the perinatal period,
 and the psychosocial impact of various forms of perinatal loss
- Employ a relational approach to interaction grounded in symbolic interactionism, which rejects individualism and emphasizes the co-construction of self as a reciprocal, continuous process through out the lifespan that is inherently impacted by cultural norming processes and socialization

Biography

Heather Olivier is a Ph.D. candidate at the University of New Orleans in the United States researching cultural norms surrounding perinatal loss, and the subsequent impact on the therapeutic process. Heather is a mental health counselor specializing in working with clients experiencing traumatic loss, complicated grief, and those in the perinatal period. In addition to being among the first cohorts trained in Brainspotting through the perinatal lens as well as Parental Leave Coaching, Heather holds specialty certifications in perinatal mental health and trauma therapy.





Roberta de Freitas Campos^{1*}, Fernando Mussa Abujamra Aith²

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Vaccines and the human right to health: Health as a Global Public Good

It is understandable that the COVID-19 pandemic is treated as a matter of medicine, public health and economics, even public safety. But it should be noted that this is, above all, a question of human rights.

International scientific cooperation, intensive research and substantive financial support from States have enabled the development of several safe and effective vaccines for COVID-19 in record time. However, this scientific achievement is contrasted with the lack of vaccine availability and the uneven global distribution of the quantity produced and ordered. This situation represents discrimination in the right of access to vaccination worldwide, and a violation of the right to health and life.

However, vaccines are subject to the regime of intellectual property rights. It is only fair that the private commercial entities or public research institutions that created these vaccines, with substantial financial support from public funds, receive reasonable compensation for their investments and research. However, the United Nations Committee on Economic, Social and Cultural Rights recalls, in the declaration E/C.12/2021, of March 2021, that intellectual property rights are not a human right, but a social product with a social function. Consequently, States Parties have a duty to prevent intellectual property and patent legal regimes from impairing the enjoyment of economic, social and cultural rights, namely the right to health. As the World Trade Organization has already indicated, the intellectual property regime must be interpreted and implemented in such a way that it supports the duty of States "to protect public health".

Business entities, including pharmaceutical companies, have an obligation, at a minimum, to respect the rights of the International Covenant on Economic, Social and Cultural Rights (1966); have specific responsibilities to enable the realization of the right to health, including in relation to access to medicines and vaccines and have human rights responsibilities in relation to access to medicines, including active pharmaceutical ingredients, diagnostic tools, vaccines, biopharmaceuticals and other health-related technologies. Accordingly, commercial entities must also refrain from invoking intellectual property rights in a manner that is inconsistent with the right of all individuals to access a safe and effective vaccine.

Now, more than ever, international cooperation and solidarity are vital tools for the future.

Audience Take Away Notes

- Understand the international frameworks related to human law for health protection
- Enlarge the discussion of Health as a Global Public Good
- Discuss the role of public and private actors responsibilities to enable the realization of the right to health

Biography

Roberta de Freitas Campos is Full Professor at the Fiocruz School of Government. Collaborating Professor of the Doctoral Program in Global Health and Sustainability at FSP/USP. Vice-coordinator of the Nucleus of Studies on Bioethics and Health Diplomacy at Fiocruz and coordinates the Graduate Program in Public Health Policies at the Fiocruz Brasília Government School. Researcher in the areas: Global Health, International Health Law and Health Diplomacy.



Rebecca Pratiti^{1*}, Maxwell Akanbi², Olga Santiago³, Arunima Dutta⁴

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Assessment of community awareness for colorectal cancer screening and prevention in North and Central Asian countries: A scoping review

Objectives: Colorectal cancer incidence and mortality rates are increasing in Low-and Middle-Income Countries (LMIC) including North and Central Asian Countries (NCAC). Colorectal Cancer (CRC) is preventable by screening and risk factor reduction, but prevention is affected by community awareness. The review assessed community awareness about CRC screening and prevention in NCAC to facilitate cancer control policies.

Study type: Scoping review

Methods: PubMed/Medline, Embase and Cochrane Library were searched for articles related to community awareness about CRC screening and prevention in NCAC according to inclusion and exclusion criteria. Specifically, we aimed to summarize (1) awareness of the availability of CRC screening and modalities for CRC screening, (2) awareness of the symptoms of CRC, (3) knowledge of CRC risk factors, and (4) other barriers to CRC screening amenable to community health education.

Results: We identified 677 publications through the database search until May 14, 2020. After screening, we included six eligible studies in our analyses. Three of the included studies were full manuscripts, and three were conference abstracts. Most of the studies utilized survey design. We found few studies evaluating community health awareness related to CRC in NCAC. The results indicated a low awareness of the availability of CRC screening, symptoms and screening modalities. Some countries also lacked CRC screening programs. Among identified studies, potential barriers for CRC screening utilization were low awareness about CRC screening, poor perception of CRC risk and concern about the cost implications. System-based factors such as availability of CRC screening programs, availability of comprehensive population registers and resources to facilitate CRC screening and follow-up of patients who require colonoscopy were identified as barriers across NCAC.

Conclusion: Community unawareness is a significant barrier to screening program utilization and sustenance. Community Health Awareness Programs (CHAP) are needed to improve the uptake of CRC screening in NCAC. NCAC should include CHAP as an integral component of CRC control plan. CRC screening in a true sense according to international guidelines is strenuous goal for LMICs to achieve and sustain amid their other priorities. Hence long-term cancer control in LMIC could be adapted using the step ladder pyramidal approach. In stage 1, community awareness and resources should be allocated to increase CRC testing rates amongst symptomatic or high-risk people, including people with a family or personal history of CRC to increase cancer diagnosis yield rate (number of cancers detected per number of testing). CHAP could play an important role in this phase and should be an integral component of a cancer control program. In next stage, CRC screening testing should be introduced as once-a-lifetime testing for asymptomatic high yield group (age 60-70 years). In the last phase, efforts should be made to implement international guideline-based CRC screening with fecal occult blood test yearly or fecal immunochemical test every 3 years or colonoscopy every 10 years for people in 50-75 years age group. WHO framework also recommends an early diagnosis program than a true screening program for LMIC to increase early diagnosis of cancer, thus preventing its related morbidity and mortality.



Audience Take Away Notes

- Understanding role of community awareness in colorectal cancer screening and diagnosis
- Barriers to cancer screening utilization and sustenance in low-to middle income countries
- Improving cancer control plan though community awareness

Biography

Rebecca Pratiti works as a faculty physician with McLaren Health Care, Flint. She had recently completed her Master's in Public Health. She is interested in epidemiology and occupational health. Her most recent projects have been about the harms of hookah smoking, biomass cookstove related indoor air pollution health effects, developing framework for colorectal cancer health needs assessment, and developing epidemic outbreak questionnaire.



16-18^{HOME}

VIRTUAL ROOM 02

DAY 03

VIRTUAL ROOM 02 POSTERS

INTERNATIONAL

NURSING AND
PUBLIC HEALTH
CONFERENCE

DAY 03

VIRTUAL



Rupa Singh^{1*}, Yukiko Wagatsuma²

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Health-related lifestyles on overweight/obesity status of women in Japan

Lifestyle behaviors influence our weight and general health and are influenced by different social factors. Westernization, which includes unhealthy eating habits, dietary changes, and decreased physical activity, has increased significantly in both developed and developing countries. Obesity and other lifestyle-related disorders have become more prevalent over time. This study aimed to examine the prospective relationships between modifiable lifestyle behaviors and chronic diseases with BMI among the women of Japan.

Obesity was classified in this study using the Asian Pacific Guidelines. Between April 2016 and March 2022, we performed a six-year prospective cohort study on all women who received annual medical examinations at Mito regional health check-up centers. A total of 3462 women aged 20 to 69 were measured multiple times. In addition to physical assessments, blood pressure and anthropometric measurements were performed. Self-reported questionnaires were used to evaluate health-related lifestyle and current treatment. A Generalized Estimating Equation (GEE) binary logistic regression was used to calculate the effect of repeated measurements on overweight/obese status over time.

The GEE model included lifestyle behaviors such as smoking, eating habits, alcohol consumption, and physical activity (exercise). Eating habits including eating fast and eating dinner no later than two hours before bed had a positive effect on overweight and obesity ([95%CI] = 0.092 [1.008-1.193] and [95%CI] = 0.076 [0.997-1.166], correspondingly). Women taking anti-hypertensive medications and anti-diabetic (hypoglycemic) medications demonstrated positive effects ([95%CI] = 0.353 [1.250-1.621] and [95%CI] = 0.300 [1.059-1.721], respectively).

Obesity based on the Asian Pacific Guidelines, we found that throughout the six-year observation period, specific eating habits and comorbidities are associated with overweight/obesity status. There needs to be more effort put into promoting healthy habits.

Audience Take Away Notes

- The results of this study could be useful for healthcare professionals, particularly those working in preventive care, as they may be able to use the findings to promote healthy habits and prevent obesity and other lifestyle-related disorders
- The results may also be of interest to other researchers studying the relationships between lifestyle behaviors and chronic diseases
- Additionally, the findings may be useful for designers or policymakers looking to develop interventions
 or programs to promote healthy habits and prevent obesity
- Overall, the study provides new information that could be used to assist in design problems related to obesity prevention and promote the general health and well-being of women in Japan

Biography

I am especially concerned about issues affecting the health of young and middle-aged women. Young and middle age are significant stages in a woman's life. As a result, I conducted a community-based study on the relationship between birth intervals and pelvic organ prolapse in Nepalese women of reproductive age. In addition, in my current research, I am focused on how health-related lifestyle modifications and BMI affect the health of young and middle-aged Japanese women, and I have undertaken a study on health-related lifestyles in relation to BMI among young and middle-aged Japanese women.



Preetha Menon Karuveetil^{1*}, Dr Mohamed El-Sadig¹, Dr Ibrahim Abdalla Alfaki², Dr Omar Al Sakkaf³, Dr Rashad Gamar³, Dr Rami Al-Rifai¹, Prof Michal Grivna^{1,4}

¹Institute of Public Health, College of Medicine and Health Sciences, United Arab Emirates University, Al Ain, United Arab Emirates

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³Medical and Technical Affairs Department, Dubai Corporation for Ambulance Services, Dubai, United Arab Emirates

⁴Department of Public Health and Preventive Medicine, Second Faculty of Medicine, Charles University, Prague, Czech Republic

Temporal distribution and forecasting recreational sport injuries

Background: Quadbikes are all-terrain four-wheeled vehicles used extensively as desert recreational vehicles in Dubai, UAE. We tried to assess the trend and temporal distribution of quadbike injuries based on Electronic Patient Care Registration (EPCR) reports of Dubai Ambulance [Dubai Corporation for Ambulatory Services] from January 1, 2017, to March 1, 2021. We would like to share our attempt to forecast short term injury trend using time series analysis on such a small dataset. We also tried to identify the temporal distribution of quadbike injuries in this unique desert ecosystem, to identify the population at risk and factors influencing injuries.

Method: Patient case history was the source for various variables like time of incident, injury outcome, in addition demographic variables like age, gender and nationality. Temporal variables like time of injury and date were used to arrive at the binary outcome variables like nighttime injury and winter injury respectively. IBM SPSS Statistical Package Version. 28.0 was used for descriptive, bivariate and regression analysis to identify demographic factors influencing the outcome variables. R software version 4.2.1 ("forecast" package) helped with the time series analysis. Seasonal and Trend decomposition (STL) using Loess decomposition, split the monthly time series data into trend, seasonal and noise components. We fitted the ETS (Error, Trend and Seasonal components) state-space model to the Dubai quadbike injury data using the ets() function. Best fit model was selected using Akaike Information Criterion, corrected for small sample bias (AIC_c).

Result: Temporal distribution and time series decomposition showed marked seasonality where injuries peaked in winter. Similarly, injuries peaked around late afternoon and evening during the hours of a day. Nationality had a strong influence on nighttime injuries and winter injuries. The downward trend in injury occurrence from 2017 to 2021 also includes the low tourist seasons observed during the winter lockdowns in Dubai followed by a rise in the post lockdown period.

Conclusion: Temporal distribution helps identify the most optimal periods for injury prevention interventions. However, time trend and forecast can be challenging in small datasets with disruptions like the COVID lockdown.

Audience Take Away Notes

- To use ambulance/first responder data for time series analysis and temporal distribution
- Exploring the use of temporal variables for intervention design, using limited data
- Time series analysis approach for small datasets with seasonality-Alternatives to ARIMA models in time series forecasting
- Limitations with small dataset and disruptions. Solutions
- Data visualization for policy makers

Biography

Preetha Menon Karuveetil is a third-year PhD student [Public Health and Occupational Health] at the Institute of Public Health, College of Medicine and Health Sciences, United Arab Emirates University. She is from India and has worked in program monitoring, program surveillance and policy research projects for CDC-PEPFAR, Ministry of Health, Planning Commission of India. Her 10-year public health career in India evolved into systems and policy research on creating safe spaces for adventure sports in the United Arab Emirates. She revels in field research involving long hours riding in the desert and talking to people from all walks of life.



Alshwmeen M1, Sarah Faisal Almutairi2*, Albalawi M3

¹King Fahad Specialist Hospital, Tabuk, Saudi Arabia ²King Salman Armed Forces Hospital, Tabuk, Saudi Arabia ³Security Force Hospital, Riya, Saudi Arabia

Patient's attitude and preference towards medical students involvement in their health care in Tabuk region in Saudi Arabia

Introduction: Medical students are the future health professionals. To fulfill this role, they should be involved in patient care during their training years. Encounters with patients can promote contextual and clinical learning, improve communication and professional skills and initiate the development of future doctor-patient relationships.

Objectives: To explore patient's attitude and preference towards the presence and involvement of students in their health care and factors that can influence patients decision regarding student participation in their care.

Materials & Methods: A cross-sectional descriptive study was conducted from April - August 2014 at King Khalid Hospital in Tabuk Region, Saudi Arabia. Participants were randomly selected from out patient clinics and inpatient wards. Data were collected using structured questionnaires, and data analysis was performed using SPSS.

Results: Out of 305 participants, 240(78.68%) were selected from the outpatient clinic (Group I) who were seen in the medical (43,75%), OBGYN (37.9%) and surgery clinics (18.3%). From inpatient wards (Group II) 65 participants were recruited, 40% from surgical, 35.4% from medical and 24.6% from OBGYN wards. 130 participants (107 (45%) in Group I and 23 (35.4) in Group II reported a positive attitude regarding presence of students during consultation. However, that was not the case regarding the presence of students during their examination where only 54 participants (35 (15%) Group I, and (19 (29%) group II) accepted their presence. Gender of the student is one of the major factors for participants to accept medical students to examine them. Being a female medical student is a positive factor for the participant to allow students to examine them.

Conclusions: The results demonstrate that participants are positive towards female medical students' involvement in their health care. However, being a male medical student can pose a challenge to develop the required clinical skill since most participants refuse their involvement in their health care.

Audience Take Away Notes

- Explore patient's attitude and
- preference towards the presence and involvement of
- students in their health care and factors that can
- influence patients decision regarding students
- participation in their care

Biography

Dr. Sarah Almutairi is a senior registrar family medicine of family medicine department in king Salman armed forces hospital North West region. She was awarded board certified of family medicine residency program in Saudi commission of health specialties in 2020 and the Arab board of health specialization in 2022. She achieved bachelor of medicine -bachelor of surgery from Tabuk university in 2015. She has 6 years work experience in family medicine department, and participated in family medicine residency program half day activities, clinical and research skills for the residents. She has also published four peer reviewed research papers.



Ortal Cohen Elimelech*, and Sara Rosenblum

The Laboratory of Complex Human Activity and Participation, Department of Occupational Therapy, University of Haifa

Promoting health among older adults during COVID-19: Examining past and present functional factors

Background: The COVID-19 pandemic posed multiple challenges for the older adults' population, including physical and mental health issues. A pandemic that continues to affect older adults worldwide presented a significant challenge to understanding what functional factors are related to their physical and mental health. Various factors affect a person's physical and mental health, but how individual function in daily life is of prime importance.

Objective: To examine past and present functional factors and their relationships with physical and mental health of older adults toward future disease prevention and health promotion.

Methodology: Data were collected from 204 adults ages 60 and above using an online platform (Qualtrics). The participants reported their physical health symptoms and state anxiety level using the State-Trait Personally Inventory. The participants also completed questionnaires about past functional factors (negative life events and Childhood Daily Functional Self-Actualization) as well as present functional factors (Adulthood Daily Functional Self-Actualization, Sleep Quality, and Daily Living questionnaires).

Results: Structural equation modeling revealed that both past and present characteristics were positively or negatively related to participants' physical health and anxiety, 2(5, N = 189) = 11.72, p = .04, normed fit index = .97, comparative fit index = .98, root mean square error of approximation = .08.

Conclusion: These results shed light on the understanding of past and present functional features that can provide insight into how humans function in daily life, which may enable them to live a healthier life.

Audience Take Away Notes

- By becoming more aware of available resources, a better understanding of past and present factors may assist older adults in coping with stressful periods, such as COVID-19
- Planning interventions for the older adults in times of crisis should consider these results, which emphasize past and present factors related to their physical and mental health
- The findings pertain to the COVID-19 period, but they can also be applied to a routine period. Older adults can experience stressful events in their lives. During COVID-19, we had the opportunity to examine what happens during a crisis. As a result, the findings could apply to other stressful periods as well

Biography

I am an occupational therapist and Laboratory manager, at the Laboratory of Complex Human Activity and Participation (CHAP) and a research assistant. My clinical experiences as an occupational therapist in varied works contribute to attributing between research and clinical implementation, in a way that emphasizes both individual and social needs. I have conducted research, from budget management to the implementation of remote interventions in collaboration with other researchers from different disciplines. These roles also include mentoring research assistants and is responsible for the collection and analysis as well as writing articles.



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Global analysis of botulism cases demonstrates underreporting in larger European nations

Background: Botulism is a rare illness caused by Clostridium botulinum toxin, causing death in 15% of hospitalised infected individuals. There is no coordinated collective worldwide reporting on cases with few reliable case frequency estimates. This study aimed to establish an international benchmark for case frequency.

Method: A comprehensive international multilingual literature search of Medline and Pubmed databases was performed for all historical research literature. An additional grey and government literature search was conducted in ten major languages. The databases of the ECDC, United States CDC, ProMED-mail and Gideon were also searched, all with a 19th January 2022 cut off.

Results: A total of 8997 documented cases since 1999 were uncovered, with 398 deaths (4.4% CFR) and hospitalisation a driver for case reporting (83.3%). Only 18 nations globally had published botulism case frequency estimates or a database series of cases capable of analysis. Excluding unsupported national estimates deemed as having wide deviations from calculated international mean (μ = 1.1 cpm), 15 nations were included in a linear regression analysis (y=0.41x; r=0.70); which revealed widespread underreporting compared to the regression estimate and calculated US CDC figures in all analysable European nations except Hungary, Italy, Poland and Romania (2004-2018 series; 0.47<x π <0.56, 95%CI). Case frequency series capable of variance from mean analysis (n=12) revealed large quartile spreads (x π <7) and statistically significant deviation from global expected values in the global sample year (2017, P<0.05).

Conclusions: Analysis of national cases reported to the ECDC 2007-2020 compared to global estimates revealed underreporting of cases in four of the largest European nations (P<0.05). Better awareness of botulism poisoning among first point of healthcare contact and more robust reporting of presenting cases across Europe and EU nations would strengthen surveillance and may reduce morbidity and fatality long-term.

Biography

Dr Tristan Learoyd is a Global Director of Medical Affairs at Emergent specializing in infectious disease analysis, research and development.

DAY 03

VIRTUAL



Kehinde Eniola^{1*}, MD, MPH, FAAFP, CPE., Carina Brown², MD., Krys Foster³, MD, MPH., Diana Carvaja, MD

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Assessing family medicine residents' knowledge, awareness, and comfort levels with consent and confidentiality in adolescent healthcare

Introduction: Adolescents (ages 10–19) are generally healthy and at unique stages of psychosocial, cognitive, and physical development that affect decision–making and overall health.(1,2)

Despite these potential risks, adolescents are less likely to seek prompt medical care due to concerns about parental awareness of their personal health problems. (3) Yet, adolescents are more likely to seek health care promptly if offered self-consenting and confidential care services. (3)

Well-trained primary care clinicians with experience and understanding of the impact of confidential care in this population are critical to improving their overall health. (4) Prior research has found significant variability in knowledge and comfort with common adolescent health topics among clinicians. (5)

This project aimed to assess family medicine residents' knowledge, awareness, and comfort level regarding adolescent self-consenting to healthcare services and confidentiality.

Methods: An anonymous 14-item electronic cross-sectional survey assessing knowledge, awareness, and comfort level of providing confidential healthcare services to adolescents was sent to mainland U.S. and Puerto Rico-based family medicine residents (n=14,010) in Post Graduate Years 1-3, expected to graduate between 2023 and 2025.

Results: A total of 714/14,010 (5%) completed the survey. The majority of respondents had not received formal training on confidential adolescent care during residency education (50.3% received no training; 32.4% received training; and 17.4% were uncertain of training status). Most respondents reported little/no knowledge of laws that govern the provision of confidential adolescent care within their state (50.2%). 34.5% reported moderate knowledge and 15% reported being either very knowledgeable or extremely knowledgeable. Similarly, 53.2% reported little/no knowledge of the laws governing adolescent self-consenting to care in their state; 31.9% reported moderate knowledge, while only 14.8% reported very knowledgeable or extremely knowledgeable.

Conclusion: The findings suggest additional education and training is needed to better equip family medicine residents to provide confidential adolescent health care.

Audience Take Away Notes

- Implication of confidential adolescent health care on adolescents' health status
- State of art regarding physician knowledge of providing private and confidential adolescent health care
- Ways to improve and educate physicians on the provision of confidential care

Biography

Kehinde Eniola is an associate professor of family medicine at the University of North Carolina and faculty at the Cone Family Medicine residency program. She graduated from Olabisi Onabanjo University in Nigeria in 2006. After completing a Family Medicine Residency program at New York Medical College, St Joseph Hospital, in 2012. Her areas of special interest are women's health, prenatal care, and dermatologic procedures.



Bonnie W Y Wong¹*, Elsie Yan¹

The Hong Kong Polytechnic University, Hung Hom, Hong Kong

The effectiveness of educational intervention in improving healthcare professionals' knowledge and recognition towards elder abuse: Systematic review and meta-analysis of randomized controlled trials

Elder abuse is widespread but underreported. Frontline health workers are lack of sufficient protocols or experience to identify, handle, and report elder abuse. Developing new curriculum using published literature as a guide continues to be a challenge. Interpretation of the educational program described in randomized controlled studies (RCTs) on elder abuse intervention can provide a guide on new program planning to increase knowledge, improve case-finding and cooperation. This systematic review summarizes and assesses the evidence for educational interventions that increase knowledge and recognition of elder abuse. Framework analysis was used to integrate data from the retrieved documents. The total number of papers read in full was 47, and 5 were included in the review. Synthesis of results from the studies resulted in five main themes: 1) Knowledge improvement; 2) Ability to identify; 3) Metanalysis on recognition; 4) Characteristics of programs; and 5) Outcome measurement. This systematic review synthesizes the literature on recognition of elder abuse. Elevation of immediate and longer-term outcomes of all interventions in all included studies were also determined. This review provides healthcare practitioners and aging service providers with educational intervention programs from past studies for future development of elder abuse training modules.

Audience Take Away Notes

- Medical, health and social care professionals are in a very good position to detect and identify elder abuse cases, however, some may not be equipped with the necessary knowledge and awareness. It is thus important to enhance awareness of elder abuse among medical, health and social care professionals.
- This review summarized results from randomized controlled trials on education and training intervention to increase elder abuse awareness, thereby increasing timely detection of elder abuse.
- Curriculum, content, duration, mode of delivery, and outcome measurements of programs should be made available to facilitate use whenever possible.
- Online digital intervention appears to be just as effective as face to face training programs. Given the greater flexibility and lesser cost involved in online intervention, digital intervention or blended intervention should be considered in future programs. Usage of online education as a viable alternative to the traditional face-to-face classroom format especially in global pandemic of COVID-19.

Biography

Bonnie W Y Wong, MPhil, is a doctoral student in the Faculty of Health and Social Sciences, The Hong Kong Polytechnic University.

DAY 03

VIRTUAL



Jerlie C. Loko Roka^{1*}; B. Diop²; A Mbaye²; I. O. Ba³; Oumy Seck²; Abdoulaye Sam²; Jean-Pierre Diallo²; M. Ndiaye²; O. Pasi¹

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Rapid antigenic diagnostic tests: The added value for SARS-CoV2 case detection in Senegal

Background: Senegal detected its first case of SARS-CoV-2 in March 2020. As of November 1, 2021, the country confirmed 73,920 cases and 1,878 deaths. When the country faced a third wave of the epidemic, resulting in the highest number of cases recorded in Senegal, the two main laboratories involved in RT-PCR detection (located in the Dakar and Thies regions) were overwhelmed. In response, the country validated the usage of antigen-detecting rapid diagnostic tests (Ag-RDTs), which were implemented at the district level. We describe the added value of this strategy.

Methods: Samples collected at the local level for RT-PCR were sent to Dakar or Thies. Following country guidance, RT-PCR was performed for symptomatic patients and asymptomatic travelers, while Ag-RDTs were performed only for symptomatic patients seen at healthcare facilities. To evaluate Ag-RDT implementation, indicators were identified, data collection tools were developed and shared, and analysis was automated, before launching Ag-RDTs in the country.

Results: Ag-RDT data collection was launched on August 1. Testing was conducted in 79 districts. As of October 29, 2021, 19,920 persons were tested, with an average of 196 tests per day. Of these, 6,326 (32%) Ag-RDTs were positive. During the same period, 194,035 RT-PCR tests were performed on both symptomatic and asymptomatic patients/travelers, with 11,619 (6%) positive.

Conclusion: Decentralization of testing with Ag-RDTs usage was expected to improve detection in the country. Our analysis showed that increasing awareness of Ag-RDTs is still needed to ensure routine use for detection. Overall, the use of Ag-RDTs complemented SARS-COV-2 detection in Senegal, where RT-PCR usage is predominant. The higher positivity rate associated with Ag-RDTs may be related to the decision to test only symptomatic persons. Additional analyses need to be conducted to evaluate the added value of Ag-RDTs in diagnosis.

Audience Take Away Notes

- COVID-19 testing decentralization through Ag Rapid diagnosis tests usage at health facilities
- Feasible to monitor at very low-cost new unplanned detection device introduction
- Using Ag RDT usage should be widely promoted, and the results capture to access the real burden of COVID-19

Biography

Dr Jerlie Loko Roka is a medical epidemiologist who graduated as MSc in 2010 from ULB, Belgium. She joined the humanitarian world working for MDM and then for MSF for 5 years. She's working for CDC-US in Dakar office since 2016 where she's involved in global health security agenda program implementation as technical support together with implementing partners.



Dr. William J Riley, PhDCollege of Health Solutions, Arizona State University/Professor, Phoenix, Arizona, United States

Polio eradication in Afghanistan: The impact of the regime change on polio eradication initiatives

Background: Afghanistan and Pakistan are the only two remaining polio-endemic countries in the world. In Afghanistan, steady progress has been made to control polio over the past two decades, however, there has been growing concern that the regime changes of August 2021 would result in deterioration of polio eradication efforts supported by the World Health Organization (WHO) and Center for Disease Control and Prevention (CDC). This study seeks to explore the impact of the Taliban government takeover on Afghanistan's polio eradication programs and initiatives.

Methods: We used a mixed-methods approach relying on secondary data analysis, expert opinion, and extensive literature reviews. We compare the Afghanistan program's progress to the Global Polio Eradication Initiative (GPEI) end-game strategies and objectives.

Results: Bans on house-to-house campaigns in place prior to regime change have been reduced; allowing polio vaccination workers to resume vaccination distribution across all regions of the country. Polio vaccination coverage rates for children under five years of age have substantially increased since December of 2021. Moreover, Polio cases continue to decrease compared to pre-2021 levels.

Interpretation: Outreach vaccination rates of polio eradication efforts in Afghanistan have improved across the entire country. This indicates that the polio eradication program in Afghanistan has not declined in performance following the regime change and progress in polio eradication initiatives has been made contrary to initial concerns. However, obstacles remain which could seriously jeopardize continued progress, including political instability, violence against vaccination staff, impending humanitarian crises, restricted gender rights, and a failing health care system. Sustained focus and attention are needed in the region to avoid a significant loss of opportunity to eradicate polio globally.

Benefit:

- Audience member will gain knowledge on mixed-methods approach relying on secondary data analysis, expert opinion, and extensive literature reviews on Afghanistan and Pakistan on the Taliban government takeover on polio readdiction programs and initiatives.
- Audience members will learn which outreach programs help polio eradication efforts in Afghanistan.
- Audience member will gain knowledge on which barriers remain that jeopardies polio eradication efforts in Afghanistan.

Biography

William Riley, Ph.D., is professor for the Science of Health Care Delivery in the College of Health Solutions at Arizona State University (ASU). Dr. Riley is a leading authority in health care finance and serves as the Director of the National Safety Net Advancement Center, which assists safety organizations respond to health care payment reform. Dr. Riley is also a national and international expert in quality improvement methods, techniques, and implementation. He leads translational research projects in international settings, oral health value-based care, and multisector alignment to achieve a culture of health.



Chukwudi S. Ubah*, MPH; Lok R. Pokhrel, MSc, MS, PhD; Gregory D. Kearney, DrPH, MPH, REHS.

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Risk of COVID-19 infections among people with Asthma: A scoping review

Background: From 2019 to 2022, the COVID-19 pandemic resulted in approximately 676,504,785 cases and 6,773,773 deaths in 229 countries, areas, and territories worldwide. COVID-19 is primarily transmitted through respiratory droplets, contact and air. Asthma is a chronic respiratory condition that affects the airways and lungs, causing the airways to become inflamed and narrow, and is the most common chronic disease among children worldwide. Furthermore, over 80% of asthma-related deaths occur among lower to middle-income countries. Asthma affects people of all ages, with more than 339 million people living with the illness globally. Certain conditions have been associated with risk of developing asthma, including allergies, obesity, and respiratory infections, but little is known about the potential link between asthma and COVID-19.

Objective: In this study, we conducted a scoping review of the literature to determine if asthmatic patients were at higher risk of contracting COVID-19 than non-asthmatics.

Methods: A comprehensive literature search was conducted using keywords: COVID-19, Asthma, Asthmatic Patients, Respiratory infections, and Corona Virus, and search engine databases: PubMed, Google scholar, IDSA, WHO and American Journal of Respiratory and Critical Care Medicine.

Results: Among the 63 identified, 55 articles were screened, 15 articles met the inclusion criteria and included in this study.

Conclusions: Our findings suggest that asthma is not an independent risk factor for severe COVID-19 illness. In studies where poor outcomes were found among COVID-19 patients diagnosed with asthma, the use of inhaled corticosteroids was identified as the primary risk factor driving poor outcomes.

Recommendations: Future studies into asthmatic individuals and COVID-19 disease should be to understand the potential role of high dose corticosteroids in severe-COVID-19 disease risk among asthmatic patients.

Biography

Chukwudi S. Ubah is a third year doctoral student with the Department of Public Health, Brody School of Medicine (BSOM), East Carolina University, NC, USA. He serves as the director of graduate school affairs in Student Government Association (SGA). He also serves as the president of the International Students Association (ISA). He holds a Masters degree in Public Health (MPH) from Temple University Philadelphia, PA USA, and a Bachelors degree in microbiology from the University of Nigeria Nsukka (UNN), Nigeria. His dissertation research focuses on nanomedicine, antibiotic resistant and nosocomial infections.



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Exploring the potential of game-based virtual reality training for enhancing motor function in Cerebral Palsy: A pilot study

This pilot study investigated the effectiveness of a game-based virtual reality training program on cerebral palsy patients' motor function. Ten patients, aged between 7 to 13 years, completed the 4-week program consisting of 30-minute training sessions, 3 days a week. The program was designed to improve hand gesture eating, picking up items from a height, and key lock position exercises with the assistance of physiotherapists and technology specialists. Pre- and post-training assessments of participants' modified Ashworth scale (MAS) and range of motion (ROM) were conducted. The study found that game-based virtual reality training had a positive impact on the participants' motor function, as well as reported high levels of motivation and engagement during the training sessions. The study concludes that game-based virtual reality training may be an effective approach to enhance motor function and activities of daily living in cerebral palsy patients. Further research is needed to validate these results with a larger sample size and to explore the potential benefits of game-based virtual reality training programs in clinical settings.

Audience Take Away Notes

- The audience will learn about the specific exercises included in the training program, which were designed to improve hand gesture eating, picking up items from a height, and key lock position exercises, and the assistance provided by physiotherapists and technology specialists
- The audience will learn about the importance of finding effective approaches to enhance motor function and activities of daily living in cerebral palsy patients and the potential benefits of using game-based virtual reality training programs
- The audience will learn about the study's positive results, which showed that game-based virtual reality training had a positive impact on the participants' motor function and reported high levels of motivation and engagement during the training sessions

Biography

Ms. Wijittra Prasatkaew studied Bsc. Physical Therapy at Huachiew Chalermprakiet University in 2003 and Master of Science (Anatomy) Mahidol University in 2014 and then she joined the research group at King Mongkut's University of Technology Thonburi, Thailand She has research 1. A mixed reality technology of medical media. 2. Interactive virtual reality for learning shoulder mobilization using data glove system. 3. Designing and developing a 3D human anatomy for learning media by augmented reality technology. 4. The Development of Hand Controller for Persons with Disabilities by Myo Sensor. 5. A reverse form of Linburg-Comstock variation with comments on its etiology and demonstration of interactive 3D portable document format.



Shinobu Ishii School of Nursing, Kitasato University, Kanagawa, Japan

Creation of a system of social prescriptions that can maintain good physical and mental health among expectant and nursing mothers

Objective: The objective of this project study is to establish a referral route for social prescriptions that enable pregnant and postpartum mothers to participate in health classes where they can improve their own health, not only for pregnant and postpartum mothers who are willing to improve their health, but also for those who are indifferent to health.

Methods: This project research targeted Japanese expectant and nursing mothers (pregnant to less than 3 years postpartum) and held classes combining exercise and health education for 6 months from October 2021 to March 2022 to promote maternal health promotion. The research methodology used process analysis and stakeholder analysis through action research.

Results: Because of restrictions on participation recommendations from physicians in terms of clinic hours and reimbursement, we switched to recommendations from the co-medical staff.

A public relations strategy of linking social networking sites and websites to disseminate information from multiple sources was effective in attracting customers.

For expectant mothers who did not have access to online services, online classes were relayed to child welfare facilities so that they could participate.

It was suggested that a social prescriptive approach to pregnant women who are indifferent to health promotion may reduce the number of high-risk pregnant women.

Conclusion: Hybrid classrooms that allowed participants to choose between online and in-person participation improved participant accessibility. The participation recommendation was made with the cooperation of local government health and welfare departments as well as medical institutions, thus reaching pregnant and nursing mothers who were indifferent to health promotion.

Audience take Away Notes

- Suggestions on how to reach expectant mothers who are not interested in health
- Improving accessibility to maternal health classes
- Social prescribing mechanisms to address maternal health issues

Biography

Graduated from Kitasato University School of Nursing in 1998. After graduation, she has been engaged in community maternal and child health care as a midwife and public health nurse. Completed Master program (Master of Health Sciences), University of Tsukuba in 2020.

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