magnus Group

5TH EDITION OF

SINGAPORE NURSING RESEARCH CONFERENCE

&

4TH EDITION OF

INTERNATIONAL PUBLIC HEALTH CONFERENCE

24-26
MARCH, 2025

SINGAPORE

Venue: Village Hotel Changi
1 Netheravon Rd, Singapore 508502
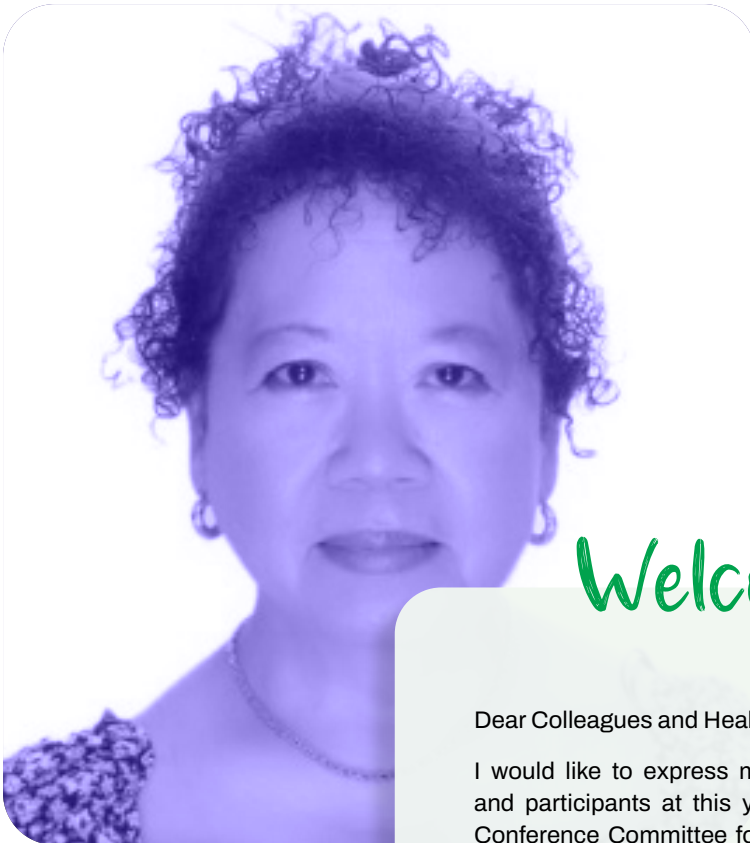
5th Edition of

Singapore Nursing Research Conference &

4th Edition of

International Public Health Conference

MARCH
24-26

BOOK OF
ABSTRACTS

Index

Welcome Message

Dear Colleagues and Health Care Providers,

I would like to express my deepest respects to all our distinguished guests and participants at this year 2025 Conference. My warm thanks to Magnus Conference Committee for the opportunity of welcoming and addressing you. It is an honor and privilege. I am grateful that we are gathered in this Hybrid Conference to exchange ideas on addressing the diversity of healthcare management worldwide especially in this critical juncture of our civilization where disease knows no borders.

CONGRATULATIONS to Magnus Group for " The "5th Edition of Singapore Nursing Research Hybrid Conference (NURSING 2025)" is scheduled during March 24- 26, 2025 herein the stunning city of Singapore. It will cover a wide spectrum of presentations that focus around the theme "Caring Beyond Boundaries: Nursing's Impact on Global Health." IT will focus on improving patient health; outpatient treatment and expanding data analysis abilities among nurses to embrace new challenges and advance the profession

Moreover, it will feature internationally renowned speakers who will share, discuss, and dissect significant new developments and scientific advancements. They will also be sharing insights into cutting edge technologies that will impact the future of clinical trials and related fields. We are looking forward to a highly productive meeting of great scientists and nurses from different countries around the world.

I congratulate everyone for your commitment, active participation, and wish you ALL great success.

**Prof. Elvessa**

Quebec CCN, Canada

Welcome Message

On behalf of the International Conference on Public Health, I take great pleasure in welcoming you to the '4th Edition of International Public Health Conference in the magical city of Singapore. The theme of this year's conference "Restraining Pandemics Through Exploration of Trends and Public Health Challenges." This will focus on creating a more sustainable and economical system for alternative medicine and better health, with powerful speakers who share their in-depth knowledge in research and facts. Together with your attendance I hope that you take this opportunity to network, share and collaborate with international experts. All of us at the International Conference on Traditional Medicine would take great pleasure in meeting you in person and learning about your astounding work. I wish you a highly enjoyable and fruitful conference. I hope you enjoy your stay in this magnificent city, making use of your pre and post conference times to enjoy the many wonderful sites. We sincerely look forward to welcoming you. Enjoy the conference.

David John Wortley

International Society of Digital Medicine (ISDM), United Kingdom
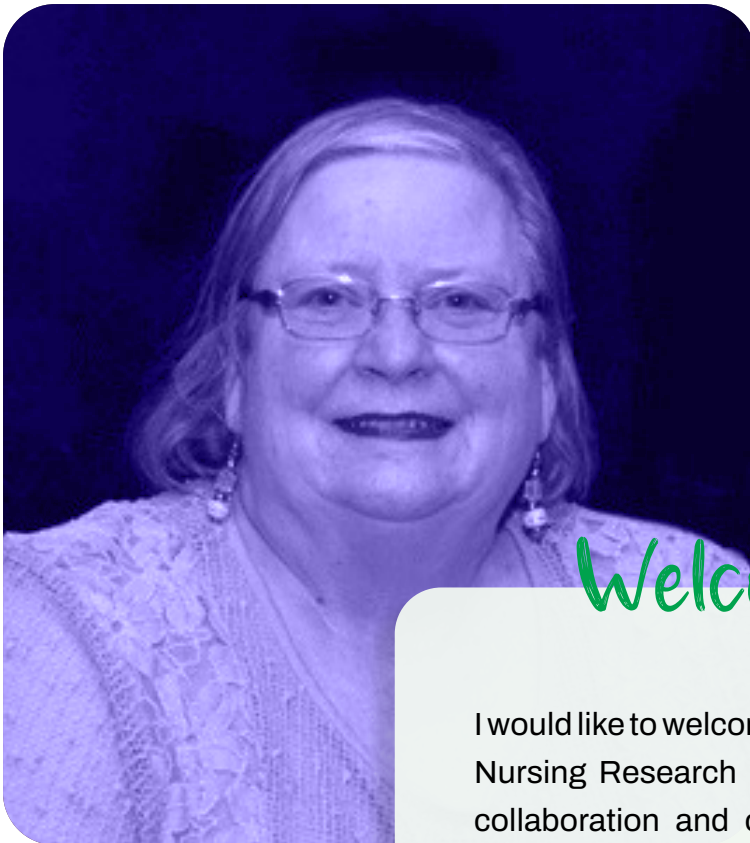
Welcome Message

I would like to welcome you to the 5th Edition of the Singapore Nursing Research Conference. We will be building on the collaboration and outstanding research evidenced in the previous conferences as we seek to present evidence-based research and innovations that will inspire nurses to make positive changes wherever they live and work. I encourage you to be fully present when you attend the sessions and engage whenever you can in professional dialog with your colleagues to maximize the return from this conference. Enjoy!

Dr. Nina Beaman

Chief Nurse Administrator, Aspen University, USA

Welcome Message

On behalf of the Scientific Committee, I take great pleasure in welcoming you to the 5th Edition of Singapore Nursing Research Conference (NURSING 2025) here, in the beautiful city of Singapore. The theme of this year's conference "Caring Beyond Boundaries: Nursing's Impact on Global Health" and highlights the wide range of roles that nurses occupy and the wide ranging impact of nursing across the world. There is something for everyone involved in healthcare; from clinical skills to workforce development, research to technology, health promotion and preventative strategies. 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 sights. We are enthusiastic about your attendance and participation. Enjoy the conference!

**Jane Murray**

Northumbria University
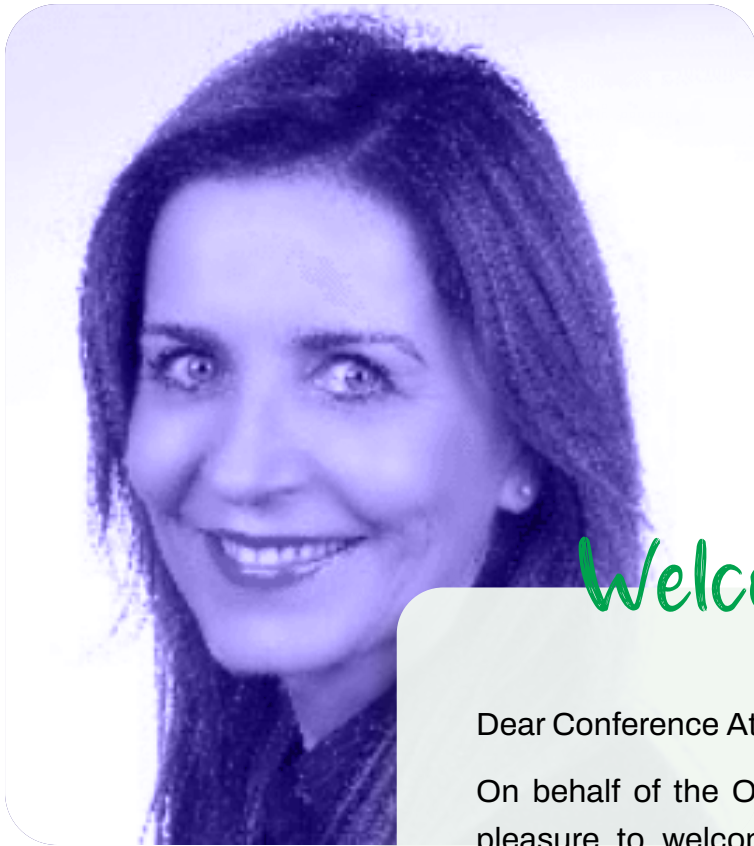
Welcome Message

Dear Conference Attendees,

On behalf of the Organizing Committee it gives me great pleasure to welcome you at IPHC 2025. Based on my research outcomes I am elated to deliver during the conference my keynote presentation under the title: "AIDiet intervention vs. hormonal and immune-metabolic health in normal and overweight adolescent girls with Polycystic Ovary Syndrome". I implore you to take part and provide your distinct viewpoints to deepen our shared understanding. I cordially greet you, hoping to meet you all in Singapore.

Małgorzata Mizgier

Poznan University of Physical Education, Poland
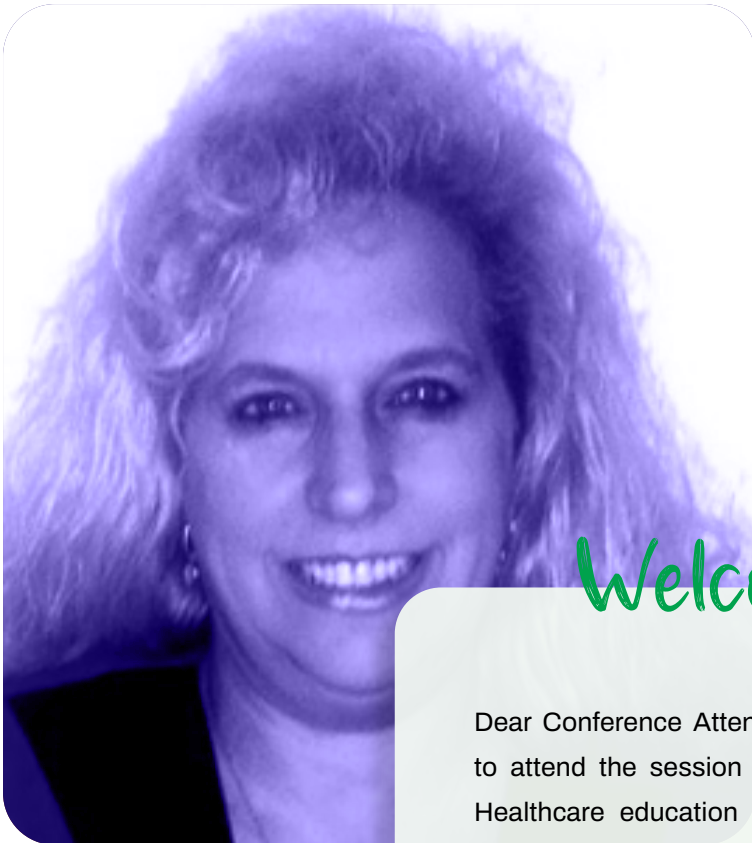
Welcome Message

Dear Conference Attendees, It is my great pleasure to welcome you to attend the session entitled "Pediatric Health: We can Improve!" Healthcare education and interventions during childhood is key to optimize overall health outcomes. Children in the United States are suffering from mental illness, displaying poor nutrition, and exposed to a variety of technology which impacts their life. This session will identify health priorities for pediatric patients, assist learners to identify opportunities to improve pediatric health using evidence-based practice nursing interventions advocating for pediatric patients. I am an Associate Professor of Nursing at Morehead State University and work per diem as a labor & delivery nurse and school nurse. I have multiple publications and presentations related to my areas of expertise. I have been a registered nurse for more than 32 years and completed my Doctor of Nursing Practice in 2020. My expertise is in obstetrics, women's and pediatric health through newborns. I maintain two national certifications: Inpatient Obstetrics and Nurse Executive Basic. I look forward to discussing how we can improve pediatric health as they hold our future.

Lisa Wallace

Morehead State University, United States

ABOUT
MAGNUS GROUP

Magnus Group, a distinguished scientific event organizer, has been at the forefront of fostering knowledge exchange and collaboration since its inception in 2015. With a steadfast commitment to the ethos of Share, receive, grow, Magnus Group has successfully organized over 200 conferences spanning diverse fields, including Healthcare, Medical, Pharmaceutics, Chemistry, Nursing, Agriculture, and Plant Sciences.

The core philosophy of Magnus Group revolves around creating dynamic platforms that facilitate the exchange of cutting-edge research, insights, and innovations within the global scientific community. By bringing together experts, scholars, and professionals from various disciplines, Magnus Group cultivates an environment conducive to intellectual discourse, networking, and interdisciplinary collaboration.

Magnus Group's unwavering dedication to organizing impactful scientific events has positioned it as a key player in the global scientific community. By adhering to the motto of Share, receive, grow, Magnus Group continues to contribute significantly to the advancement of knowledge and the development of innovative solutions in various scientific domains.

Table of Contents

Title: Epidemiology of airborne viral infections of the upper respiratory tract worldwide   50

Yann A Meunier, International Institute of Medicine and Science, United States

Title: Development of self-assessment scale of difficulties in nursing practice of individuals with major depressive disorder: Process of developing scale item proposal   226

Yasuko Oshima, Jutendo University, Japan

Title: Exploitation of emotional value in workplace settings affects depression, anxiety, and overall mental health among Chinese adults: Evidence from a convenience sample of a cross-sectional survey in the post-COVID era   176

Yiwen Wang, Tsinghua University, China

Title: From rural to urban: Conflicts and adaptation of multiple identities in migration   177

Yue Yuan, Southwestern University of Finance and Economics, China

Title: The number of steps taken as a buffer factor for stress in working people   178

Yuma Kajiwara, University of Tsukuba, Japan

Title: Scientific evaluate quantification of social and behavioral by scalp acupuncture on children with autism spectrum disorder   51

Zhenhuan Liu, Nanhai Aternity and Children's Hospital Affiliated Guangzhou University of Chinese Medicine, China

Title: A qualitative study of attitudes toward seeking psychological help among Chinese elderly patients with chronic diseases   180

Zirui Zhang, Zhengzhou University of Nursing and Health, China

5th Edition of

Singapore Nursing Research Conference &

4th Edition of

International Public Health Conference

MARCH
24-26

KEYNOTE PRESENTATIONS

Bob Esquerre MA, NSCA-CPT

Program Planning Director, Esquerre Fitness Group International, Boca Raton, Florida USA

Collaborative empowerment strategies: The role of the health & fitness sector in managing global obesity

The World Obesity Federation estimates that nearly one in five women and one in seven men will have obesity, with higher prevalence expected in low- and middle-income countries due to rapid urbanization and lifestyle changes. This epidemic necessitates urgent, globally coordinated efforts to implement effective prevention and treatment interventions. One solution that needs to be considered is the collaboration between the Scientific & Medical Communities and The Health & Fitness Sector.

Bob & his colleague, Ann Gilbert, created a series of 10 interactive "Think Pieces" that review this collaborative concept as an Anti-Obesity Medication (AOM) Customer Support Program.

The Support Program is designed to discuss and address the evolving physiological & psychological goals and needs of customers using AOMs. Based on feedback from the field, these Think Pieces were converted into a series of Customer-Centric Best Practices that are being used to support customers who are using AOMs to manage their obesity challenges.

These "Best Practices will be presented at the to the 4th Edition of International Public Health Conference. Bob's AOM Support Program's mission is to provide the Global Health & Fitness Sector with an option of strategies that position Customers, who are at various stages of their "Journeys-to- Success", to be empowered to control and manage their Journeys-to-Success.

Bob brings 38 years of expertise in the global Health & Fitness Sector, preceded by 13 years in Corporate America specializing in business planning and operations. A Trainer of Trainers and global lecturer, Bob advises club/studio owners, managers, and fitness professionals on business growth and operations strategies. He focuses on creating inclusive, customer-centric communities that engage the 80%+ inactive population and delivering diversified experiences. Bob emphasizes integrating Emotional Intelligence skills into fitness programs, empowering professionals to build meaningful relationships with active and inactive customers alike, while fostering safe and welcoming environments for all.

The Program's vision is to provide a 3-Tier set of blended programming options that can support successful customer-centric outcomes. These will include: (1) Movement, Activity & Exercise Strategies, (2) Nutritional Coaching, and (3) Lifestyle Change Strategies.

The Program values will emphasize fostering a resilient, supportive and inclusive community that will motivate AOM customers to join, stay committed, and encourage others to participate.

On a global scale, Bob's AOM Customer Support Program will change people's lives for the better.

Carolyn Hope Smeltzer RN, BS, MSN, EdD, FAAN, FACHE

Retired PwC partner, United States, 505 N. Lake Shore Drive, Condo 3808. Chicago, Ill 60611 , United States

A look back at diploma schools of nursing…. A look back at our history

Barbara McQuillan and Carolyn Smeltzer, were co-chairs of their 50th class reunion from Evanston Hospital School of Nursing (EHSN) in 2022. We, authors of Evanston Hospital School of Nursing 1898-1984, were disappointed that Evanston Hospital, l now known as Endeavor Health, did not have any memorabilia of our school.

We were hoping to have images and memorabilia that would highlight the reunion and bring back special memories. We believed images would help make our time referencing the past "come alive." When we asked for memorabilia of the school, a hospital executive stated "all school memorabilia were destroyed in a basement flood." We had lived on the hospital premises for three years, walked the hospital halls more times than we could count and now we were told there is no existing evidence of our past.

The school was our alma mater of which we were proud and now it was like the school never existed, yet in our hearts and mind, we knew it had. The school had helped shape our values, crafted our future and provided education as well as skills that enabled us to provide compassionate care for others and become leaders in our profession.

Today, if you enter the hospital, you could not imagine Evanston Hospital ever had a school of nursing. It appeared our history of the school had been erased, just like our dormitory had been razed and turned into a parking garage. We felt sad and empty of our past. However our

Biography

Carolyn has been a nurse for 53 years. She is still practicing nursing by caring for her husband and her 100 year young mother. Carolyn is an Evanston Hospital School of Nursing graduate and who is committed to preserving history. She is active on hospital boards. She was the Vice-President of Nursing at the University of Chicago Medical Center and Chief Operating Officer at the University of Arizona Medical Center. Carolyn has taught nursing in diploma schools of nursing and at the Graduate level. She has written six history books, Ordinary People, Extraordinary Lives, the Stories of Nurses, Chicago Nurse Parade, Evanston Hospital School of Nursing (EHSN) 1898-1984, Lake Geneva in Vintage Postcards, Geneva Lake and Camps of Geneva Lake. Her latest book was EHSN,1898-1984 published in 2022 and was accepted in the Barbara Bates Center for Nursing History. Carolyn is a retired partner from PricewaterhouseCoopers and in her spare time, swims, golfs, and plays bridge. She enjoys mission work with the Sisters of Charity of Nazareth and has been very thankful to serve in India and NePaul. She has also served in Viet Nam, Peru with Loyola University of Chicago.

sadness quickly turned into motivation. The motivation was to have the memories of EHSN and of all diploma nursing schools be recognized and remembered in history.

Our passion of preserving the past led us to explore our school's history and our time as students. The motivation made us want to explore our school from the beginning of its existence, 1898, until it's closing in 1984 We were committed to learn how our school educated students and created learning patient experiences in comparison to other diploma schools of nursing. We focused our efforts on national research as well as self testimony. We discovered that all diploma schools of nursing had similar beginnings as well as teaching methods and philosophies of "how to prepare students" to become nurses. Some nursing diploma schools differentiated themselves by culture, location, faculty excellence, an association with a university, state board passage rates, heritage, and/or religion beliefs. All diploma programs were committed to educational curriculums and practical hands-on experiences that trained the student nurses to care for the sick from day one after graduation. We concluded diploma schools of nursing were more similar than different.

This presentation will inspire all of us not to forget our history of how diploma education paved the way for our nursing educational processes of today. This presentation will bring back memories from your educational years as well as endear us to our history that should not be forgotten.

David John Wortley

International Society of Digital Medicine,
Lubenham, Northants, UK

Impact of AI, wearables and gamification on public health

The integration of artificial intelligence (AI), wearable technology, and gamification is revolutionizing public health, offering innovative solutions for disease prevention, health promotion, and patient engagement. AI-powered systems analyse vast datasets to predict health trends, personalize interventions, and optimize resource allocation. Wearables, such as fitness trackers and smartwatches, provide real-time monitoring of vital signs, enabling early detection of health issues and fostering preventive care.

Gamification, through the application of game design elements, motivates individuals to adopt healthier behaviours by making activities like exercise and diet management more engaging and rewarding. Together, these technologies empower individuals, enhance healthcare delivery, and improve population health outcomes.

This presentation explores the synergies between AI, wearables, and gamification, showcasing their impact on chronic disease management, mental health, and health equity. Attendees will gain insights into real-world case studies, ethical considerations, and the potential for these technologies to address global public health challenges.

David Wortley is CEO & Founder of 360in360 Immersive Experiences and a VP of the International Society of Digital Medicine (ISDM). He is a Fellow of the Royal Society of Arts and Commerce and a global thought leader and innovator on enabling technologies for health, education and the environment. He is on the editorial board of the Digital Medicine Journal. He is an Associate Member of the Royal Society of Medicine and a Visiting Fellow at the Faculty of Health and Social Sciences at Bournemouth University.

David John Wortley

International Society of Digital Medicine,
Lubenham, Northants, UK

The impact of AI and immersive technologies on nursing futures

The integration of Artificial Intelligence (AI) and immersive technologies, such as Virtual Reality (VR) and Augmented Reality (AR), is poised to significantly transform the future of nursing. These emerging technologies offer numerous opportunities to improve nursing education, enhance patient care, and streamline healthcare operations.

In nursing education, immersive technologies like VR and AR provide students with interactive and realistic simulations of clinical scenarios. This enables hands-on practice in a safe and controlled environment, allowing students to develop critical thinking and decision-making skills without risking patient safety. Additionally, AI-powered adaptive learning platforms can tailor educational content to individual students' needs, optimizing the learning process and fostering the development of competent nursing professionals.

In clinical practice, AI algorithms can assist nurses in diagnosing conditions, predicting patient outcomes, and personalizing treatment plans. These tools enable more precise and efficient care delivery, improving patient outcomes and reducing the risk of errors. AI can also aid in monitoring patients' vital signs and alerting nurses to potential issues in real time, ensuring timely interventions.

Immersive technologies enhance patient engagement and care by allowing nurses to provide remote consultations and follow-ups, as well as interactive patient education. This can lead to improved patient understanding and adherence to treatment plans. Furthermore, VR and AR can offer therapeutic benefits for patients, such as pain

Biography

David Wortley is CEO & Founder of 360in360 Immersive Experiences and a VP of the International Society of Digital Medicine (ISDM). He is a Fellow of the Royal Society of Arts and Commerce and a global thought leader and innovator on enabling technologies for health, education and the environment. He is on the editorial board of the Digital Medicine Journal. He is an Associate Member of the Royal Society of Medicine and a Visiting Fellow at the Faculty of Health and Social Sciences at Bournemouth University.

management and mental health support.

However, the widespread adoption of AI and immersive technologies in nursing also poses challenges, such as data privacy concerns, ethical considerations, and the need for continuous training to keep pace with technological advancements. Addressing these challenges is essential to ensure that these technologies are leveraged responsibly and effectively in nursing.

Overall, AI and immersive technologies hold great promise for the future of nursing, offering innovative solutions to enhance education, improve patient care, and optimize healthcare operations. As these technologies continue to evolve, it is crucial for the nursing profession to adapt and embrace these advancements to deliver high-quality care in an increasingly digital world.

Doepp, Manfred MD

Head of HolisticCenter, 13 Haupt St., Abtwil 9030, Switzerland

Dentogenic toxins and glymphatism: Their effects on the brain

At present, we are experiencing increasingly frequent brain problems. These also have to do with coagulation disorders and reduced blood flow caused by Covid-19 viruses and their spike proteins. What is usually neglected are the problems caused by toxins in the mouth area and the resulting problems with the lymphatic drainage of the head in the context of stress on the glymphatic system.

The glymphatic system is a disposal system for waste products in the central nervous system of vertebrates, i.e. in the brain and spinal cord. The name is a neologism of the terms glia and lymphatic system and was introduced by a research group led by Maiken Nedergaard (Rochester and Copenhagen) in 2012. Similar to the lymphatic system, which ends outside the meninges, i.e. does not occur in the CNS, the glymphatic system acts as a flowing circulation system for the removal of metabolic end products and toxins.

Which toxins in the area of the mouth are important? A) Metals, i.e. heavy metals in amalgam and dental gold, light metals in implants; B) Chronic bacterial inflammation of the gingiva and gums, especially gangrenous pulp, pulpitis, granuloma findings; C) Jaw bone foci in the sense of Non-Infectious Chronic Ostitis (NICO, FDOK); D) Periodontitis and gum pockets filled with problematic pathogens.

As a result of these disorders, the brain cannot detoxify itself sufficiently and accumulates toxins. Different brain diseases can be triggered depending on the individual's previous exposure. In the preliminary stages, there is the phenomenon of "brain fog" with symptoms such as dizziness, concentration problems and fatigue. After

Biography

Born in Bad Berleburg/Germany. Medical studies in Munich and Giessen, exams and doctorate in 1971. Scientific assistant at the clinical centre of the Justus Liebig University at Giessen until 1978. Senior physician for nuclear medicine at the clinical centre in Hanau until 1985. Founder of the "International Institute for Experiential Medicine, Founder of the "Diagnostic Centre for Mineral Analysis and Spectroscopy DCMS. From 2011 to 2018 Head Physician of the Quantisana Health Centre for Holistic Diagnostics and Therapy in CH 9404 Rorschacherberg. Since 2018 Head of the HolisticCenter in CH 9030 Abtwil. Many oral and written publications in the field of complementary and energy medicine. Many videos on Youtube, Google and complementary portals. Reviewer of international journals. Co-founder and Deputy President of DGEIM.

intensive dental diagnostics with computer tomography, we have regularly found dentogenic findings and improvements in symptoms after treatment. These examinations should be carried out in all cases where there are unclear brain-related problems.

Elvessa Narvasa RN, Ph.D, CCRN

Quebec CCN, Canada

Embracing medical robots in today's highly interconnected world

As new discoveries are being made on a daily basis, medical technology is experiencing advancements in robotic applications. These intelligent machines progressively become part of in & out hospital setting technological evolution and medical staff.

Henceforth, Healthcare Providers will inevitably need to work closely with medical robots. We should take the necessary steps now to gain a better understanding of how these mechanical wonders enhance our practice in order to have a more significant role and for successful adoption of the technology and related changes in patterns of care.

Medical robots have some inherent advantages over humans. A machine does not need sleep or food and does not have prejudices that we humans so often have. This could change the way we treat people who are sick and vulnerable. Robotics involve designing and implementing intelligent machines which can do work considered too dirty, too dangerous, too precise or too tedious for humans. Furthermore, it has the potential to expand surgical treatment modalities beyond the limits of human ability.

In this presentation, distinct categories of robots in health care delivery such as surgical, medical, service, rehabilitative care and pandemic intervention will be explored. The challenges, opportunities and implications of emerging technologies to the future of the medical profession will also be discussed.

While there are concerns about machines replacing people in the workforce, with some preparation and forethought, Healthcare Providers, can make sure the human touch stays relevant in medicine while concurrently taking advantage of our AI friends.

Biography

Elvessa Narvasa has completed Master of Science in Nursing from Montreal University, Canada. PH.D. She is the Provincial Director of Canadian Council of Cardiovascular Nurses. Served as Co-President of Quality Assurance; Team Leader for Hospital Accreditation, Founder of ICU Intermediary care. She had been selected to write the exam for Cardiovascular Certification by the Canadian Nurses Association. Furthermore, she does both in-service as well as invited nurse educator of different hospitals ICU-CCU; PACU/OR and Consultant of College Nursing Faculty. Organizing committee executive of International Society of Pituitary Surgeons; Multidisciplinary Perioperative Medicine, Montreal University. Invited speaker of Quebec Intensive Care Association as well as 2018 -2019 Keynote speaker; Honourable Chief Guest of Colloquium World Nursing Conference; 2019 International RFCCN. SAARC, Critical Care Society. Chairperson, United Research Forum since 2020. Moreover, an International Virtual and Physical Conferences keynote and plenary speaker 2020 till present 2024 organized by different groups worldwide.

Prof. Dr. Habil. Bernd Blobel FACMI, FACHI, FHL7, FEFMI, FIAHSI

University of Regensburg, Medical Faculty, Regensburg, Germany

Charles University Prague, First Medical Faculty, Prague, Czech Republic

Faculty European Campus Rottal-Inn, Deggendorf Institute of Technology, Deggendorf, Germany

University of Genoa, DIBRIS, Genoa, Italy

Principles and standards for designing and managing intelligent and ethical health and social care ecosystems

Health and social care systems around the world undergo a transformation towards personalized, preventive, predictive, participative precision medicine (5PM), considering the individual health status, conditions, genetic and genomic dispositions in personal, social, occupational, environmental and behavioral context. For enabling communication and cooperation between actors from different domains using different methodologies, languages and ontologies based on different education, experiences, etc., we have to advance design and management of the resulting complex and highly dynamic ecosystem from data to knowledge level. The aforementioned transformation is strongly supported by technologies such as micro- and nanotechnologies, advanced computing, artificial intelligence, edge computing, etc. Beside their opportunities, those advanced technologies also bear risks to be managed. The behavior of intelligent and autonomous systems must be considered from a humanistic, moral and ethical perspective. The challenge is the consistent, correct and formalized representation of the transformed health

Dr. Bernd Blobel received a multi-disciplinary education, covering mathematics, physics, systems engineering, electronics, medicine, informatics and medical informatics, including habilitations in medicine and informatics. He was Head of the Institute for Biometrics and Medical Informatics at the University of Magdeburg, and then Head of the Health Telematics Project Group at the Fraunhofer IIS in Erlangen. Thereafter, he acted until his retirement as Head of the German National eHealth Competence Center at the University of Regensburg. He was leadingly involved in many countries health digitalization as well as electronic health record strategy. He was and is still engaged in international standardization at ISO, CEN, HL7, OMG, IEEE etc. Furthermore, he still engaged in international higher education.

ecosystem from the perspectives of all domains involved including the legal and ethical ones, representing and managing them based on related ontologies. The resulting business view of the real-world ecosystem must be interrelated using the ISO/IEC 21838 Top Level Ontologies standard. Thereafter, the outcome can be transformed into implementable solutions. The different viewpoint are represented using viewpoint-specific ICT ontologies. The necessary model and framework has been developed by the author and meanwhile standardized as ISO 23903 Interoperability and Integration Reference Architecture. The formal representation of any ecosystem and its development process including examples of practical deployment of the approach are presented in detail. This includes correct systems and standards integration and interoperability solutions.

Prof. Dr. Habil. Bernd Blobel FACMI, FACHI, FHL7, FEFMI, FIAHSI

University of Regensburg, Medical Faculty, Regensburg, Germany

Charles University Prague, First Medical Faculty, Prague, Czech Republic

University of Genoa, DIBRIS, Genoa, Italy

Faculty European Campus Rottal-Inn, Deggendorf Institute of Technology, Deggendorf, Germany

Enabling knowledge-driven communication and cooperation in transformed, intelligent and ethical health ecosystems

For meeting the financial, quality and safety challenges as well as expectations of the patients, health and social care systems around the globe currently undergo a transformation towards personalized, preventive, predictive, participative Precision Medicine (5PM), supported by technology. It considers individual health status, conditions, genetic and genomic dispositions in personal social, occupational, environmental and behavioral context. For enabling the necessary communication and cooperation between all ecosystem actors, we shall understand and formally and consistently represent the multidisciplinary, highly complex and dynamic 5PM ecosystem at the required level of granularity from the perspective of all actors from different domains including the subject of care, using different methodologies, knowledge, language and experiences. Thereby, they have to advance from data to knowledge focus. The solution is a system-theoretical, architecture-

Dr. Bernd Blobel received a multi-disciplinary education, covering mathematics, physics, systems engineering, electronics, medicine, informatics and medical informatics, including habilitations in medicine and informatics. He was Head of the Institute for Biometrics and Medical Informatics at the University of Magdeburg, and thereafter Head of the Health Telematics Project Group at the Fraunhofer IIS in Erlangen. Thereafter, he acted until his retirement as Head of the German National eHealth Competence Center at the University of Regensburg. He was leadingly involved in many countries health digitalization as well as electronic health record strategy. He was and is still engaged in international standardization at ISO, CEN, HL7, OMG, IEEE etc. Furthermore, he still engaged in international higher education. He is Fellow of several international academies.

centered, ontology-based and policy-driven approach, developed by the author over the last 30 years and meanwhile standardized as ISO 23903 Interoperability and Integration Reference Architecture. The approach has been defined as mandatory for any specification or project at ISO, CEN, IEEE, etc., addressing more than one domain. The Keynote introduces the underlying principles and methodologies including relevant standards for designing and managing intelligent and ethical 5P medicine ecosystems as well as practical examples.

Ismat Mikky* BSN, MSN, PhD, RN, Rodriguez A, Sanchez C, Villanueva V

Frances M. McLaughlin Division Of Nursing, Bloomfield College of Montclair State University (BCMSU) Bloomfield- New Jersey-USA

Exploring the healthcare professionals' experiences with patient's death

Purpose: Experiencing the death of a patient is an unavoidable aspect of healthcare. However, most of the research conducted on this topic highlights and assesses nurses' attitudes toward the patient's death. There is a paucity of research studies conducted to explore similar experiences among other healthcare professionals.

Objective: To explore the lived experience and modes of coping of healthcare professionals providing care to patients during and after patient's death.

Sample: Seventy-two healthcare professionals from the Northeastern United States, who encountered patient deaths. Among these respondents, five were selected for the semi–structured interviews.

Methods: A mixed–method approach, specifically using a convergent parallel design. Quantitative data used Frommelt Attitude Toward Care of Dying Scale (FATCOD) and The Brief COPE Inventory to collect data regarding coping and perceptions on death. Within the qualitative portion of this study, semi–structured interviews were conducted.

Results: The analysis of the quantitative data revealed an overall neutral attitude towards death and the care of dying patients. The study results highlighted healthcare provider's use of a variety of coping mechanisms with the least used being avoidant coping. Qualitative findings gleaned the following four major themes: 1) lack of preparation to care for a dying patient; 2) death is part

Biography

Dr. Mikky received his doctoral degree in nursing from the University of Connecticut (UCONN) in 2006. His Master degree in Nursing Education from the University of Hartford was funded by the Fulbright scholarship. He had completed special studies in cardiovascular nursing at Emory University and the program was funded by the United States Information Agency (USIA). Over the past 29 years of experience, since he had earned his BSN degree from Bethlehem University (Palestine) in 1991, he had assumed different nursing positions in various clinical and academic institutions; nationally and internationally. He received the "Carolyn Ladd Widmer Research" Award in acknowledgement of excellence in 2006. His areas of expertise include: nursing education, adult health nursing, cardiovascular nursing, and long-term care. The area of his research interest is focused on the construct of "Empowerment in Nursing". Dr. Mikky developed the "Client Empowerment Scale – CES" to assess the empowerment level in clients with different chronic health conditions. His studies have been cited in four professional journals. His scholarly work includes:

of the job; 3) factors that influence the professional's experience; and 4) coping mechanisms and support.

Conclusion: Healthcare professionals often provide care during and/or after patient's death, which can greatly impact their well-being and the quality of care provided. Prioritizing education in self-care is crucial for maintaining physical, mental, and emotional health, enhancing resilience, and delivering optimal care. Coping mechanisms may vary widely among professionals as they provide care to patients during or after death. Recognizing this diversity provides healthcare and academic institutions to implement strategies and tailor support and resources accordingly to effectively manage healthcare providers' stress.

Biography

conference presentations, research studies published in nursing journals, and three chapters in a handbook on transcultural nursing. Dr. Mikky has been employed as a nursing professor at Bloomfield College of Montclair State University since 2009. He has been appointed as the chairperson of the aforementioned program from July 2021-July 2023. He reviews manuscripts for four nursing Journals: Journal of Nursing Measurement, International Journal of Nursing Studies, Geriatric Nursing, International Journals of Health Planning and Management. In 2024, he participated in two international nursing conferences as a keynote speaker: Bethlehem University International Nursing Conference (May 27, 2024), and 4th Edition of the Singapore Nursing Research Conference (March 21-23, 2024). Dr. Mikky was granted Tenure at a full professor rank according to Montclair State University's (MSU) tenure and promotion criteria effective September 2025.

Dr. Jane Murray

Department of Nursing, Midwifery and Health, Faculty of Life Sciences, Northumbria University, Newcastle Upon Tyne. United Kingdom

Using props when caring for people with moderate to severe dementia; Supporting personhood or elaborate lies?

A prop is an aid or object used by a caregiver to support an interaction with the person with dementia. It is an inanimate object to which certain but not always truthful properties can be assigned. The object needs to be something that has meaning for the person with dementia in the context of either their previous roles or relationships. Some example of props that are regularly used in this way are soft toys, dolls and fake money. There are a few studies that explore specific props and dolls in particular, but few studies have considered them in the context of lie telling. Most studies talk about 'doll therapy' but do not examine the critical point of whether they are given to the person with dementia as a doll or as 'a baby'; in other words are they being given as a lie. Dr. Jane Murray will focus one area of an innovative ethnographic study that looked at the use of props in the care of people with moderate to severe dementia. She will argue that when props are used in the context of a lie, they can help caregivers to support personhood and engage with the person with dementia in a positive and meaningful way. She will use examples from her original study to illustrate her findings. Discussion and debate around this controversial topic will be encouraged.

Dr. Jane Murray is an Assistant Professor at Northumbria University, Newcastle. Her main interests are older persons mental health, particularly dementia and its' associated issues, multimorbidity and frailty. She teaches these topics in the UK, China, and Singapore. Dr. Murray also has extensive experience teaching these topics into Borneo and Malaysia. She is currently Programme Lead for a Pre-registration nursing programme at the Shanghai University of Traditional Chinese Medicine and the Programme Director for a Bachelor of Science, Nursing, at Kaplan Singapore. She also has a keen interest in Nursing Ethics, which she leads on in the Kaplan programme.

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

Trends in the epigenetics human longevity: Sorting hope from hype

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 progress on the $101 Million X Prize, and share timely media coverage including details of the "Blue Zone" communities around the world and its potential impact on science. He will also cite the cutting-edge technologies that will forever change the landscape of optimal aging 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.

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).

Dr. Lisa Wallace DNP, MSN, RNC-OB, NE-BC

Associate Professor, Morehead State University, Morehead, Kentucky, United States of America

Pediatric health 2025: We can improve!

Healthcare education and interventions during childhood is key to optimize overall health outcomes. Children in the United States are suffering from mental illness, displaying poor nutrition, and exposed to a variety of technology which impacts their life. By the end of this presentation, learners will be able to:

1. Identify three health priorities for pediatric patients in the United States.

2. Understand opportunities to improve pediatric health concerns in the United States.

3. Discuss how evidence-based practice nursing interventions can advocate for pediatric populations in the United States.

Dr. Lisa Wallace, Associate Professor at Morehead State University, has over 32 years of experience as a Registered Nurse. She completed her Doctoral of Nursing Practice degree in 2020 and maintains two national certifications, Inpatient Obstetrics and Nurse Executive. Previous roles include staff nurse, charge nurse, nurse manager, director, and nurse educator. Her areas of expertise include obstetrics, neonates, leadership and management, and pediatrics. She is a BLS, ACLS, PALS, ALSO, NRP Instructor, and TeamSTEPPS master trainer. She has various evidence-based practice scholarly publications, and podium/poster presentations at professional conferences.

Małgorzata Mizgier

Department of Sports Dietetics, Chair of Dietetics, Faculty of Health Sciences, Poznan University of Physical Education, Królowej Jadwigi 27/39, 61-871 Poznan, Poland

AIDiet intervention vs. Hormonal and immune-metabolic health in normal and overweight adolescent girls with polycystic ovary syndrome

Polycystic Ovary Syndrome (PCOS) is the most common endocrinopathy affecting reproductive-aged women, with impacts across the lifespan from adolescence to post-menopause. The quality of diet is very important in the prevention and treatment strategy PCOS. Any changes in diet and physical exercise, are recommended as both preventive treatment against complications and as a therapeutic strategy to treat PCOS in women to improve metabolic and hormonal profiles. However, the most effective lifestyle intervention strategy is still not recognized.

The studies of our research group demonstrated that nutritional habits in PCOS girls differ unfavorably from those of their healthy peers, with a higher content of fats, cholesterol, and sugars and a lower content of fiber. Additionally, the AIDiet intervention, conducted by our research group, effectively improved the quality of the subjects' diets, which was associated with the improvement of hormonal and immuno-metabolic markers.

Biography

Małgorzata Mizgier is Associate Professor at the Poznan University of Physical Education, Department of Sports Dietetics, Chair of Dietetics, Faculty of Health Sciences. She received her Ph.D. from the Department of Hygiene and Human Nutrition, Dietetics Division, at Poznan University of Life Sciences; Habilitation at Poznan University of Medical Sciences, in the field of health sciences and medical sciences. The focus of her current research includes the influence of diet and physical activity on clinical, hormonal, immune-metabolic parameters in females with Polycystic Ovary Syndrome, menstrual disorders, infertility, and pregnancy.

Dr. Sc. ETH Mark Fuellemann

Practice & Experience GmbH, Switzerland

Migration: A major challenge to health and safety at work

Migration creates a lot of diversity. Key words are language, culture, value systems, skills, work and life experience. Zero Harm to People, the vision of health and safety at work, on the other hand requires a lot of conformity: conform understanding of hazards, full compliance of standard operating procedures, shared values. Workers need to go through four steps to keep safe at work. They need to know, to understand, to accept and to do. In the area of Safety at Work approaches have been developed for managers to teach workers, to coach, motivate and to mentor them. Health at Work, however, presents still a huge challenge, since hazards are seldom visible, harm harms slowly and cohabits with harm for outside activities. Migration adds more challenges: when migrants workers start work there is no health baseline and the migrant workforce is apt to change very frequently. Management must establish an initial health check, must monitor frequently and also detect outside influences– which might be clashing with privacy laws.

Mark Fullemann has an extensive background in management and academia, characterized by a blend of hands-on experience and scholarly expertise. He began his career with Holcim Corporate, where he contributed significantly from 1986 to 2011. During this period, he honed his skills in business planning, management reporting, and training management boards of subsidiaries. His expertise in health, safety, and environment was further developed during his tenure as Head of Health, Safety and Environment at OC Oerlikon Management Ltd from 2012 to 2015. Since 2012, Fullemann has been actively involved in consulting through his own firm, On-going Practice & Experience Ltd. In addition to his professional work, Fullemann has made substantial contributions to academia. He has served as a lecturer in Change Management and related subjects at various institutions, including the University of Applied Science in Northwestern Switzerland, Baden-Württemberg Cooperative State University, and for Executive MBA programs. His academic qualifications are impressive, with a Master of Science in Physics from ETH Zurich in 1974, followed by advanced leadership programs at Harvard Business School, IMD, and ETH Zurich. Fullemann's global experience includes managing decentralized teams and working with diverse teams across different world regions.

Dr. Nina Beaman

School of Nursing and Health Sciences,
Chief Nurse Administrator, Aspen University,
Nellysford, VA, USA

Nursing ethics in an unethical world

This keynote presentation will discuss how nurses can be true to the ethics of the profession by providing the ethical example of empathy, professionalism, and civil behavior in a world that is often behaving in uncaring, unprofessional, and uncivil ways. Nurses will be encouraged to remember the high standards of the profession and be inspired to advocate for positive changes in the nursing workforce and workplace to meet those high standards.

Dr. Nina Beaman is the Chief Nurse Administrator of the School of Nursing and Health Sciences at Aspen University. She is certified as a nurse educator, psychiatric mental health nurse, ambulatory women's health nurse, and medical assistant. She has practiced nursing in hospital, home, and public health venues, as well as serving in leadership positions with APNA, IAFN, AAMA, VLN, VNA, VA AWHONN, VACPN, and VSMA. She currently works as a parish nurse, forensic mental health nurse, and Medical Reserve Corps volunteer. Nina is a published author and popular speaker.

Patricia M Burrell

Hawaii Pacific University, United States

Self-care and caring: Bringing it together in nursing

We have witnessed some major changes in Nursing over the past few years. The Pandemic has resulted in changes in how we care for ourselves and others. When we looked at our students and faculty during the pandemic, 58.81% noted that their self-care practices had changed. We'll be looking at another set of faculty and students to see how they are doing now.

In the meantime, our ways of teaching and practicing nursing have changed. During the pandemic, we held online classes, since the facilities had banned all students. With the increase of Online capacity, more people are receiving online services, ie., evaluation and counseling.

However, the downside to this is the lack of interbrain synchrony, which I equate with the "Interactive Field in Nursing". The "Interactive Field" is being able to pick up on the overall sense of well-being or lack of well-being in the other. The Interactive Field in Nursing is based upon what Dumas terms as "Inter-brain Synchrony". Dumas also noted the clear lack of interbrain synchrony in remote communications.

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.

Although highly proficient in online communication, our current incoming nursing students need assistance in developing their social and professional interaction skills. These skills play a major role in developing a strong "Nursing Interactive Field". We focus on Therapeutic Communication in the Psych/Mental Health Course to assist the students in developing their communication skills and forging their patient-centered skills. Many students have noted that they feel more engaged with the patients after focusing on their communication skills. We will be surveying our graduating seniors in their self-care practices and on how they perceive their patient-centered communication skills.

Rachel E Spector

Boston College, United States

Culturalcare: Heritage, health, habits

It is a given that in the practice of professional nursing–in clinical areas and/or in education-we encounter people with countless approaches to health and health care that differ from contemporary, modern health beliefs and practices. CULTURALCARE is a concept that describes holistic HEALTH care that is culturally sensitive, culturally appropriate, and culturally competent. It is predicated on the knowledge derived from a comprehension of these differences and is critical to meeting the complex needs of a given person, family, and community. This overview presentation describes why there may be piercing differences in health perceptions by discussing the concepts of heritage, traditional definitions of HEALTH, and examples of traditional HEALTH practices.

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 "CULTURALCARE," (a concept that describes holistic HEALTH care that is culturally sensitive, culturally appropriate, and culturally competent) in multicultural populations.

Santosh Marathe

Chief Operating Officer, NMC Healthcare, United Arab Emirates

Nursing informatics

Healthcare has been exposed to multiple structured & unstructured data in the recent times. The pandemic situation has exposed more and more "contactless" solutions and the manner in which healthcare is availed & is provided, both have undergone significant changes.

On big paradigm change in Healthcare is a movement towards more predictive analytics as against legacy historical reviews. Clinical Decision Support System (CDSS) is now integrated with Hospital Information Systems (HIS) to have real time actionable alerts provided to care providers at each & every touchpoint of care continuum.

Both sedentary lifestyle living & changed "Work From Home" (WFH) work environments, have led higher prevalence of Non-Communicable Disease (NCD), making it imperative to invest in lifestyle changes & while providing timely healthcare access & solutions.

With the dynamic changes, adherence to HIPAA guidelines and appropriate use of personal health information is mandatory. With more & more dependability on virtual solutions, the elements of data breach, cyber threats & frauds has made the Healthcare work environment vulnerable.

Mr Santosh Marathe has a work experience of around 37 years with the past 24 years in Healthcare. He currently occupies the role of Chief Operating Officer at NMC Healthcare Abu Dhabi. Santosh has been instrumental in multiple strategic advisory roles & has been recognised & awarded in top 100 Healthcare leaders by IFAH Dubai. He has been a regular speaker in multiple national & international forums at Boston, Sydney, Amsterdam, Singapore, Hongkong & Dubai on topics of Big Data, Supply Chain management, Patient Centric care initiatives, Patient Experience, Finance & Costing & IT systems, Digital healthcare roadmap, Revenue management & so forth.

Big data has also contributed to behavioural clustering for patient groups & in evolving personalised clinical pathways, creating of data registries & facilitating clinical trial work activities.

Healthcare Providers have undertaken lead in adopting technology & AI solutions providing access of the best of clinical minds & technology solutions to deserving patients & their families. AI Driven Health Check risk assessment scoring, Stroke AI tools, Oncology AI tools for genetic indispositions & few of the integrated Tech solutions prominently used across healthcare systems.

Dr. Vijayan Gurumurthy Iyer Ph.D., D.Sc., LL.D., DL

Faculty, Bihar Institute of Public Administration & Rural Development (BIPARD), Centre for Climate Change & Disaster Management, Gaya, Bihar, India

Environmental Health Impact Assessment (EHIA) process for public health plants

The health impacts of projects, plans, programs, policies, or legislative actions should be considered in the decision-making process. Because of these concerns, an Environmental Health Impact Assessment (EHIA) process is proposed for public health. Public health can be defined as "the science and art of preventing disease", prolonging life and improving quality of life through organized efforts and informed choices of society, organizations (public and private), communities and individuals. It is necessary to address psychological impacts on nearby residents as damage mental health. Public health work is achieved by promoting healthy lifestyles, research and development on disease and injury prevention, and detecting, preventing and responding to infectious diseases. The most of the significant terms are "environmental health inventory," Environmental Health Impact Assessment (EHIA)" and "environmental health impact statement". Public health deals with the control of water and air pollution, soil-hazardous waste management, resource protection, and soil and ground water remediation. The significant legislative action is EHIA process and Environmental Quality (EQ) that included for the physical -chemical, biological, (natural or biophysical environment) and cultural, and socioeconomic environments (nan-made environment).

Dr. Vijayan Gurumurthy Iyer studied Environmental Science and Engineering at the Indian School of Mines, Dhanbad and graduated as M.Tech. in 1998. He has served in Indian Council of Agricultural Research (I.C.A.R.) during 1985-1998 as Technical Officer. He received his PhD degree in 2003 at the same institution. After ten-years postdoctoral fellowship supervised by Dr. Nikos Mastorakis in WSEAS, Greece, he obtained the position of a Professor in Haramaya University, Ethiopia. Presently, serving as faculty in Bihar Institute of Public Administration & Rural Development (BIPARD), Gaya, Bihar, India. He has published more than 350 research articles in journals and more than 5000 research citation. His h. index 60.

Environmental Health Impact Assessment (EHIA) process for public health plants and Psychological Impact Assessment (PIA) process are discussed.

Yann A. Meunier MD

International Institute of Medicine & Science,
USA

Epidemiology of airborne viral infections of the upper respiratory tract worldwide

After giving the goals and a brief overview his presentation and professional background relevant to the topic, the speaker will broach the following topics: the diseases and their etiology, the types of viruses, the new landscape for coronaviruses, the mode of contamination, the period of incubation and duration, the flu syndrome, the complications, the general risk factors and for COVID-19, the importance of these diseases in terms of prevalence, morbidity, mortality, and cost, their geographical distribution, and prevention.

Yann A. Meunier, MD is a Global Health Expert and Pioneer based in Silicon Valley, California. He has a multifaceted background in healthcare provision, business, academia, and research. He has worked as a Chief Medical Officer, Physician, Health Promotion Manager, CEO, C-suite Executive, Director of International Corporate Affairs and Business Development, Mentor, Professor, Assistant Professor, Adjunct Assistant Professor, and Healthcare Consultant in various countries and settings worldwide. He is an Honorary Member of the Brazilian National Academy of Medicine, an Associate Member of the Academy of Medicine, Singapore, a Fellow of the Australasian College of Tropical Medicine, a Fellow of the American College of Healthcare Trustees, and a Member of the International Academy of Fellows and Associates, Royal College of Physicians and Surgeons, Canada. He has published many books, articles, posts, blogs, webinars, videos, conducted seminars on global and public health topics and created a podcast series called "Reinventing Global Health." He is passionate about improving health outcomes and reducing health disparities around the world. Overall, Dr. Meunier offers a unique perspective on global health including specific insights giving him the ability to frame and tackle very challenging healthcare issues successfully. He thinks out of the box because he is out of the box.

Zhen-Huan LIU

Nanhai Aternity and Children's Hospital Affiliated Guangzhou University of Chinese Medicine, China

Study scalp electroacupuncture therapy for autism spectrum disorder

Background: Autism Spectrum Disorders (ASD) are a series of neurodevelopmental disorders characterized by social disorders, rigid behaviors and narrow interests. The World Health Organization (WHO) estimates that the prevalence of ASD has been increasing over the past 50 years. With one in 48 children, ASD has become a global public health problem. Currently, there is no effective drug treatment for children with ASD, and there is no effective medical treatment. Education of these ASD children by special education methods alone has a poor outcome, with 75% of ASD children failing to achieve normal or cure. And 80% of ASD children suffer from mental retardation, ADHD, epilepsy, emotional sleep disorders and so on. It can cause pain and suffering for ASD children and their parents. The effects may persist into adulthood.

Objective: The purpose of this study was to investigate the effect of head acupuncture therapy on core symptoms, quality of life and communication ability of children with ASD. Our team conducted a controlled study of head acupuncture therapy in 198 children diagnosed with ASD. The clinical diagnostic criteria of children with ASD who were selected for head acupuncture treatment met the DSM-5 criteria. Each child and parent signed an informed consent form.

Methods: 198 children with ASD were randomly divided into two groups. Acupuncture treatment group 89 cases, received head acupuncture therapy and the control group 89 cases received special education and speech therapy for 3 months. Clinical evaluation methods were ATEC, ABC, CARS and Gesell developmental scales. Pre - and

Biography

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

post-treatment assessments were performed. The age of the two groups was 3-8 years old, and the gender, degree of illness, comorbidities, family education and rearing methods, course of disease and other factors were statistically analyzed. There was no significant difference between the two groups, and there was a certain comparability between the two groups. Both groups were evaluated on the ATEC, ABC, CARS and Gesell scales before starting rehabilitation. CNRAT method, Zhijiu acupuncture and precise body surface projection in functional language area of cerebral cortex were selected for head acupuncture. Broca and Wennicken area were simultaneously stimulated by acupuncture. Acupuncture is performed every other day. After acupuncture, electrical acupuncture was given to stimulate the language area for 15 minutes, every 10 times of acupuncture, rest for 15 days. A second clinical evaluation was conducted 3 months after acupuncture.

Results: The improvement of core symptoms in the head acupuncture treatment group was better than that in the control group. The initial clinical improvement was in abnormal visual communication, improvement of sleep and mood, and the following clinical effects were alleviation of rigid behavior, improvement of attention, and improvement of verbal and social communication ability. Assessment of these scales reflects a gradual improvement in these core symptoms. But these changes were not significant in the control group.

Conclusion: The research results showed that head acupuncture therapy could significantly improve the core symptoms of ASD children, such as extreme loneliness, eye contact disorder, language repetition, compulsive agreement, and indifference, significantly regulate the abnormal EEG of ASD children, and positively promote the cognitive level of low-functioning ASD children. The clinical efficacy of the treatment of ASD was not closely related to age. Electrocephalic acupuncture can be used as an effective supplement and alternative medicine therapy in the clinical treatment of ASD. The popularization and application of head acupuncture therapy can improve the quality of life of ASD children and reduce the economic burden of society and family. Since 2004, Nanhai Women's and Children's Hospital Affiliated to Guangzhou University of Chinese Medicine has applied our original pediatric neurorehabilitation head acupuncture therapy to treat ASD and achieved good clinical efficacy. In order to further promote the application, our research group obtained the exact clinical effect confirmed by scientific evaluation through the clinical validation study and clinical follow-up of 1000 cases of ASD. We also receive pediatricians from all over the world who come to our hospital in China to study head acupuncture therapy for ASD. Doctors and rehabilitation therapists from Switzerland, Australia, the United States, Germany, Egypt, Russia, Kazakhstan and other countries have come to our hospital to study the clinical application of head acupuncture therapy in ASD.

Keywords: Autism Spectrum Disorder, Acupuncture, Scalp Electroacupuncture.

5th Edition of

Singapore Nursing Research Conference &

4th Edition of

International Public Health Conference

MARCH
24-26

ORAL PRESENTATIONS

Abha Singh

Department of psychology P.P.N. (P.G.) College Kanpur, India

Psychological immunity and health among young adults

For any country young adults are the most important strength for the development of national growth. Psychological immunity, a key factor in mental health resilience, plays a pivotal role in the well-being of young adults. It encompasses cognitive, emotional, and behavioural resources that enable individuals to cope effectively with stress and adapt to life's challenges. With the rise of mental health concerns among young adults, understanding the interplay between psychological immunity and health has become increasingly important.

According to the World Health Organization (2023), approximately 15% of young adults globally experience significant mental health conditions, such as anxiety and depression. In India, the National Mental Health Survey (2023) revealed that nearly 20% of young adults face mild to severe mental health challenges. Psychological immunity has emerged as a protective buffer against these adversities.

Psychological immunity plays a vital role in determining the mental health and physical health of young adults. This study explores the concept of psychological immunity, encompassing resilience, self-regulation, and adaptive coping mechanisms, as a buffer against mental health challenges. Drawing on a sample of young adults aged 18–30, the research investigates how psychological immunity interacts with factors such as stress, anxiety, and depression to influence health outcomes. Results indicate that higher levels of psychological immunity are associated with reduced psychological distress and better physical health. Furthermore, interventions targeting psychological immunity, such as mindfulness training and cognitive-behavioural strategies, demonstrate significant potential in enhancing well-being. These findings clearly mentioned the importance of fostering psychological immunity in young adults to promote long-term health and resilience in the face of life's challenges.

Key components, such as self-confidence, optimism, social skills, and coping mechanisms, significantly influence health outcomes. Research indicates that young adults with higher psychological immunity are 40% less likely to report stress-related illnesses compared to their peers with lower immunity levels. Initiatives promoting mindfulness, emotional regulation, and social support systems have shown promise in enhancing psychological immunity.

This abstract focuses for the critical need for targeted indigenous interventions to strengthen psychological immunity, fostering holistic health among young adults in an era marked by escalating mental health challenges, which directly impacts physical health.

Biography

Prof. Abha Singh has 24 years teaching and research experience. Her specialisation is in Positive and Indigenous psychology. She has more than 40 research Publications, has many book chapters published in national and international publications and has one edited textbook. She has guided 03 Ph.D. and has successfully submitted 2 research projects. One research project is currently undergoing. She has also presented more than 70 papers at National and International forum. She has one patent as well.

Akhila Harinarayan

ISG Provider Lens, Research Services, Information Services Group (ISG), Bangalore, India

Artificial Intelligence (AI) in public health: Innovations, related challenges, and possible solutions

The use of technology has been prevalent in healthcare and related domains. With the recent technological developments, Artificial Intelligence (AI) has been prevalent in the public health sector. Despite the widespread use of AI and its benefits in certain sectors, there have been multiple challenges in implementing AI across public health segments. This presentation throws light on the possible solutions (technological and strategic) to handle the challenges related to AI and obtain the maximum benefit of technology usage across public health sector.

Technologically, AI encompasses machine learning, AI algorithms, and Generative AI (including large language models). The ability to execute these complex technologies has increased recently due to the infrastructure advancements supporting software development. For decades, technology has helped multiple areas of public health such as electronic health records, data analysis for public health interventions, communications and outreach, disease surveillance and warning, personalized health management etc. With the advent of AI and the infrastructure supporting advanced computation, the use cases for AI in public health have increased tremendously. Some AI-enabled technological use cases in public health include disease diagnosis, disease forecasting, public health surveillance, drug development, patient care, and claims processing. While the use cases are enormous, AI has significant challenges. Ethical and legal concerns, such as patient privacy and data security, pose substantial barriers. The potential for biased algorithms can lead to inequitable healthcare outcomes, raising questions about accountability and fairness. Additionally, data paucity—especially in underrepresented populations—can skew results and reduce the efficacy of AI models. Irregular data quality further complicates analysis, as inconsistent or incomplete datasets can lead to inaccurate predictions. Moreover, effective AI applications often rely on high-performance infrastructure, necessitating significant investment and technical expertise. Overcoming these hurdles requires a multi-disciplinary approach that addresses technical intricacies and prioritizes ethical considerations, ensuring that AI is a tool for equitable and effective public health solutions. The multi-disciplinary approach to prevention, protection and promotion of public health includes actions from multiple stakeholders including hospitals, governments as well as the public to ensure healthy environments.

Biography

Akhila Harinarayan is a technology enthusiast with a deep understanding of information technology outsourcing. She has completed her Bachelors in Technology from Sri Venkateswara University, India in 2008 and Masters in Business Administration from the University of Wales, UK in 2016. She has worked with multiple enterprises and has advised strategic approaches and growth direction for their business. She specializes in building customer experience services and has deep expertise in the services provided by major information technology vendors. Akhila has published multiple papers in journals, chapters in textbooks and is a reviewer of books from HBR.

Al Mahmud[1*], Mohamad Arif Awang Nawi[2]

[1]School of Dental Sciences, Health Campus, Universiti Sains Malaysia, Health Campus,16150 Kubang Kerian, Kelantan, Malaysia
[2]Biostatistics Unit, School of Dental Sciences, Health Campus, Universiti Sains Malaysia, Health Campus,16150 Kubang Kerian, Kelantan, Malaysia

A comprehensive ARIMA-LSTM hybrid model for accurate COVID-19 time series forecasting in Malaysia

Introduction: The COVID-19 pandemic has underscored the need for accurate predictive models to inform public health interventions. Traditional models like Autoregressive Integrated Moving Average (ARIMA) model assume a linear relationship and constant error variance over time with in COVID-19 case trends and Long Short-Term Memory (LSTM) networks exceed in imprison nonlinear dependencies but struggles with high-dimensional data, resulting in inaccurate predictions and poor fit due to high computational demands. This study aims to robust in accuracy of COVID-19 case predictions in Malaysia by developing a hybrid ARIMA-LSTM model that combines the strengths of both ARIMA and LSTM approaches.

Methodology: We trained and validated the hybrid model using real-time COVID-19 case data from the Malaysian Ministry of Health, focusing on September 12 to September 18, 2021. The best hyperparameter of the proposed model for ARIMA $p=9$, $d=2$, $q=2$ and LSTM epochs=472, batch size=22 verbose=1 respectively. The model's execution was analogous to standalone ARIMA and LSTM models using key metrics: Mean Squared Error (MSE), Mean Absolute Error (MAE), Mean Absolute Percentage Error (MAPE), Root Mean Square Error (RMSE), and Relative Root Mean Square Error (RRMSE).

Results: Our analysis revealed the ARIMA-LSTM hybrid model performed much better across all criteria than either of the solo models. The lowest values of error metrics in ARIMA -LSTM hybrid model compared to others standalone models ARMA and LSTM. The values of ARIMA-LSTM hybrid model are MSE=0.02, MAE=0.10, MAPE=2.80, RMSE=0.14 and RRMSE=0.05, respectively.

Conclusion: The ARIMA-LSTM hybrid model offers a spirited tool for predicting COVID-19 case trends, providing valuable insights for policymakers. This study demonstrated the prospect of mixed models in epidemiological forecasting, with broader implications for managing public health crises.

Keywords: ARIMA, LSTM, Time Series Forecasting, Machine Learning, COVID-19.

Biography

Al Mahmud is a passionate researcher and biostatistics student with a strong foundation in statistics. He earned his BSc in Statistics from Shahjalal University of Science and Technology, Bangladesh, in 2022, and is pursuing an MSc in Biostatistics at Universiti Sains Malaysia. His research focuses on enhancing COVID-19 forecasting using a hybrid ARIMA-LSTM machine learning approach. Al Mahmud has published in journals like PLOS ONE and presented at mental health conferences. His dedication to Biostatistics and Public Health research has earned him recognition, including funding through an FRGS grant from Malaysia's Ministry of Higher Education.

Anoop Kumar[1]*, Atul Jain[2], Arpita Singh[2], Pooja Shukla[2]

[1]Research Scientist (Senior Pharmacovigilance Associate), Indian Pharmacopoeia Commission, Ghaziabad, Uttar Pradesh, India
[2]Department of Pharmacology, Dr. Ram Manohar Institute of Medical Sciences, Lucknow, Uttar Pradesh, India

Effect of pharmacovigilance awareness program on adverse drug reaction reporting: A three-year study from a Northern Indian hospital

Background: Adverse Drug Reaction (ADR) reporting plays a critical role in ensuring patient safety and improving pharmacovigilance systems. National Pharmacovigilance awareness Week aims to enhance awareness and encourage reporting among healthcare professionals and the public. This study evaluates the impact of the awareness program on ADR reporting trends over three years (2022–2024) in a northern Indian hospital.

Methods: Data were retrospectively collected from the hospital's ADR Monitoring Centre, focusing on the total number of ADR cases reported annually and the methods used for reporting. These methods included toll-free helpline no. 1800-180-3024, email submissions, and submissions through ADR forms by Healthcare Professionals. Reporting trends before and after the Pharmacovigilance Awareness Week program were analyzed.

Results: A significant increase in ADR reporting was observed during the campaign across all three years. The total ADR cases reported were 56 in 2022, 151 in 2023, and 371 in 2024. Healthcare professionals accounted for 78.89% of reports, primarily through ADR forms. Toll-free numbers and email submissions contributed to 13.32% and 7.78% of the reports, respectively, reflecting improved public awareness. Additionally, the quality and completeness of ADR reports, including detailed descriptions of drug reactions and patient outcomes, showed marked improvement.

Conclusion: The National Pharmacovigilance awareness Week program significantly improved ADR reporting rates and quality of reporting during the campaign period. Healthcare professionals were the primary contributors, and alternative reporting methods also gained importance. To sustain these improvements, continuous training, institutional support, and accessible reporting tools are necessary. This study highlights the program's effectiveness in promoting a culture of pharmacovigilance and provides insights for enhancing ADR reporting systems in India.

Biography

Mr. Anoop Kumar has completed his M. Pharm (Pharmacology). He has more than 12 years diverse experience in Pharmacovigilance (Aggregate Reporting, RMP, Signal Detection, MedDRA Coding, Inspection & Audit, etc.). He was associated with USFDA, EMA and Pharmacovigilance Regulation for health authority of India for various related programme. He has organized and played a cruicial role as a team member under National Health Programme (RNTCP, NACO, AEFI, NVBDCP) and Promotion of PvPI at National Level. He has organized more than 50 training/awareness session. He is looking after all the ADR Monitoring Centres (AMC) at district level.

Singh AK[1]*, Khandelwal V[2]

[1]Community Medicine, Dr. Ram Manohar Lohia Institute of Medical Sciences, India
[2]Dr Ram Manohar Lohia Institute of Medical Sciences, India

Marginalized and overlooked: The health needs of street dwellers in a city of North India

Background: Marginalized population refers to groups of disadvantaged people that are socially excluded or ignored due to social factors like economic status, race, caste, disability and many more.

Objectives: To investigate the health status, demographics, and healthcare utilization patterns of the marginalized street population in Lucknow, India.

Study design: Cross-sectional study.

Sample Size: 100 participants recruited through snowball sampling in Eastern Lucknow.

Data Collection Tools: Sociodemographic questionnaire, Cumulative Illness Rating Scale (CIRS) to assess chronic diseases and Barriers to Health Services Utilization Questionnaire (BHSUQ).

Results: The study population skewed towards males (64%) and middle age (65% between 35-60 years). A majority had low educational attainment (57% illiterate) and belonged to Other Backward Classes (OBCs, 38%). The prevalence of chronic diseases was not directly measured, but the study highlights the vulnerability of this population to various conditions like allergies, cardiovascular diseases, blindness, mental health issues, and infectious diseases. The research identified several barriers that prevent people from seeking healthcare, including lack of knowledge about available services and diseases, financial constraints and lack of insurance, transportation difficulties, negative experiences with healthcare providers (distrust, disrespect), cultural and language barriers and prioritization of basic needs over healthcare.

Conclusion & Recommendation: The study stressed need for improved access to healthcare services through awareness about available services, addressing transportation challenges, and potentially developing customized healthcare approaches; building trust by being sensitive to cultural differences and avoid discrimination; and addressing the root causes like poverty, lack of education, and social exclusion.

Keywords: Homelessness, Marginalized People, Healthcare Utilization, Health Status, Barriers to Healthcare Utilization.

Biography

Arvind Kumar Singh is an Indian national and a public health expert by Profession. He completed his MBBS from King George's Medical College, Lucknow, and his MD (Community Medicine) from Lala Lajpat Rai Memorial Medical College, Meerut. His areas of interest are infant and young child nutrition, quality of healthcare services and medical education. At present, he is working towards appraisal of healthcare quality at his parent institute and devising methods for improvement in quality of healthcare provision.

Dr. Atul Jain[1]*, Dr. Siddhant Lohia[2], Dr. Ashish Jha[3], Dr. Arpita Singh[4], Dr. Pooja Shukla[4], Dr. Joonmoni Lahon[5]

[1]Professor & Head, Department of Pharmacology, Dr. RMLIMS, Lucknow, U.P, India

[2]Junior Resident, Department of Pharmacology, Dr. RMLIMS, Lucknow, U. P, India

[3]Additional Professor, Department of Cardiology, Dr. RMLIMS, Lucknow, U.P, India

[4]Additional Professor, Department of Pharmacology, Dr. RMLIMS, Lucknow, U.P, India

[5]Associate Professor, Department of Pharmacology, Dr. RMLIMS, Lucknow, U.P. India

[6]Assistant Professor, Department of Pharmacology, AIIMS Guwahati, Assam, India

Comparative study on quality of life in patients with stable angina taking trimetazidine or ranolazine as add-on therapy

Background: Chronic stable angina is the most prevalent symptom of ischemic heart disease and its management is a priority. Trimetazidine and Ranolazine are recommended as add-on drugs to relieve angina in patients who are not controlled on conventional anti-anginal drugs. Angina attacks occurring in patients with stable coronary artery disease interferes with the patient's daily activity and eventually lead to poor quality of life besides having an impact on mortality statistics. There is lack of study comparing quality of life in patients with stable angina taking Trimetazidine or Ranolazine as add-on drugs.

Aims and Objectives: The purpose of this study was to compare Trimetazidine versus Ranolazine as add-on therapy in patients with stable angina using Seattle Angina Questionnaire-7 (SAQ-7).

Methodology: It was a comparative, 2 group, observational study conducted over a period of 12 months from December 2022 to November 2023 after approval from IEC. Patients with stable angina between the age group of 18 to 70 years were recruited in the study who were prescribed either Trimetazidine or Ranolazine as add-on therapy. A baseline SAQ-7 evaluation was done at the time of recruitment. After 1 month of follow-up period, again a SAQ-7 evaluation was done for all the participants.

Results: Trimetazidine group and Ranolazine group had 70 patients each. During 1 month of follow-up period, 6 patients of both Trimetazidine and Ranolazine group discontinued the treatment. Baseline SAQ7-QoL score was 53.18 in the Trimetazidine group while it was 49.38 in the Ranolazine group (p=0.073). After 1 month of follow-up period, SAQ7-QoL score was 70.31 in the Trimetazidine group while it was 81.88 in the Ranolazine group (p<0.001). This score between the Trimetazidine and Ranolazine group was statistically significant.

Conclusion: Ranolazine was found to be more effective than Trimetazidine in improving the quality of life as add-on therapy in patients with stable angina.

Keywords: Stable Angina, Trimetazidine, Ranolazine, SAQ-7.

Biography

Dr. Atul Jain is currently working as Prof. & HOD in Deptt. of Pharmacology at Dr. RMLIMS, Lucknow. He graduated from UCMS, New Delhi and MD in Pharmacology at prestigious MAMC, New Delhi. He also worked as Assistant Professor (Pharmacology) at B. P. Koirala Institute of Medical Sciences at Dharan Nepal, which is a joint Indo-Nepal project & follows integrated partial Problem based teaching. He is also NMC assessor for both Under graduate (MBBS) & PG Post-graduate (MD, Pharmacology) throughout India. He has got 25 publications in National & International Journals with high impact factor.

Audrey Gittens

University of Technology, Jamaica

Integration of artificial intelligence in midwifery care: A systematic review

Maternal and child health provide critical indicators of the health status of a country. Despite gains made over the decades, challenges continue to plague health care systems, especially in some developing countries. The integration of Artificial Intelligence (AI) into midwifery practice can potentially offer innovative opportunities which can revolutionize the way care is delivered. This review aims to identify evidence of the use of AI to enhance midwifery practice thereby reducing maternal morbidity and mortality.

Objective: To determine the applicability of AI in midwifery practice to reduce maternal morbidity and mortality.

Methods: Seventy-six articles were obtained using key words artificial intelligence, artificial intelligence in midwifery practice, maternal morbidity and mortality, midwifery practice. Sources of data include Google Scholar and web of Science, Cochrane Library and EBSCO host. A total of eight (8) articles met inclusion criteria using key terms.

Results: After inclusion/exclusion criteria was applied, 8 articles were selected. No article directly addressed the application of AI in midwifery practice. Two articles (25%) addressed Artificial Intelligence in nursing and midwifery while 6 (75%) addressed its application in medicine.

Conclusion: The literature, however, is sparse with evidence of the application of AI in midwifery practice to aid in the reduction of maternal morbidity and mortality. Based on the use of artificial intelligence by other professions such as medicine to identify and prevent maternal morbidity, its use in by midwives is likely to enhance midwifery practice.

Keywords: Artificial Intelligence in Midwifery Practice, Maternal Morbidity and Mortality, Midwifery Practice, Ethics and Artificial Intelligence.

Biography

Dr. Audrey Gittens is a health care specialist with over 30 years' experience in health care leadership, education and clinical practice. She is a registered nurse and a registered midwife. She obtained a BSc Nursing Administration and a MSc Nursing Administration from the University of the West Indies, Mona, Jamaica. A Doctor of Nursing Practice from Duke University, North Carolina USA and a Post Graduate Diploma in Education and Training from the Vocational Training and Development Institute, Jamaica. Dr. Gittens is currently a lecturer at the University of Technology Jamaica, teaching in the BSc midwifery and BSc registered nursing programs.

Bingxin Liu[1*], Weifang Ma[2], Lingjing Tao[3]

[1]101 Middle School, Beijing, China
[2]College of Environmental Science & Engineering Beijing Forestry University, Beijing, China
[3]Schneider Electric (China) Co.; Ltd, Beijing, China

Environmental temperature fluctuations induced response mechanism of bio-degrader *Acinetobacter pittii C3* to fluorocorticosteroids degradation: Bioactivity, gene expression and metabolic pathways

Environmental temperature determined the microbial activity and metabolic function, which synchronous impact on the biodegradation efficiency to micro-polluted Fluorocorticosteroids (FGCs) in natural surface water.

While the influence degree of temperature fluctuations and the internal molecular biological response mechanisms have gained little attention. This research indicated that the optimal temperature range were 15-25 °C for the functional dehalogenated stain Acinetobacter pittii C3, of which 20 °C is the threshold temperature with the highest degradation rate and removal efficiency of 0.0377 h-1 and 99.76% to Triamcinolone Acetonide (TA).

This high removal was attributed to the rapid proliferation of cells and the stable energy release for defluorination and biodegradation. Meanwhile, the highest TA removal at 20 °C was positively correlated with the optimal microbial activity, the maximum biomass reproduction and the highest expression for dehalogenase genes.

However, the degradation efficiency decreased approximately 1% with per temperature variation when the temperature was higher than 25 °C or lower than 15 °C because of the copy number reduction of dehalogenation genes with deficient transcription energy, inhibition of microbial growth and ATP activity. Furthermore, temperature affects the metabolic mechanism by controlling the expression of hydrolysis, oxidation, and reduction defluorination genes. However, temperature variation does not change the major defluorination pathways, which only affect the defluorination rate by controlling the expression of defluorination genes. This study provided an insight about environmental temperature fluctuations induced response mechanism of bio-degrader to fluorocorticosteroids biodegradation in natural water environment.

Biography

Bingxin Liu is a Grade 11 student at Beijing 101 Middle School, China. He has a passion for exploring contemporary public health challenges and opportunities and has done several related researches supervised by Professor Ma and other university professors.

Dr. Bukar Zarami[1]* (MBBS, MSc, MBA, DTM&H), Yahaya S S[2], Congdon C[3], Mswia R[3], Fasawe O[1], Sani A[2], Saleh M[2], Buba A[2], Sani NN[4], Sanda A[4], Usman Asmau[4], Lawal M[4], Lawal A M[4], Tukur J[4], Lawal N[4], Suleiman B[4], Suleiman K[2], Ahmad Z[1], Haliru A[1], Maude M[4], Shuaib A[4], Bello H[4]

[1]Clinton Health Access Initiative, Nigeria
[2]Katsina State Primary Health Care Agency, Nigeria
[3]Vital Strategies, USA
[4]Federal Teaching Hospital Katsina, Nigeria

Assessing neonatal mortality using CBHMIS: Causes, distribution, and implications for public health interventions in Northern Nigeria

Nigeria accounts for approximately 274,000 neonatal deaths annually, representing the world's second-highest burden, with most of these deaths being preventable. However, the current hospital-based reporting system fails to capture many of these events because they occur outside health facilities. This study aimed to determine the causes and distribution of neonatal deaths in Katsina State, Nigeria, where most events occur within the communities. The study was conducted in five communities with a combined estimated population of 1.6 million. Neonatal deaths were identified through the Community-Based Health Management Information System (CBHMIS), which engaged trained community informants to report vital events. A total of 751 verbal autopsies were conducted for neonatal deaths reported between December 2023 and November 2024 using the WHO 2022 Verbal Autopsy tools. The underlying causes of death were determined by trained physicians using the WHO DORIS tool, with causes assigned to ICD-11. Data were analyzed using the Analyzing Mortality and Causes of Death 3 (ANACoD-3) software, and descriptive statistics were used to determine mortality distribution. Ethical clearance was obtained from the Katsina State Health Research Ethics Committee under the State Ministry of Health.

The majority of neonatal deaths (67%) occurred within the first seven days of life (early neonatal period), and 71% of all neonatal deaths took place outside health facilities. Male neonates accounted for a slightly higher proportion of deaths (53.3%). The leading causes of neonatal deaths were neonatal sepsis (40.0%), birth asphyxia and birth trauma (34.2%), neonatal jaundice (10.6%), congenital anomalies (5.3%), prematurity and low birth weight (4.9%) and other conditions (5.0%). Alarmingly, neonatal tetanus, a condition targeted for elimination by the WHO, still accounted for 1.5% of all neonatal deaths in the study area. The high proportion of community-based births likely contributed to the high incidence of neonatal sepsis and tetanus, surpassing global neonatal mortality trends for these conditions. These findings underscore the urgent need for scalable interventions to promote clean and safe delivery practices, particularly in communities with high rates of home births and neonatal deaths. Strengthening community-based interventions, awareness campaigns, and grassroots maternal and neonatal health policies is critical for improving child survival outcomes in Nigeria.

Keywords: Neonatal Mortality, Community-Based Health Management Information System (CBHMIS), Verbal Autopsy, Analyzing Mortality and Causes of Death 3 (ANACoD-3).

Biography

Dr. Bukar Zarami is a seasoned medical and public health specialist with over 17 years of clinical and public health experience across diverse program areas in Nigeria. He is currently a Program Manager for Maternal and Newborn Health at CHAI, where he provides national-level coordination support for verbal autopsy and monitoring and evaluation for the Community-Based Health Management Information (CBHMIS) program to improve maternal and neonatal health outcomes. He holds a Medical Degree (MBBS), an MSc in Tropical Medicine and International Health from the London School of Hygiene and Tropical Medicine, and an MBA with Distinction from Manchester Metropolitan University.

Catherine Sieberhagen

Reach Digital Health, South Africa

Leveraging digital innovation to address public health challenges: Insights from the Young Africa Live (YAL) platform

The Young Africa Live (YAL) platform exemplifies the role of digital innovation in addressing critical public health challenges, particularly in Sexual and Reproductive Health (SRH) and mental health among young people in South Africa. This hybrid platform integrates WhatsApp and Facebook channels to provide tailored, behaviorally informed interventions, reaching over 100,000 users in less than a year.

YAL's contribution analysis highlights its ability to incorporate social determinants of health into personalised intervention strategies. Using baseline assessments to evaluate mental health, locus of control, and social connectedness, the platform adapts its engagement to meet users' unique needs. By leveraging digital tools for interactive learning and service linkage, YAL demonstrates significant outcomes, including a reduction in depression and anxiety, improved psychological resilience, and enhanced feelings of social connectedness. These improvements, in turn, correlate strongly with positive changes in SRH behaviors, such as increased condom use and STI testing.

A mixed-method evaluation combining pre-post surveys, programmatic monitoring, and qualitative feedback underpins these findings. Analysis reveals that users with the greatest psychological gains exhibited stronger long-term adherence to desired health behaviors, underscoring persistence as a vital enabler of public health outcomes. YAL's scalable design also bridges critical gaps in access, particularly for marginalised and low-income youth, offering a replicable model for broader public health challenges.

This presentation will delve into YAL's innovative design, its impact on youth health outcomes, and its implications for scaling digital public health interventions globally. By combining behavioral science with digital health, YAL paves the way for sustainable and impactful solutions to pressing public health challenges.

Biography

Catherine is the Director of Implementation at Reach Digital Health, where she works closely with the CEO and the Director of Partnerships & Growth to build strong stakeholder partnerships to ensure strategic alignment in project implementations. She leads diverse teams, including Projects, Engineering, Strategic Experience Design, MERL, and Delivery Operations, to ensure that implementations are financially sustainable, suitable for replication, and aligned with future expansions. With advanced degrees in Telecommunication and Electrical Engineering, and certifications as a PMP, CSM, and Change Management Practitioner, Catherine brings both technological problem-solving skills and strategic insights to her role. Her previous experience has honed her ability to manage large-scale projects and drive continuous improvement. Catherine is dedicated to enhancing operational efficiency and fostering a culture of learning and innovation at Reach Digital Health.

Chiemi Fujii[1]*, Kaori Mizumoto[2]

[1]Nursing Course of Kochi Medical School, Kochi, Japan
[2]Faculty of Nutritional Sciences, Nakamura Gakuen University, Fukuoka, Japan

The dietary situation in local families in the project site focusing on creating a sustainable nutritional system utilizing Moringa in rural Sierra Leone

As part of efforts to improve children's nutrition in low- and middle-income countries, the World Health Organization and other organizations recommend using moringa, whose leaves are rich in micronutrients. However, introducing new foods and incorporating them into regular diets is challenging in areas without a tradition of using them in meals. This study aimed to assess families' dietary situation in rural Sierra Leone, where a project to improve child nutrition through moringa has been introduced. The project, launched in 2019, was supported by a Japanese NPO in cooperation with local NGO to create a sustainable system for improving children's nutritional status. This includes establishing moringa school gardens and using moringa from these gardens in school lunch. It is also expected to improve the nutritional status of students' families and their communities through the schools. In September 2023, a semi-structured questionnaire survey was conducted among 120 guardians of primary school students in Kambia district, Sierra Leone, where schools had introduced a moringa garden project. Dietary data was analysed based on the food group classification of the Minimum Dietary Diversity for Women (MDD-W). Qualitative data, recorded as remarks in the questionnaire, was incorporated into discussing the results. The majority of the subjects had meals twice a day (72.5%), while about one-fourth of the subjects had only one meal per day (23.3%). The median (Q1, Q3) of the MDD score was 4 (3, 4). All the subjects had consumed some type of staple food the day before the survey. Also, 94.2% consumed animal-source food, 85.8% consumed green leafy vegetables, and only 5.0% had eaten moringa. On the other hand, 78.3% of the subjects reported that they ate moringa at home. The most common ways of using moringa were adding it to sauces or stews (55.0%) and brewing it as tea (50.0%). The majority (67.0%) used moringa once a week. In addition, 43.3% of the subjects received information about moringa from the mothers' support groups, and the most commonly received types of information were related to nutrition (71.1%) and cooking methods (55.8%). The results of the dietary survey indicate lower dietary diversity in the project area. The current study could not measure the amount of food consumed, so there is a needed to assess both quantity and quality (diversity) of their diet. On the other hand, the current study identified a new custom of moringa use in the study area where the people did not have the custom of eating moringa leaves other than using them as tea leaves to treat malaria. It was also found that only a few people ate moringa leaves in the one-day dietary survey. Further efforts are required to increase the frequency of eating moringa leaves in the study area.

Keywords: Moringa, Nutrition, School Garden, Sierra Leone.

Biography

Ms Chiemi Fujii has been involved with African countries for 34 years through working at the travel agency, JICA (Japan International Cooperation Agency) health projects, and also as an individual and NPO. She became a nurse when she was 40 years old due to work at the health sector in Africa. Then, after she had some experiences with the health projects in Africa, she studied International Collaboration and Development at the Osaka University and received Master's degree in 2014. Since 2020, she has been teaching at Kochi Medical School, Nursing Department.

Professor Ineke Crezee, Dr. Chien Ju Ting

Auckland University of Technology, Auckland, NZ

Exploring barriers to immunisation in Te Tai Tokerau, the Northland Region of Aotearoa New Zealand

This paper presents the preliminary findings of research that explored barriers and facilitators to childhood immunisation in Te Tai Tokerau, the Northland region of Aotearoa New Zealand. Immunisation here is free and is linked to the National Immunisation Schedule which incorporates not only childhood immunisations, but also immunisation of pregnant women (e.g. against flu, whooping cough) and older adults (e.g. shingles, whooping cough, tetanus, diphtheria). Historically, immunisation in the region is relatively low, impacting largely on Māori health. In this study, we conducted individual interviews and focus group discussions with 62 participants. Afterwards, we provided the provisional findings to the participants and gathered their input. In this paper, we focus on the round 1 interview data, which we analysed using a thematic analysis approach. The findings indicated that while participants expressed a desire for improved health services due to remoteness and socioeconomic barriers, they also emphasised the importance of trust, which influences health-seeking decisions on various levels. The COVID-19 pandemic also brought some of the existing barriers more sharply into focus. Finally, it's important to highlight that there is a call for government collaboration with the Māori community to establish culturally safe environments that aim to rebuild trust and enhance immunisation rates.

Biography

Professor Ineke is co-editor of the highly ranked international journal Translation and Interpreting (University of Western Sydney, Australia) and immediate past co-editor of the International Journal of Interpreter Education (Conference of Interpreter Trainers, USA), as well as being a prolific reviewer of articles, book proposals and funding applications overseas. In 2014 Ineke explored the role of bicultural and bilingual patient navigators at Seattle Children's Hospital as Fulbright New Zealand Scholar (Public Health). One of her dreams is to ensure underserved communities in Aotearoa New Zealand can be supported by well-informed bilingual navigators.

Dr. Chien Ju Ting is an early career researcher. Her background is in Indigenous language revitalisation and language policies. Although she has authored numerous articles in this field, she also engages in collaborative work with scholars from various backgrounds, including sports and physical activity research, family violence studies, translation studies, and nursing.

Chong Lu

Southwestern University of Finance and Economics, China

Perfect mate: The effects of mate selection criteria on the residents' satisfaction with mate candidates

Relying on experimental data of 6,926 Chinese residents, we utilized the survey experiment method to estimate the effects of mate selection criteria on the residents' satisfaction with mate candidates. The results show that beauty, education, income, hukou of parents, and real estate ownership significantly positively affect residents' satisfaction with mate candidates. These positive effects on the satisfaction with mate candidates are larger for women than men. The positive effects of beauty, income and real estate ownership are significantly stronger for the 1980s and 1990s birth cohorts than for the 1970s and before the 1960s birth cohorts. Life course internal immigration events increase the positive effects of education and real estate ownership on residents' satisfaction with mate candidates. We provide new empirical evidence for understanding male and female mate candidates' selection preferences, highlighting the role of mate selection criteria and residents' mate candidate selection behavior.

Biography

Dr. Lu studied Southwestern University of Finance and Economics, Economics and graduated as Ph.D. in 2021. He then joined the research group of population research institute at the Institute of social development, Southwestern University of Finance and Economics (SWUFE). His major research topics are fertility and population development. He has published more than 20 research articles in SSCI(E) and CSSCI journals.

Christine Okpomeshine PhD, WHNP, SANE, RNC

Jacobi Medical Center, H&H New York, United States

African immigrants women and pregnancy-related death at high increase

Introduction: Limited research has been conducted on the maternal health experiences of African immigrant women, their access to healthcare services, fear of deportation, and the impact of language and cultural barriers on maternal health. This study examined the maternal health experiences of African immigrant women's utilization of health services in New York City. Pregnancy-related death is at increment in African immigrants in the form of preeclampsia and maternal hemorrhage and it is an obstetric nightmare, Open prosperity mediations have to be executed in the improvement of African immigrant women's affluence care utilization hones, through required thriving conditions and custom-made care, which will be disentangled to positive maternal encounters.

Methods: A cross-sectional study was conducted in New York City within the three boroughs–Brooklyn, Queens and the Bronx with 200 African immigrants from specific Countries Nigeria, Ghana, Senegal, Togo and Ethiopia who were pregnant, just delivered and/or currently pregnant as the inclusive criteria specified. Data were collected through structured questionnaire using "The Population-based Pregnancy Risk Assessment Monitoring System survey to explore self-reported utilization of preconception prenatal, postpartum healthcare and potential exploratory pathways.

Results: The outcomes of the study are delineated based on a combination of personal and situational factors that impact the utilization of healthcare services by African immigrant women residing in New York City. At an individual level, facilitating elements for accessing maternal healthcare for these women encompassed possessing means of transportation, base levels of health literacy, and receiving assistance from that familial network. Conversely, at a contextual level, the presence of interpreter and female healthcare professionals as pivotal determinants.

Conclusion: While maternal hemorrhage is rampant and commonly kept in check; a susceptibility to preeclampsia is higher in these women than in other black and brown groups. The role of pregnancy and childbirth in overall health is explored by exploring the obstetric challenges faced by women. To address these discrepancies, initiatives were implemented to collaborate with community entities within immigrant populations to formulate strategies that bolster healthcare utilization and to enhance the availability and qualifications for public health insurance pre and post pregnancy.

Keywords: African Immigrants, Maternal Health, Pregnancy-Related Deaths, Health Experiences, Health Services and Obstetric Nightmare.

Biography

Dr. Christine Okpomeshine holds a Bachelor of Science in Nursing and a Master of Science in Nursing from Seton Hall University in New Jersey. She also obtained her Ph.D. in Public Health with a focus on Community Prevention & Education. Dr. Okpomeshine has served as an associate professor at various universities, including Long Island University, New Jersey City University, Imo State University in Nigeria, College of Mount Saint Vincent in New York and currently at Pace University as an adjunct clinical associate professor in WHS. She is a registered nurse in both New York and New Jersey, with experience working as a delivery room nurse and currently as a clinical nurse educator in Women's Health Services. Additionally, she practices as a midwife in Nigeria and has been a certified Sexual Assault Nurse Examiner in New Jersey. Dr. Okpomeshine is a highly skilled healthcare professional with extensive experience in clinical and public health settings in both Nigeria and the United States. Dr. Okpomeshine has a strong record of publications and presentations on maternal and child health topics. Her research work includes studies on Preeclampsia among first-generation Nigerian women in the U.S., traditional birthing practices in Igbo land, Nigeria, and the use of Simulation to improve nursing students' understanding of palpating the uterus. She has also conducted research on ethical dilemmas faced by pregnant mothers with children with Autism and collaborated on a Work Health Program to reduce coronary risk factors, and Pregnancy and Spirituality among Irish American and African American Catholics in New York City. Dr. Okpomeshine has presented her work at international research symposiums in Canada, the United States, Russia, Hong Kong, and Singapore.

Clement Avoka[1,2,7]*, Patience Adzordor[1,7], Vitalis Bawontuo[1,6], Diana A. Akila[4], DesmondKuupiel[1, 5, 6]

[1]Faculty of Health and Allied Sciences, Catholic University College of Ghana, Fiapre-Sunyani

[2]Akyemansa District Health Directorate

[4]University of Health and Allied Sciences, Ho, Ghana

[5]Department of Public Health Medicine, School of Nursing and Public Health, University of KwaZulu-Natal, Durban, South Africa

[6]Research for Sustainable Development Consult, Sunyani, Ghana

[7]Department of Public Health, Carolina University, 420 S. Broad St, Winston Salem, NC, USA

Mapping evidence on HIV-positive status awareness among key and vulnerable populations in Sub-Saharan Africa

This presentation focuses on a comprehensive mapping of HIV-positive status awareness among key and vulnerable populations in Sub-Saharan Africa, an essential component in curbing the spread of HIV and achieving global health goals. In Sub-Saharan Africa, key populations—such as sex workers, men who have sex with men, people who inject drugs, and others—remain disproportionately affected by HIV. Low levels of awareness about HIV status in these groups present significant barriers to HIV prevention, care, and treatment, as undiagnosed individuals contribute to the ongoing transmission of the virus.

Using systematic review and mapping techniques, this study synthesized available data on HIV status awareness rates, barriers to testing, and existing interventions within key populations across Sub-Saharan Africa. The findings reveal critical gaps in both the availability of data and accessibility of testing services, as well as challenges associated with stigma, discrimination, and limited healthcare infrastructure. The study highlights areas where HIV awareness and testing efforts can be intensified and proposes tailored strategies to address these gaps, including mobile testing units, community outreach, and policy-level changes to reduce stigma and improve healthcare access.

This presentation will provide an overview of the research methodology, data synthesis, key findings, and implications for HIV prevention and management. By identifying successful intervention models and areas in need of further support, this research aims to inform public health strategies for enhancing HIV status awareness and improving outcomes for vulnerable populations in Sub-Saharan Africa.

Biography

Clement Avoka is a skilled public health professional with expertise in disease control, project management, and health education. He holds a Master's in Public Health from Carolina University, USA, and also earned a Master's and Bachelor's in Public Health from the University of Ghana. He further holds an Associate Degree in Public Health (Disease Control) and a Certificate in Community Health. A Certified Health Education Specialist by the National Commission of Health Education Credentialing, Clement is affiliated with the American Public Health Association and is a Fellow of the International Program in Public Health Leadership at the University of Washington.

Craig Walters

Clinical Nurse, Brisbane, Queensland, Australia

Enhancing data quality in a clinical information system by making end-users the primary stakeholder: A bottom-up approach to system design, build and implementation

In many electronic systems that have been developed and implemented in more recent times, clinician needs are clearly subjugated to the wants and requirements of other stakeholders, if they are even considered at all. The result is that clinicians and other end-users increasingly feel that their primary role is the mere entering of data for largely non-clinical purposes. This has occasioned the ongoing need for clinicians to develop their own external paper-based or electronic system (Excel spreadsheet and/or Word document) to capture information relevant to them and their services and clinics.

This paper discusses the implications of this dynamic and presents a real-world example of an alternative approach that sought to overcome these issues. The solution was a clinical information system that was designed, developed and implemented from the bottom up, with a primary focus on user or clinician needs, and the reprioritorisation of other stakeholder requirements as secondary to these.

Biography

Craig studied nursing at Griffith University, Brisbane, Australia and graduated with a Bachelor of Nursing in 1995. He then completed further studies at the Queensland University of technology in Brisbane and graduated in 1999 with a Masters of Health Science, cross specialising in Health Information Technology and Health Management. Much of Craig's healthcare career has been as a senior nurse in Queensland Health however, he has also been involved in developing and implementing clinical information systems across individual services, and throughout the state of Qld.

Craig Walters

Clinical Nurse, Brisbane, Queensland, Australia

Workplace stalking

Workplace stalking is repeated and unwanted contact that makes the object of it feel fearful or distressed. It can be difficult to identify and distinguish from other victimisations. Targets of workplace stalking may not use the word "stalking" or even express fear. They may instead use terms such as "harassment", "bullying", "discrimination", etc. Normally, harassment results in a hostile environment making workers annoyed, frustrated, upset, angry, and/or disrespected whereas stalking victims feel fear and/or emotional distress. When a worker feels (or could reasonably feel) unsafe, frightened, or like they cannot live a normal life due to the pattern of behaviour, then that is stalking.

This presentation will discuss workplace stalking in more depth, summarising the various types, consider the various behaviours engaged in by stalkers in the workplace, and present the audience with some practical strategies to respond to this phenomenon appropriately and effectively.

Biography

Craig studied nursing at Griffith University, Brisbane, Australia and graduated with a Bachelor of Nursing in 1995. He then completed further studies at the Queensland University of Technology in Brisbane and graduated in 1999 with a Master of Health Science, cross specialising in Health Information Technology and Health Management. Much of Craig's healthcare career has been as a senior nurse in Queensland Health however, he has also been involved in developing and implementing clinical information systems across individual services, and throughout the state of Qld.

Mrs. Daniela Costa*, Dra. Amjad Searya

Home Health Care, Ministry of National Guard Health Affairs, Riyadh, Saudia Arabia

Assessment of burden among informal caregivers from HHC patients– Riyadh, Saudi Arabia

The increase number of patients with dementia, cancer, chronic disease and palliative care as been demonstrated by previous researches a Parallel growing of informal caregivers.

The Zarit Burden Interview Arabic version was used to assess the level of burden experience by caregivers from a Home Health Care in Military hospital on Riyadh Saudi Arabia. The study included caregivers from different patients groups of diseases (palliative, cancer, dementia and chronic) all adult patients. The aim of the study is to identify and compare the different types of burden among informal caregivers experienced by this different groups. The result will be helpful to determine the specific programs according to the caregivers level of burden. (Research on process).

Biography

Mrs. Daniela Patricia Santos Costa is a Senior Nurse graduated in 2011 from the University "Escola Superior de Enfermagem de Coimbra" (Portugal). She has experience in Home Health Care in Portugal (2012-2018) and in Oncology/Palliative Care at a hospital in Saudi Arabia (2018-2022). Currently, she works in Home Health Care at a hospital in Saudi Arabia. Although a nurse, She is deeply passionate about engaging with communities of all cultures, understanding their needs, and improving their lives through various public health prevention programs.

Delia Teresa

Dokuz Eylul University, Turkey

Advancing public health entrepreneurship to foster innovation and impact

The magnitude of challenges facing public health today is daunting, as illustrated by the ambitious United Nations Sustainable Development Goals (UN SDGs). For example, despite billions of dollars of investment, obesity, as a major contributor to leading Non-Communicable Diseases (NCDs) such as cardiovascular disease, diabetes, respiratory disease and certain cancers, continues to increase worldwide. In addition, obesity now affects over 20% of U.S. children, a significant increase from prior decades despite expert beliefs in recent years that childhood obesity had perhaps reached a plateau. Worst yet, even in places where childhood obesity has shown a significant decline as a result of aggressive multi-pronged policies and interventions, obesity disparities among minority and disadvantaged populations have actually widened. At the same time, it is also the case that the vast majority of public health research and development is not implemented and scaled to meet the urgency of the challenge. It is estimated that it takes 17 years to scale up 14% of public health innovations, due to a great extent to the limitations presented by the traditional grant-based system for public health research and development. All of this suggests that we need a more agile, dynamic system to foster and scale innovation in public health solutions. In recent years, there have been emerging calls for attention to the incorporation of entrepreneurship methods in public health education, research and practice. Public health entrepreneurship can be defined as a continuous mission- and innovation-driven process to create new ways of tackling public health challenges and to produce lasting social or systems change. In this opinion piece, we propose additional arguments for why the time is now for investment in public health entrepreneurship on part of public, private and academic sectors.

The field of public health is at a momentous juncture with the opportunity to go beyond traditional public health academia and act more strategically across sectors to foster and scale public health innovations. We must do so if we are to meet the challenges presented by the UN SDGs. Increasingly, public health students are demanding action-oriented training, research and practice. As public health educators, we also have a duty to ensure that our graduates are ready for the rapidly changing landscape of technology and are equipped to assume leadership in devising solutions for the world's complex problems of today and tomorrow. The integration of public health and the entrepreneurial sector is critical to building a healthy and sustainable world. The time to invest in public health entrepreneurship is now.

Biography

Prof. Dr. Delia Teresa Sponza is currently working as a professor at Dokuz Eylul University, Department of Environmental Engineering. Scientific study topics are; Environmental engineering microbiology, Environmental engineering ecology, Treatment of fluidized bed and activated sludge systems, Nutrient removal, Activated sludge microbiology, Environmental health, Industrial toxicity and toxicity studies, The effect of heavy metals on microorganisms, Treatment of toxic compounds by anaerobic / aerobic sequential processes, Anaerobic treatment of organic chemicals that cause industrial toxicity and wastewater containing them, Anaerobic treatability of wastewater containing dyes, Treatment of antibiotics with anaerobic and aerobic sequential systems, Anaerobic and aerobic treatment of domestic organic wastes with different industrial treatment sludges, Treatment of polyaromatic compounds with bio-surfactants in anaerobic and aerobic environments, Treatment of petrochemical, Textile and olive processing industry wastewater by sonication, Treatment of olive processing industry wastewater with nanoparticles and the toxicity of nanoparticles. She has many international publications.

Mr. Enda Kelly[1,2,3] RPN, MSc, FFNM RCSI; Mr. David Conroy[4] BA(Hons), MSc

[1]National Nurse Manager, Irish Prison Service
[2]Fellow of the Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland
[3]Honorary Teaching Associate, Faculty of Nursing, Royal College of Surgeons in Ireland
[4]Governor 1, Irish Prison Service BA(Hons), MSc

2025–8 billion people; 11.5 million prisoners; Who cares?

In 2024 the population of the world is estimated to be in excess of 8 billion. Of this over 11.5 million people are in prison at any given time. The profile of those in prison can be evidenced with living histories of poverty, marginalisation, trauma, exclusion, addiction, mental ill health, familial and societal neglect, vulnerability and desperation.

Far from being apologists for crime, those who work in the prison environment strive to create functional lives and futures for those who are incarcerated. They aim to bring and restore a sense of hope for the future and support people to live and participate in their communities after they leave prison.

While nurses are recognised worldwide as the largest profession in health and social care so they are also the largest profession providing that same health and social care in prisons across the globe. Nurses' professionalism in the prison environment not only caters for ill health but contributes hugely to the safety of prisoners, the prevention of avoidable harm and the management of risk regardless of location or situation.

International and reputable literature provides guidance for the highest standards of delivery of healthcare in prisons. The question is how is the best care delivered in prisons? The answer relies on the absolute caring approach of professional, dedicated, compassionate and competent nurses.

In prisons across the world nurses deliver this care 24 hours a day, 365 days a year in environments where health and caring is not the core purpose of the organisation they work for or the environment they work in. This brings unique challenges and barriers for nurses where their primary responsibility of accountability to their patient can be tried and tested both overtly and covertly and where more importance is often placed on expediency over integrity.

I hope to share with you not only the challenges nurses working in prisons face but also examples of the ways in which nurses overcome obstacles, embody all that we are proud of as professionals and clearly and fearlessly put the interest of their patients first.

We are a small cohort of the largest contingent of healthcare providers in the world and work in some of the most repressive, professionally isolated, ethically challenging and yet rewarding environments.

As far as I am aware, this is the first International Forum where nursing in prisons is afforded a dedicated space on a global stage to showcase our work, inform our colleagues and begin a

journey of recognition of Prison Nursing as a sub-speciality of the greatest profession ever to touch the lives of every person across the globe.

Biography

Enda is the National Nurse Manager with the Irish Prison service and is part of the Senior Healthcare team providing strategic, clinical and operational expertise and direction for the nursing and wider healthcare teams across the IPS estate. He is a frequent presenter and contributor at conferences both nationally and internationally and he is an active publisher of professional material in the advancement of patient care. Enda holds a Master's Degree in Leadership, and is a Fellow of the Faculty of Nursing & Midwifery with the Royal College of Surgeons in Ireland alongside being an Honorary Teaching Associate with the Faculty.

Governor David Conroy is a highly experienced prison officer with a diverse background deeply rooted in service and leadership. With a wealth of experience spanning various roles he possesses a deep understanding of the complexities within the prison system. As the current Governor of the Midlands Prison, overseeing a population of approximately 950 prisoners and a team of 490 prison staff, Governor Conroy plays a pivotal role in the strategic direction and operational management of the Irish Prison Service. His leadership and expertise are instrumental in shaping the Irish prison system and ensuring the welfare of both staff and prisoners under his care.

Mizuno E[1]*, Maeda J[2], Sakai I[3], Takataya K[3]

[1]Graduate School of Health Care and Nursing, Juntendo University, Chiba, Japan
[2]Faculty of Nursing,Tokyo Ariake University of Medical and Health Sciences, Tokyo, Japan
[3]Graduate of Nursing Science, University of Yamanashi, Yamanashi, Japan

Characteristics of lifestyle and physical health of individuals with mental illness dwelling the community

People with severe mental illness are at higher risk of physical health problems and higher early mortality than the general population. Their physical health is affected by unhealthy behaviors such as lack of physical activity, unhealthy diet, and smoking. In addition, side effects of psychotropic medications, attitudes of medical staff, difficulty in accessing care, and self-stigma can contribute to poor physical health. The purpose of this study was to clarify the lifestyle and physical health of persons with mental illness. A questionnaire survey on sociodemographic data and lifestyle, and activity meter measurement were conducted to 20 outpatients with schizophrenia (P-group) and 21 healthy controls (H-group), and statistical analysis were carried out using SPSS 29.0 J for Windows. Compared to the H-Group, the P-group was more likely to have breakfast ($p<0.05$), less likely to have a drinking habit ($p<0.05$), less likely to have regular health checkups ($p<0.01$), shorter commute times ($p<0.01$), and higher BMI ($p<0.05$), number of steps per day ($p<0.05$). Although the P-group's health habits were not bad, tend to have a higher BMI, less walking and did not receive regular health examinations than for the H-group. Therefore, the results suggest that it is necessary to educate people to understand the necessity of health checkups and to motivate them to pay attention to their own bodies. The results of this study are expected to be helpful in the development of healthcare programs to maintain and improve the physical health of individuals with mental illness.

Biography

Eriko Mizuno is a professor of Mental Health Nursing at Juntendo University, Graduate School of Health Care Nursing. She obtained her BSN, MS and PhD from Tokyo Medical and Dental University, Tokyo, Japan, and was involved clinical practice in the psychiatry ward of the university hospital and worked as a public health nurse to promote health in the workplace. Her research themes are mental health support for family caregivers, psychoeducation for schizophrenics for illness awareness and symptom management, stigma in recovery and quality of life, employment support for people with mental illness, support the lives of adolescents and adults with Down syndrome, and support for families of persons with mental disabilities. Currently, she engaged in research on physical health care for the people with mental disorder living in the community.

Assucênio Chissaque[1], Esperança Lourenço Guimarães[2]*, Braiton Maculuve[3], Carolina Conjo[2], Alberto Paulo Jr[2,4], Edmilson Filimone[2], Edy Chissaque[2], Belmira Banze[2], Nilsa De Deus[2,4], Sérgio Chicumbe[2], Orvalho Augusto[5]

[1]Global Health and Tropical Medicine, Instituto de Higiene e Medicina Tropical, Lisboa, Portugal
[2]Instituto Nacional de Saúde, Marracuene district, EN1, Maputo, Moçambique
[3]Ministério da Saúde, Programa Alargado de Vacinação, Maputo Moçambique
[4]Universidade Eduardo Mondlane, Maputo, Moçambique
[5]Department of Global Health, University of Washington, Seattle, WA, USA

Level and factors associated with zero-dose children in Mozambique

In 2023, around 14.5 million children globally, had not received any routine vaccines, in 2023, mostly in LIC and LMIC. In Mozambique, immunization coverage in children aged 12 to 23 in 2023 was 38%, reflected in 750,000 zero-dose children. We aimed to analyze the level and factors associated with zero- dose children aged 12-23 months in Mozambique.

This is a longitudinal data analysis from two nationally representative community surveys, namely, the Demographic and Health Survey 2022/2023 and the Immunization, Malaria, and HIV/AIDS Indicators Survey in Mozambique 2015. The focus is on immunization among children aged 12–23 months at the time of the survey. The prevalence of zero-dose children was estimated by child, maternal, and household characteristics. A log-linear regression model was used to assess the association between the factors and zero-dose children, where p-value <0.05 was significant.

A total of 1,801 children were studied, from whom 50.1% were female and 72.7% were from rural areas. The national prevalence of zero-dose children increased from 5.6% (63/1130) in 2015 to 15.0% (269/1798) in 2022, corresponding to an absolute difference (AD) of 9.4% (95% CI: 5.5–13.2%). Children living in Zambezia (AD: 24.0%, 95% CI: 10.4–37.8%) and Cabo Delgado (AD: 9.6%, 95% CI: 5.0–14.3%) experienced the most significant increases in AD. This prevalence was prominent in the poorest children 42% (194/461), in children whose mothers did not have antenatal care 74% (165/222), in children born outside a healthcare facility 48.0% (263/548), whose mothers mentioned challenges to access any healthcare facility 31.4% (269/858) and whose mothers did not have the child health card 57, 3% (318/555). A pregnancy without antenatal care increased 1.9 times (PR=1,93; CI 95%: 1,38-2,70; P<0,001) the risk of zero-dose children, followed by child delivery out of the health facility, 1,43 (PR=1,43; CI 95%: 1,11-1,84; P=0,006) and the absence of the child health card, 3,94 (PR=3,94; CI95%: 2,94-5,26; P<0,001). Between 2015 and 2022, the prevalence of zero-dose children in Mozambique tripled, with Zambézia and Cabo Delgado provinces recording the largest increases. Antenatal care visits and institutional deliveries were associated with an increase of Zero-dose children, highlighting the critical role of these services in promoting immunization uptake. Actions are needed to facilitate the population´s access to primary healthcare and to essential vaccines and to improve health and well-being in children and society. It is important to explore other potential factors associated with this condition to provide additional subsidies for decision-

making towards health system strengthening, improving vaccine coverage, and reducing zero- dose prevalence.

Keywords: Zero Dose Children, Vaccination, Low Income Country, Health Demographic Survey.

Biography

Esperança has completed her MSc in Animal Science in the year 2012 and is currently a PhD candidate in Tropical Diseases and Global health. She works at the Instituto Nacional de Saúde (the National Institute of Health) as investigator and project officer. Regarding research, Esperança have been working on project design and implementation of Costing, Cost-effectiveness of vaccines, child and maternal immunization, and gastroenteritis studies.

Fan Yang*, Xiaoyu Zhang

Research Institute of Social Development, SWUFE, Chengdu, Sichuan, China
Institute of Western China Economic Research, SWUFE, Chengdu, Sichuan, China

Impact of family structure on the health of farmers and herders on the Tibetan plateau: A case study of Lhasa city, China

Due to long-term residence in unique geographical conditions of high altitude and cold climates, residents on the Tibetan Plateau face a higher likelihood of chronic illness and greater vulnerability to cardiovascular issues, with farmers and herders particularly at risk. Family, as the fundamental unit of life for these individuals, is closely linked to their health, with family structure playing a critical role in influencing well-being. This study categorizes family structures within the farming and herding communities on the plateau into three types—nuclear families, stem families, and joint families—based on intergenerational relationships and marital units within each generation. The analysis draws on theories of the family life cycle, health demand, and health ecology. Utilizing data from a 2021 survey on livelihood development in rural and pastoral areas of Lhasa and employing a generalized hierarchical linear model, the paper examines the impact of family structure on the health of Tibetan Plateau farmers and herders.

Key Findings Include: First, health outcomes for farmers and herders vary by family structure. Second, compared to nuclear families, stem and joint families are detrimental to health. Third, for adult farmers and herders, cross-level interactions between family and individual dimensions indicate that family structure impacts health indirectly by influencing individual characteristics, though this effect is not observed among younger or older groups. Based on these conclusions, the paper proposes policy recommendations for promoting the health of farmers and herders at social, family, and individual levels.

Biography

Fan Yang obtained bachelor's degrees in Engineering and Management in China in 2006 and later received a master's degree and a doctorate degree in Economics from Southwestern University of Finance and Economics in 2009 and 2013, respectively. From 2012 to 2013, Fan Yang conducted visiting studies at the Department of Sociology at SUNY Albany, US. In 2014, Fan Yang began a teaching and researching position at Southwestern University of Finance and Economics, subsequently achieving promotions to Associate Professor and Professor.

Prof. Dr. Gülbu Tanriverdi

Canakkale Onsekiz Mart University, Turkey

Interreligious nursing: A conceptual framework

This study aims to introduce the concept of 'Interreligious Nursing' as a proposed new specialty focused on providing culturally sensitive care across different religious beliefs. Religion is a fundamental cultural element that shapes individuals' worldviews and has a significant impact on health behaviors, coping with illness, and emotional well-being. The framework of 'Interreligious Nursing' emphasizes the importance of understanding the relationship between religion, culture, and health in nursing practice. This specialty seeks to address the diverse spiritual needs of patients by promoting an inclusive approach that respects various religious practices without requiring nurses to belong to or practice any particular faith. Unlike traditional 'Faith Community Nursing,' which focuses on care within specific religious groups, Interreligious Nursing offers a flexible model that allows nurses to provide spiritual care to individuals of different faiths. This area involves roles such as advocacy, education, and facilitating access to spiritual resources while addressing potential conflicts between religious beliefs and healthcare practices. The new specialty aims to fill the gaps in current nursing curricula and enhance nurses' ability to deliver holistic and culturally competent care.

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, Tanrıverdi 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.

GV Fant DSc, PhD, MACE

JSPH International, Boston, MA, USA

Leveraging GenAI and applied calculus for communicable disease control: Possible approaches for public health surveillance system in India

Effectively managing a public health communicable disease surveillance system is a critical activity for safeguarding the public health of a population. This presentation focuses on equipping public health epidemiologists and decision-makers with the tools to understand disease dynamics to guide control efforts in the context of a public health surveillance system. Public health communicable disease control efforts will be discussed. Tailored to India's public health needs, the session explores how applied calculus and Generative AI/GenAI tools can enhance public health surveillance data practices.

The session will highlight the use of first-order differential equations from applied calculus, specifically the SIR (Susceptible-Infectious-Recovered) model, to predict the spread of communicable diseases and inform timely interventions. Emphasizing the role of first-order differential equations, the presentation will demonstrate how these models support public health professionals management through real-time data analysis, geospatial mapping, and predictive modeling. Generative AI (GenAI) will be highlighted as a crucial tool for enhancing data interpretation and forecasting disease patterns.

Participants will be introduced to sample GenAI prompts for assessing typical data from public health disease surveillance systems. This session emphasizes practical strategies to optimize public health response, consider mathematical models and leverage AI tools to enhance public health communicable disease surveillance systems in India.

Biography

Dr. GV Fant is a public health epidemiologist. He is the Secretary (part-time) at JSPH International that specializes in global health advocacy and public health professional-academic training in Boston, India, and around the world. Dr. Fant completed his PhD at the University of Nebraska (1997); Master of Science in Health Sciences: Public Health at Trident University International (2009), and higher doctorate, DSc-Health Sciences: Epidemiology at Azteca University (2023). Additionally, he has over 50 publications and professional writings in the health sciences, epidemiology, and global public health. Dr. Fant is an elected Member of the American College of Epidemiology (MACE; 2002).

Jia Tang, Tiantian Song, Ming Kuang, Yiping Feng, Guangrong Liu, Hongying Liu*

Medical Department, Hangzhou Kang Ming Information Technology Co., Ltd, ClouDr Group Limited, Hangzhou, Zhejiang Province, China

Recent advancements on long COVID in China: Insights from ClouDr

The COVID-19 pandemic is a huge public health crisis in the 21st century. In addition to the acute symptoms, a considerable proportion of patients worldwide have suffered from post-COVID-19 syndrome, commonly known as Long COVID. The impact of Long COVID on individual and public health burden cannot be ignored. According to recent researches, Long COVID has been affecting multiple organ systems throughout the body, with respiratory, mental, nervous and digestive symptoms often seen in Chinese population. The SARS-CoV-2 pandemic has underscored that viral infections are not merely acute events; their long-term effects pose significant challenges to individual health and public health systems, necessitating urgent attention. Timely and comprehensive information, guidance, and support are essential to effectively address these impacts. Clinical studies have demonstrated that a range of interventions, such as physical therapy, rehabilitation training, psychological support, cognitive behavioral therapy, and stem cell therapy, can alleviate Long COVID symptoms. Based on current evidence, it is crucial to strengthen scientific research on Long COVID and implement early monitoring and intervention strategies to mitigate its long-term health and economic burdens. As a leading provider of digital solutions for chronic disease management in China, ClouDr. conducted a groundbreaking real-world study on the impact of Long COVID, using its proprietary AI-driven research platform, ClouD DTx. Analyzing over 6.7 million diagnostic and prescription records from the Zhiyun Health Internet Hospital, the study revealed a high degree of concordance between between the surge in cough-related prescriptions and the trends in COVID-19 nucleic acid/antigen positivity rates reported by the Chinese Center for Disease Control and Prevention. These findings, published in the International Journal of General Medicine, highlight the critical role of digital health tools in monitoring and managing the long-term progression of COVID-19. This research underscores the importance of leveraging advanced technology and data-driven insights to address the complex challenges posed by Long COVID, paving the way for more effective prevention, management, and recovery strategies.

Biography

Hongying Liu, female, graduated from Fudan University, Doctor of Medicine, Cardiologist, Associate Professor. Over the years, she has been mainly engaged in research in the field of cardiovascular diseases, diabetes mellitus, hypertension, cerebrovascular diseases and other diseases, actively exploring various treatment methods and technologies, and has made profound achievements in many research directions, such as pharmacotherapy, digital therapeutics, cognitive-behavioral therapy, and big data analysis, etc. In recent years, she has published almost 30 SCI articles as the corresponding or first author, applied for 10 Chinese patents, and reviewed over 50 peer-reviewed papers as a senior expert and SCI journal reviewer.

Humberto López Castillo[1,2]* MD, PhD, CPH, CMI; Lorna E. Jenkins Sánchez[3,4] MD, DrPH; Víctor Israel Peñafiel Medina[5] MD; Omar Martínez[2] JD, MPH, MSc

[1]Department of Health Sciences, College of Health Professions and Sciences, Academic Health Sciences Center, University of Central Florida. Orlando, FL

[2]Department of Population Health Sciences, College of Medicine, Academic Health Sciences Center, University of Central Florida. Orlando, FL

[3]College of Public Health, University of South Florida. Tampa, FL

[4]Jenkins-Lara Consulting. Panama City, Panama

[5]HIV Program, Ministry of Health. Colón City, Panama

From descriptive epidemiology to intervention science: Lessons learned from the cardiovascular status of adults living with HIV in Panama

Background: Adults Living with HIV (ALWH) are at an increased risk of cardiometabolic disease due to chronic inflammation, immune activation, and side effects of Antiretroviral Therapy (ART). The Colón C3 Study examines the cardiometabolic profile of 660 ALWH in Colón City, Republic of Panama, while also incorporating perspectives from both patients and healthcare providers to inform future interventions.

Methods: Participants were ≥18 years old, residing in Colón City, and receiving ART at a local clinic. The study collected data through four surveys, body composition analysis, physical measurements (height, weight, abdominal perimeter, blood pressure), and laboratory tests assessing cardiometabolic, inflammatory, and HIV-related markers. Additionally, focus groups with clinicians and patients explored barriers and needs for cardiometabolic prevention, emphasizing social determinants of health.

Results: Among the 660 participants (45% men, 55% women, mean [SD] age 43.8 [12.5] years), the majority identified as heterosexual (60.6%), Black/Afro-Caribbean (51.2%), and were single with a stable partner (54.5%). Educational attainment was high, with 63.1% completing at least high school, and 42.5% owned homes. Household structures varied, with a median of 2 adults and 2 children per home. The most prescribed ART regimen was Acriptega® (60.5%).

Two separate focus groups with ALWH and healthcare providers revealed key themes shaping experiences and healthcare needs of ALWH:

- The demand for safe spaces where ALWH can receive supportive, nonjudgmental care;

- The importance of peer-led, preventative interventions to foster trust and engagement in health programs; and

- The necessity for wraparound services addressing not just medical needs but also social and psychological well-being.

Conclusion: This study highlights the intersection of social determinants of health, cardiometabolic risk, and HIV care in Colón City, Panama. Initial insights from focus groups and baseline data emphasize the need for a culturally tailored preventative intervention that addresses health equity, community-building and support, and comprehensive care delivery to improve outcomes for ALWH.

Biography

Dr. Humberto López Castillo is an Assistant Professor in the Department of Health Sciences, College of Health Professions and Sciences (CHPS) at the University of Central Florida (UCF). His research focuses on cardiometabolic health disparities in sexual minorities. Using a biobehavioral approach, his research identifies potential links between minority stress and metabolic syndrome (i.e., obesity, hypertension, diabetes, and dyslipidemias). Other lines of research explore the potential mediating roles of HIV infection and antiretroviral therapy use in the development of cardiometabolic diseases and the behavioral aspects that increase sexual health risks in sexual minorities, especially the link between substance use and HIV transmission.

Humberto López Castillo[1,2]* MD, PhD, CPH, CMI; Erick Suárez[3] APRN; Christopher Blackwell[4] PhD, APRN, ANP-BC, AGACNP-BC, CNE, FAANP, FAAN MD; Micah P. Greer[5]

[1]Department of Health Sciences, College of Health Professions and Sciences, Academic Health Sciences Center, University of Central Florida. Orlando, FL
[2]Department of Population Health Sciences, College of Medicine, Academic Health Sciences Center, University of Central Florida. Orlando, FL
[3]Pineapple Healthcare. Orlando, FL
[4]College of Nursing, Academic Health Sciences Center, University of Central Florida. Orlando, FL
[5]Department of Psychology, College of Sciences, University of Central Florida. Orlando, FL

Effectiveness of Doxycycline as Post-Exposure Prophylaxis (Doxy-PEP) for bacterial Sexually Transmitted Infections (STIS) among Men Who Have Sex with Men (MSM) in Central Florida

Bacterial Sexually Transmitted Infections (STIs), particularly syphilis, gonorrhea, and chlamydia, have been rising among men who have sex with men (MSM) in the United States. This trend is concerning, as these infections can lead to severe health complications if left untreated, including infertility, neurological issues, and increased susceptibility to HIV transmission. Multiple factors contribute to this rise, with one key factor being the increasing uptake of pre-exposure Prophylaxis (PrEP) for HIV prevention, which has been associated with increased condomless sexual activity. While PrEP has successfully reduced new HIV infections, its unintended consequence has been the increased transmission of bacterial STIs, necessitating alternative preventive strategies.

Post-exposure prophylaxis with Doxycycline (Doxy-PEP) has emerged as a promising biomedical intervention aimed at reducing bacterial STI incidence among MSM. Doxycycline, a widely used antibiotic, has been investigated for its potential to prevent syphilis, gonorrhea, and chlamydia when taken after sexual encounters. While some clinical trials have suggested Doxy-PEP could significantly lower STI rates, its real-world effectiveness remains uncertain, particularly in regions with high STI prevalence and potential antibiotic resistance.

This study aimed to assess the effectiveness of Doxy-PEP in preventing bacterial STIs among MSM in Central Florida, a region experiencing rising STI rates. To achieve this, a de-identified dataset from Pineapple Health Clinic in Orlando, Florida, was analyzed, including 73 participants who received Doxy-PEP for bacterial STIs between July 1, 2022, and June 30, 2023. The study focused on determining STI incidence rates among those using Doxy-PEP and identifying any disparities between HIV-negative and HIV-positive individuals.

Findings revealed unexpectedly high rates of bacterial STIs despite the use of Doxy-PEP, particularly for syphilis. Contrary to prior research indicating a protective effect of Doxy-PEP, both HIV-negative and HIV-positive individuals in the study showed elevated rates of syphilis, with the HIV-positive cohort exhibiting significantly higher incidence rates. This suggests that

Doxy-PEP may not be as effective in real-world settings as previously anticipated or that other behavioral or biological factors influence its efficacy.

Another critical finding was the discrepancy in gonorrhea incidence and resistance profiles. While Doxy-PEP showed promise in reducing syphilis and chlamydia in some trials, its effectiveness against gonorrhea remains questionable due to the bacterium's ability to develop antibiotic resistance. The study noted differences in medication regimens and age demographics, particularly among HIV-positive participants, which may have further influenced the results. The older age of the HIV-positive cohort, potential differences in sexual behaviors, and variations in adherence to Doxy-PEP protocols could all have played roles in the observed outcomes.

Several limitations must be acknowledged, including the small sample size, the study's reliance on a single healthcare clinic, and the investigational nature of Doxy-PEP. These factors limit the generalizability of the findings. However, the study underscores the necessity of tailoring STI prevention interventions to specific populations, taking into account local antibiotic resistance patterns and demographic differences. Future research should further explore these factors to develop effective strategies for reducing STI incidence among MSM in Central Florida and beyond.

Biography

Dr. Humberto López Castillo is an Assistant Professor in the Department of Health Sciences, College of Health Professions and Sciences (CHPS) at the University of Central Florida (UCF). His research focuses on cardiometabolic health disparities in sexual minorities. Using a biobehavioral approach, his research identifies potential links between minority stress and metabolic syndrome (i.e., obesity, hypertension, diabetes, and dyslipidemias). Other lines of research explore the potential mediating roles of HIV infection and antiretroviral therapy use in the development of cardiometabolic diseases and the behavioral aspects that increase sexual health risks in sexual minorities, especially the link between substance use and HIV transmission.

Dr. Ifeoma Elizabeth Dan-Ogosi[1,2]*, Botticello J[2], Buscombe R[3], Findlay G[4]

[1]University of West England, School of Social Well-being; Centre for Public Health and Wellbeing

[2]University of East London, School of Health, Sport and Bioscience; Department of Health Studies, London, U.K

[3]University of East London, School of Health, Sport and Bioscience; Applied Sport Sciences Research Group, London, U.K

[4]Institute for Connected Communities, University of East London

Participatory budgeting, health promotion and theatre production: A qualitative case study in North London

Purpose: This paper explores the role that Participatory Budgeting (PB) plays in enhancing emotional and social well-being through the commissioning, design, delivery of, and participation in a drama and theatre intervention in a deprived community in North London.

Design/Methodology/Approach: A qualitative case study methodology employing constructivist grounded theory was used to explore how PB promoted health and well-being among residents of a deprived North London neighbourhood.

Findings: Engaging in PB enabled residents to influence the commissioning, design and implementation of community-based interventions that responded directly to their perceived needs through culturally aspirational projects. The resulting theatre production promoted self-esteem, love, and a positive sense of agency in residents. Analysis revealed themes of self-expression, praxis, self-realisation, sense of belonging and building of positive relationships between participants, characterised by trust and reciprocity.

Originality/Value: The study points to the power of using PB to enable residents in very deprived neighbourhoods to decide on funding and influence the design and delivery of interventions to directly meet their needs. It also demonstrates the significance of culturally aspirational arts-based approaches in engaging deprived community members around health issues in promoting emotional and social well-being and a positive sense of individual and community belonging. The research also demonstrates the usefulness of PB as a co-production tool to enable residents to take control of and transform their lives as part of a wider community development approach in deprived urban communities.

Keywords: Deprived Communities, Community Development, Participatory Budgeting, Arts And Health, Drama Workshops, Community Theatre Production, Emotional And Social Well-Being.

Biography

Dr. Ifeoma Elizabeth Dan-Ogosi earned her MSc in Public Health in 2010 and completed her PhD in Public Health and Community Development in 2023 at the University of East London, United Kingdom. She is currently a Senior Lecturer in Public Health at the University of the West of England, Bristol. Ifeoma leads the BSc Apprenticeship and MSc Leadership and Management modules while teaching across several others, including Epidemiology, Creating Sustainable Food Systems, and Public Health Policy, Politics, and Economics. She has developed a multicultural approach to teaching in higher education and is a published author.

Dr. Ifeoma Elizabeth Dan-Ogosi

University of West England, College of Health, Science and Society School of Health and Social Well-being; Centre for Public Health and Wellbeing

Building public health leadership capacity: Student perspectives on multicultural leadership training in higher education programme

The evolving landscape of global public health, characterised by complex disease patterns and population health challenges, demands robust leadership development in higher education. This study explores the implementation and impact of transformative multicultural teaching strategies in developing public health leadership competencies among undergraduate and postgraduate students at a UK higher education institution. Drawing from both critical and compassionate pedagogical frameworks, the research explores how collaborative learning environments can enhance students' self-leadership, emotional intelligence, and cultural competence.

The study is grounded in established pedagogical research that emphasises the effectiveness of inquiry-based and cooperative learning approaches. While some scholars argue that leadership skills are primarily developed through experiential learning, this research demonstrates the value of integrating structured leadership training within public health education. Our approach specifically addresses the needs of a culturally diverse student cohort, moving beyond traditional "banking" methods of education to create an inclusive, participatory learning environment.

The study explores how transformative pedagogical approaches in a multicultural classroom setting can foster critical thinking, public speaking skills, systems thinking and empathy– essential competencies for future public health leaders. By creating an atmosphere that values cultural diversity and promotes active engagement, the study reveals how students develop a stronger sense of belonging, which is particularly important for international students navigating cross-cultural educational environments.

This paper contributes to the growing body of knowledge on public health leadership development by presenting evidence of how intentionally designed collaborative sessions can prepare students for real-world challenges. The findings demonstrate the importance of creating inclusive learning spaces that recognise and capitalise on cultural diversity as a strength in leadership development. The research has significant implications for higher education institutions seeking to cultivate effective global public health leaders who can navigate complex multicultural environments and drive positive societal change.

The study's methodology combines theoretical frameworks from established scholars in transformative education with practical applications in public health leadership training. By examining student outcomes in areas such as teamwork, reflection, presentation skills, and

report writing, the research provides valuable insights into effective pedagogical strategies for developing future public health leaders. These findings are particularly relevant for educational institutions working with diverse student populations and aiming to prepare graduates for leadership roles in global public health contexts.

This research ultimately demonstrates how innovative pedagogical approaches can bridge the gap between theoretical knowledge and practical leadership skills while fostering an inclusive educational environment that prepares students for the complexities of global public health leadership.

Biography

Dr. Ifeoma Elizabeth Dan-Ogosi earned her MSc in Public Health in 2010 and completed her PhD in Public Health and Community Development in 2023 at the University of East London, United Kingdom. She is currently a Senior Lecturer in Public Health at the University of the West of England, Bristol. Ifeoma leads the BSc Apprenticeship and MSc Leadership and Management modules while teaching across several others, including Epidemiology, Creating Sustainable Food Systems, Public Health Policy, Politics, and Economics. She has developed a multicultural approach to teaching in higher education and is a published author.

Imogen Hannon-Walker*, John McLuskey

University of Nottingham, United kingdom

How does intersectionality impact the quality of healthcare services for Black women living with HIV?

Women with HIV are affected more than men by intersecting discriminations. For Black women, additional discrimination can have a detrimental effect on their HIV care. An extended literature review of primary research studies was undertaken to explore the issues and the impact of intersectionality on Black women with HIV. Electronic databases were searched for studies published since antiretroviral treatment became recognised to be effective, and eight studies met detailed inclusion and exclusion criteria. Critical appraisal led to the identification of three themes: discrimination; stigmatisation; and racism. The findings suggest that while Black women with HIV reported barriers to health care because of intersectionality, older women who felt confident in their self-identity were more able to cope with issues around this. Knowledge of the factors affecting these women will enable health professionals to deliver person-centred care.

Biography

Imogen studied Adult Nursing at University of Nottingham and graduated with a BS Hons in 2021. She then worked in Nottingham University Hospital for over 2.5 years and undertook a course in Adult Critical Care. In the last year she has decided to take a career break and travel, igniting a passion learning more about women's rights in healthcare and sexual health.

Janet Sohal, Trevor Murray

Kaiser Permanente Northern California Region, United States

Expanding a legacy of excellence: The transformative journey, impact and future vision of a nurse scholars academy

Celebrating its 10th anniversary, a bold experiment involving the creation of an innovative Nurse Scholars Academy has resulted in a profound advancement of professional nursing in one large integrated health system. The guiding concept of the Academy was to prepare nurses at all levels of the organization to meet the complex challenges of healthcare today, while ensuring system transformation well into the future. This presentation will outline the Academy's evolution, key innovations, barriers, outcomes, and emerging vision for the future. The personal, professional, and organizational impact of a Nurse Scholars Academy provides evidence and added insight into the core attributes and challenges in building and sustaining cultures of professional excellence.

Historical Overview: Founded with a mission to equip nurses with the skills needed to excel in an ever-evolving healthcare landscape, the Nurse Scholars Academy has consistently fostered innovation and excellence. Over the past decade, the Academy has expanded to include five specialized academies: Nurse Scholars Academy, Research and Innovation Academy, Mental Health Academy, Caring Science Academy, and Allied Health Scholars Academy. Each academy has launched numerous programs under its seven pillars, which include educational advancements, leadership development, and clinical excellence. These initiatives have enhanced the professional journey of individual nurses and set a benchmark for education and practice for allied health partners.

Accomplishments: The Academy's significant achievements include award-winning academic partnerships with local Schools of Nursing. These collaborations have produced numerous scholarly articles, books, and educational videos, contributing to the broader nursing knowledge base. Pre-pandemic, the Academy focused on the Quadruple Aim with Caring Science as its core to promote joy and resilience among nurses. Despite the challenges posed by COVID-19, the Academy demonstrated remarkable resilience, with 21 hospitals quickly adapting and thriving. The Academy's model is now being adopted enterprise-wide, setting a new standard for professional nursing practice.

The Academy programs have also played a pivotal role in accelerating the Magnet journey, with a medical center achieving Magnet Recognition with Distinction, highlighting its commitment to excellence in nursing. Additionally, the Caritas Coach Education Program under the Caring Science Academy's auspices has emerged as a pioneer in Caring Science, earning multiple Lotus Awards for its contributions. The Academy's journey toward Baldrige Excellence further

exemplifies its dedication to quality and performance improvement, reinforcing its leadership in the healthcare sector. Notably, the Academy has had a positive impact on the recruitment and retention of nurses and leaders, significantly transforming the professional culture within the organization.

Future Vision: Looking ahead, the Scholars Academy envisions a future where its health system serves as a global model for nursing excellence. This vision is supported by ongoing leadership and partnerships, including a significant grant from the American Nurses Foundation and collaboration with Dr. Tim Porter O'Grady on the future of nursing initiatives. The Academy aims to continue its legacy of innovation, leadership, and professional development, ensuring that its nurses are well- prepared to lead and transform healthcare globally.

Biography

Janet Sohal is currently the Regional Director, for the Nurse Scholars Academy and oversees Magnet, Research and Innovation and Professional Excellence for Northern California for Kaiser Permanente. She has been in nursing for over 40 years. Her clinical experiences have been in the ICUs and step-down units. She joined the nationally acclaimed patient centered care program–Planetree in 1989 as the Patient Education Coordinator. In 1994, Janet moved into a staff developer role at Santa Clara Valley Medical Center, and then joined Kaiser Permanente Sacramento Medical Center as a Clinical Educator in 2001. Her career at Kaiser Permanente has provided her the ability to try on several different roles. She took on the role of Director of Performance Improvement, moved into the Care Experience Leader role, transitioned into the role as Director of Leadership Development and Learning, and prior to her regional role was the Director of Clinical Education and Informatics. Janet has a BSN from the University of Phoenix, an MSN from Dominquez Hills State University in Southern California, and a Doctorate of Nursing Practice in Executive Leadership from University of San Francisco. She serves as adjunct faculty at University of Phoenix, a LDDP mentor, Caritas Coach and is a Heartmath certified trainer. She also has published several articles on the topic of professional governance, electronic devices for healthcare providers and educational competencies.

Dr. Trevor Murray, DNP, RN, NEA-BC is the Regional Director for Community Health and Academic Relations with the Kaiser Permanente (KP) Scholars Academy in Northern California. Dr. Murray is a Caritas Coach, and Certified HeartMath trainer. Dr. Murray joined KP in 2011 and has served in various Patient Care Services (PCS) leadership roles at both local KP facilities and the regional office. Dr. Murray earned a Bachelor of Arts in International and Regional Studies and began his early career focusing on community development of underserved populations while serving as a volunteer in the U.S. Peace Corps in Bolivia. Dr. Murray graduated with a Bachelor of Science in Nursing (BSN) from the University of Nevada, Reno in 2006, earned his master's degree in nursing with a focus in leadership in 2013, and completed his Doctor of Nursing Practice with an emphasis on Executive Leadership (EL DNP) at the University of San Francisco in 2021. Dr. Murray has served as adjunct faculty at Pacific Union College teaching pathophysiology in the department of nursing. Dr. Murray, his wife and two teenage children reside on a family farm. They enjoy caring for their chickens, goats, lambs, pigeons, ducks, rabbits, guinea hens, dogs, and cats.

Janet Sohal[1], Tara Rynders[2]

[1]Kaiser Permanente Northern California Region, United States
[2]The Clinic, United States

The brilliancy of creating an authentic connection

Purpose: To assess whether the RN Brilliancy workshop centered on Jean Watson's Caring Theory helps provide authentic connection by a) increasing compassion satisfaction and self-compassion in nurses and b) decreasing burnout and secondary traumatic stress. The research aim is to help bedside nurses and nurse leaders to increase job satisfaction and self-compassion about their role by minimizing burnout and secondary traumatic stress.

Background/Significance: The daily work of bedside nursing care and nursing leadership has increased dramatically during COVID. Inherent stressors of patient care include the "emotional toll of caring for ill, injured, or dying patients. Combined with the inherent stressors are the stressors associated with the work environment (external stressors) including documentation demands, staffing levels, excessive workloads, emphasis on productivity, diminished autonomy, and structural and process inefficiencies. Compassion fatigue, burnout, and secondary trauma are well documented issues for the nursing discipline, but there is still an urgent need to address these elements, particularly considering recent studies indicating a more rapid exit of nurses leaving the profession (Shah, et al, 2022).

Methods: This study is a nonrandomized, descriptive study, and will use Watson's Theory of Human Caring (2010), 10 Caritas process to serve as the structure of the educational workshop. Each workshop is targeted for up 100 volunteer nurses per session. Workshop faculty will work with the participants of this research study to "creatively placemake," an evolving practice that "intentionally leverages the power of the arts, culture and creativity to lead change, growth and transformation that builds character and quality of place" (Toronto Artscape, 2019, para. 1). By combining creative placemaking theoretical concepts with Watson's Human Caring, arts and creativity will serve as a springboard that creates stronger authentic connections with oneself, patients, patients' family members, the community of hospital personnel and to the community at large. Participants spend time engaging in self-care activities derived from mindfulness practices such as meditation, restorative yoga, and breathing exercises. Participants will also spend time journaling with significant prompts/targeted questions related to their experiences as healthcare personnel. Compassion satisfaction, burnout, and secondary traumatic stress will be measured before the Workshop and after completion using the Professional Quality of Life (ProQOL)–a measurement to help healthcare workers monitor their emotional health when working in difficult circumstances (e.g., a pandemic), and Self-Compassion Scale (SCS) measurement tool. Data will be collected via RedCAP electronically.

Results of Project/Research: Preliminary ProQOL data suggests those that completed the

workshop showed an increase in happiness, compassion and affect in positiveness. The self-compassion scale showed improvement in self-kindness vs self-judgement, improvement in emotional well-being, reduction of compassion fatigue and burnout.

Implications (including those related to equity, diversity, and/or inclusion): While many researchers have brought art, music, and dance to the bedside to work with patients (Perkins, 2020; Metzl, Morrell C Field, 2016), no research has focused on implementing these interventions specifically based in Watson's Theory of Human Caring alongside the arts with professional artist from international arenas for our nursing staff.

Biography

Janet Sohal is currently the Regional Director, for the Nurse Scholars Academy and oversees Magnet, Research and Innovation and Professional Excellence for Northern California for Kaiser Permanente. She has been in nursing for over 40 years. Her clinical experiences have been in the ICUs and step-down units. She joined the nationally acclaimed patient centered care program–Planetree in 1989 as the Patient Education Coordinator. In 1994, Janet moved into a staff developer role at Santa Clara Valley Medical Center, and then joined Kaiser Permanente Sacramento Medical Center as a Clinical Educator in 2001. Her career at Kaiser Permanente has provided her the ability to try on several different roles. She took on the role of Director of Performance Improvement, moved into the Care Experience Leader role, transitioned into the role as Director of Leadership Development and Learning, and prior to her regional role was the Director of Clinical Education and Informatics. Janet has a BSN from the University of Phoenix, an MSN from Dominquez Hills State University in Southern California, and a Doctorate of Nursing Practice in Executive Leadership from University of San Francisco. She serves as adjunct faculty at University of Phoenix, a LDDP mentor, Caritas Coach and is a Heartmath certified trainer. She also has published several articles on the topic of professional governance, electronic devices for healthcare providers and educational competencies.

Tara Rynders RN, MFA, BSN, BA, has been a nurse for over 20 years and is the founder of The Clinic, an arts and play-based theater company that provides workshops and research around burnout and secondary traumatic stress. Rynders has an MFA in Dance and is an Advanced Grief Recovery Specialist. She is honored to hold the 2022 Colorado EY Next Wave Leader Award, 2021 Oncology Nursing Foundation Lectureship, 2019 Colorado Regional Nightingale Luminary Award, and the 2019 National Organization for the Arts in Health Award for Arts in Resiliency. Rynders most recently returned from a Fulbright in the Netherlands conducting research and sharing best practices around arts-based interventions around wellness and resilience and her most recent publication can be viewed in the July 2022 issue of the AMA Journal of Ethics, Arts-Based Research in Health Care "How the Arts Help Us Hold Grief and Maintain Collective Care" She is grateful to be here with you today as she shares her mission to help nurses remember the brilliant and resilient humans we already are.

Jenn Hyunjin Lee

School of Social Work, University of Pittsburgh, Pittsburgh, PA, USA

Examining social determinants of oral health for immigrant communities

Backgroud: Oral health disparities are particularly pronounced among immigrant populations and low-income families, highlighting the need for a comprehensive understanding of the social determinants of oral health. Despite changes over time, the issue remains severe. This study is grounded in intersectionality theory and the capability approach, emphasizing the need to address systemic barriers that hinder equitable access to care.

Methods: Using the capability approach, the study aimed to identify strategies to enhance the agency of ethnic communities in Pittsburgh. Semi-structured interviews were conducted with 20 participants, including 14 Immigrants (IMs), 5 Dentists (DTs), and 6 Caseworkers (CWs) from a refugee resettlement center. Thematic analysis performed on the transcripts, focusing on 1) Social Determinants of Oral Health(SDOH) 2) the meaning of oral health 3) essential services for maintaining a good oral health.

Results: Accessibility challenges, such as limited interpretation services and transportation, were common among IMs, while CWs emphasized the need for greater cultural competency in healthcare delivery. CWs also noted that beyond individual or societal factors, there is a gap in how immigrant clients perceive oral health as a critical component of overall health. This gap complicated efforts to encourage preventive dental care, even after cases are closed. DTs, on the other hand, highlighted systemic issues, such as long waitlists and low reimbursement rates. They also pointed to the high cost of dental education, which has created a disconnect between their public health training and the financial pressures caused by student loans. Regarding the second and third research questions, DTs and CWs shared a similar understanding of the significance of oral health and the services required, linking oral health to overall systemic health. In contrast, most of IMs responded that oral health was not an essential part of health and oral health was limited to the mouth and gums.

Conclusion: The study underscores the urgent need for targeted interventions that address social determinants of oral health, such as fostering culturally friendly clinic environments. It also highlights the role of social workers in empowering immigrants to understand and prioritize oral health. By promoting collaboration between healthcare providers and community organizations, we can develop strategies that enhance cultural competency and improve access to dental services for immigrant and low-income populations. Ultimately, this research contributes to the broader discussion on health equity, emphasizing the importance of addressing social determinants in shaping oral health outcomes and advocating for comprehensive, culturally.

Biography

Jenn Hyunjin Lee is a doctoral student at the University of Pittsburgh. She previously worked with ChildFund Worldwide and researched childhood trauma for her MSW at Seoul National University. Jenn's research focuses on Adverse Childhood Experiences (ACEs), mental well-being, and health disparities, with a commitment to empowering children and promoting cultural sensitivity.

Dr. Jenny Mee

Institute of Health and Wellbeing, Federation University Australia, Mt Helen, Victoria, Australia

Navigating the "intersectionality" of Australian home care: Finding harmonious partnerships in caregiving for clients and in business

Australia is a diverse landscape with the Commonwealth government providing care for multicultural ageing and disabled populations through varying funded care packages. Home care can also be funded privately. Australian home care continues to be met with economic and political reforms in aged and disability care, with governing directions seeking to improve service outcomes while saving on care dollars. The home care marketplace has become more competitive, political, and commercialised. This presentation will expand on a PhD qualitative study that interviewed 10 business managers during a time of political change. The qualitative research methodology is underpinned by lenses of intersectionality and cultural competency theories and utilises a post-structural critical approach to give a unique view of emerging business practices in home care. The research shows how business leaders create partnerships in diverse care for clients and their families. Within these arrangements, there is an ongoing need to consider the cultural, linguistic and personal life care needs of the clients carefully with the homecare staff member's skill set that works with the care recipients needs and wishes. At times difficulties in recruiting appropriate care staff and the impacts of governmental fiscal care funding has meant businesses are also required to find new ways to operate and model care to ensure timely and successful care of our most vulnerable populations. Deficits in staffing and finding the right fit for the client's needs means care is often "brokered" to other organisations. Brokering care work is a new normal practice in Australian home care businesses and organisations. Remodelling home care services seems to be a contemporary harmonious act of agency when examining power relationships within the sector and how consumers and the government drive change.

Biography

Dr. Mee's nursing encompassed many roles in clinical teaching, research, management, and directing her own home care business. Since 2012, she has been a Lecturer in Nursing at Federation University Australia. In 2021 Dr. Mee gained her PhD from examining Australian home care quality and holds a Master of Applied Science (Research), postgraduate qualifications in teaching and learning, and in Higher Education Leadership. Dr. Mee has several publications, received a National Excellence in Education Leadership scholarship, is a Golden Key Honour Society Member and leads innovative authentic teaching strategies at Federation University in simulation, virtual reality and online.

Jingyan Huang[1], Jianrong Xu[1]*, Shanguo Li[2], Qiaoling Sun[3], Zhiqin Xiao[2], Yingwen Chen[2], Huiling Ge[2], Mulan He[4], Yajuan Huang[5], Qun Huang[6], Barbara Lee Smith[7], Rondi Anderson[7], Kristin Anderson[7]

[1]Global Health, Project HOPE, Shanghai, China
[2]Shanghai Maternal and Child Health Association, Shanghai, China
[3]Anhui Maternal and Child Health Association, Anhui, China
[4]Obstetrics & Gynecology Hospital of Fudan University, Shanghai, China
[5]Shanghai Sixth People's Hospital Affiliated to Shanghai Jiao Tong University School of Medicine, Shanghai, China
[6]The International Peace Maternity & Child Health Hospital of China Welfare Institute Affiliated to Shanghai Jiao Tong University School of Medicine, Shanghai, China
[7]Global Health, Project HOPE, Washington, DC, USA

Digital transformation of maternal risk management: Insights and achievements

Objective: To explore the feasibility of applying a digital tool for early detection of pregnancy risks among local pregnant women in less - developed areas of China.

Methods: In 2022, Project HOPE launched a digital management program for maternal risk assessment and intervention in Anhui Province, China. The program developed a digital management platform for pregnancy risk assessment and intervention used by pregnant women and health providers, which is based on H5 technology. This allows pregnant women to conduct regular self-assessment tests at home for immediate alerts and connection with their health providers, and to receive professional risk assessment results based on national pregnancy risk screening and assessment strategy at each antenatal care visit. The platform also pushes out maternal and newborn health education messages, warning signs, and recommendations.

Results: As of December 29, 2024, the digital platform is used in eight hospitals in both mountainous and plain geographical regions with poor transportation services in Anhui Province. A total of 17,541 pregnant women have registered on the platform. Among them, 11,612 pregnant women used the digital tool for at least one self-test. 3,418 of them received positive results, indicating pregnancy risks. 16,994 pregnant women received pregnancy risk assessments from their doctor. Specifically, 6,394 were marked green (normal), 8,008 were marked yellow (mild risk), 2,584 were marked orange (moderate risk), 8 were marked red (high risk), and 311 were marked purple (indicating some type of infectious disease).

Conclusion: The digital platform can help pregnant women detect pregnancy risks through self-test at home. It is also a useful tool for health providers to track their patients' pregnancy risks and keep in close contact with them.

Keywords: Pregnancy Risk Assessment; Pregnancy Risk Screening; Digital Management; Maternal Mortality Rate.

Biography

Ms. Jianrong Xu is currently the Country Director of Project HOPE China. She has over 17 years of a successful track record in MCH, NCDs, and Nutrition programs in China. She excels at bringing accountability and navigating changes in the health sectors. In 2009, she received a National Science and Technology Award from the China State Council for her research on Pediatric Nutrition. In 2008, she obtained her Master of Medicine degree from Shanghai Jiao Tong University School of Medicine. In 2005, she earned her Bachelor of Medicine degree and ranked first among all nursing students at the university.

Sharon Andrews[1], Kelly Edwards[1]*, David Lees[2], Christine Stirling[3], Pieter Van Dam[4], Peter Williams[5], Rachel Kornhaber[6], Jacqueline Caputo[7], Maryanna Klat[7]

[1]College of Health and Medicine, School of Nursing, University of Tasmania, Sydney, NSW, Australia

[2]College of Health and Medicine, School of Nursing, University of Tasmania, Launceston, TAS, Australia

[3]College of Health and Medicine, School of Nursing, University of Tasmania, Hobart, TAS, Australia

[4]College of Health and Medicine, University of Tasmania, Hobart, TAS, Australia

[5]OneCare, Hobart, TAS, Australia

[6]Faculty of Science and Health, School of Nursing, Paramedicine and Health Sciences, Charles Sturt University, Bathurst, NSW, Australia

[7]Center for Integrative Health, Department of Family and Community Medicine, The Ohio State University College of Medicine, Columbus, OH, United States

Implementation of a mindfulness and yoga program for aged care staff: Successes and challenges

Background: The aged care sector faces workforce shortages, with increased needs for personalised high-quality care. Retention of frontline staff is a key concern for aged care services. Staff in the aged care sector experience high levels of burnout due to personal, interpersonal and workplace stressors. Burnout is associated with staff exiting the workforce and can lead to poorer quality of care and lower staff productivity. Teaching staff skills in self-efficacy and self-care has been found to reduce staff burnout in other health sectors.

Aim: To implement an on-line eight-week mindfulness and yoga program (Mindfulness in Motion [MIM] Program) to enhance staff wellbeing and retention.

Methods: This project used a three-step co-design implementation approach. Step 1 focused on building capacity in a group of champions (Mindfulness Action Group [MAG]) at an aged care organisation to deliver the MIM program. Step 2 centred on the development of a co-designed implementation strategy. Step 3 focused on the delivery of the MIM program by MAG members. Pre and post-test survey data was collected to investigate intervention effectiveness on staff outcomes (burnout, stress, work engagement, resilience) and interview data was collected to explore implementation factors that impacted on delivery and uptake of the program.

Results: Sixteen aged care staff participated in the MIM program, well short of the target of 70. Pre-post data sets were completed by only nine participants. Paired t-tests (n=9) showed a reduction in perceived stress of staff and in those who met burnout criteria. Significant increases in work engagement (p=0.0169) and resilience (p=0.0221) were also found. While the data does suggest that the MIM program has potential to positively impact staff wellbeing a range of implementation factors hampered participant recruitment into the MIM program. Participant interview data (n=7) revealed three themes that impacted the feasibility of implementation - *workforce pressures, short lead in (pre-implementation) time and lack of middle management engagement.*

Discussion: Organisational readiness for change in the aged care setting is critically impacted by contextual system barriers that are extremely difficult to mitigate. Changes to the funding requirements for implementation projects in aged care, increasing the length of project timelines and having a more robust understanding of how contextual factors impact staff behaviours (especially the motivational component of behaviour) to engage with research are needed if implementation efforts aimed at improving staff wellbeing are to succeed.

Biography

Dr. Kelly Edwards is a nursing lecturer and early career researcher at the University of Tasmania, Sydney campus. She focuses on collaborative, co-designed strategies to enhance patient care and healthcare systems. As a Beryl Institute Scholar, her doctoral research developed innovative approaches to capturing and delivering patient experience feedback, involving patients, families, and healthcare professionals. Dr. Edwards managed an ARIIA-funded project implementing the Mindfulness in Motion program, the first in Australia, to address stress and burnout in aged care workers. She supervises postgraduate students, presents internationally, and researches patient experience, aged care delivery, and patient-centered care.

Kimberley D. Ryan

Professor, Brandon University, Faculty of Health Studies, Canada

Using peer review to facilitate development of a personal philosophy underpinning future psychiatric nursing practice

Brandon University offers an undergraduate degree program in psychiatric nursing. A required course, Philosophical Perspectives for Practice is one of the last courses students complete prior to commencing their final senior practicum course before graduation. This course is comprised of four assignments; two of which are completed by students using a peer review platform. While a review of the various philosophical approaches that underpin psychiatric nursing knowledge development is the focus of the first peer review assignment, the course culminates in the second peer review assignment with the development of a personal philosophy that will underpin future psychiatric nursing practice. Peer review was chosen for use in this course because of reputation for encouraging peer-to-peer learning and evaluation through use of Bloom's Taxonomy of Learning to promote critical thinking skill development in learners. This presentation provides a critical assessment of a peer review platform's use in undergraduate psychiatric nursing education including disclosure of lessons learned.

Biography

Kimberley's expertise in undergraduate psychiatric nursing education spans close to four decades. Areas of research interest include suicide in rural populations, equine assisted psychotherapy/learning, undergraduate and graduate psychiatric nursing education, curriculum development, teaching and learning, mental health psychiatric nursing, mental health of rural and isolated populations, dementia, distance education, and ongoing continuing competency. Kimberley's strength lies in qualitative research. She has disseminated research findings in 30 publications and presented at 44 National and International conferences. In addition to working in academia, Kimberley offers Equine Assisted Psychotherapy services through not-for-profit, private practice.

Liangmei Chen

Quality Control Office, Xi'an Mental Health Center, Xi'an, Shaanxi Province, China

Research on the current status of pension models for individuals with mental disorders in China

Objective: By analyzing the existing literature, this paper aims to explore the current situation of the pension model for patients with mental disorders in China and put forward corresponding suggestions for improvement.

How: This study analyzes the current situation of the pension model for patients with mental disorders in China by referring to the views of experts and scholars, relevant cases and statistical data through the literature and review of CNKI. Focusing on the existing elderly care service system, policy support and social cognition, this paper reveals the main characteristics and existing problems of the current Chinese elderly care model for people with mental disabilities. By comparing the advanced pension models at home and abroad, this paper puts forward some suggestions on strengthening policy support and improving service system.

Results: The research shows that China's existing pension models mainly include family care, institutional pension and community service. The main problems facing: insufficient service supply, shortage of professional talents, social cognition and discrimination. Home care is still the main way, more than 70% of people with mental disorders rely on home care, but face great pressure and challenges; The construction of institutional elderly care and community service systems is gradually developing, but there are still insufficient resources, low service quality, and uneven distribution between urban and rural areas. Policy suggestions: Strengthen the construction and improvement of community support system; Improve professional training to ensure service quality; Use scientific and technological means to assist the elderly and ease the shortage of human resources. It is suggested that we should strengthen the construction of community support system and improve the level of professional service in the future.

Conclusion: In China, the mode of nursing care for patients with mental disorders is in the transition period, and family nursing is still the mainstream, but it also faces great challenges. Institutional care and community services have developed, but they are not yet sufficient to replace the role of the family. The future development direction should be multi-dimensional, forming a diversified and three-dimensional elderly care service network.

Biography

Liangmei Chen, Chief Physician of the Mental Health Center of Xi'an City (Shaanxi Province). Translated the American original DSM5 psychological classic textbook "Abnormal Psychology (18th Edition)". Participated in the writing of several books in the "Mental Health Popular Science Series"; won the "Xi'an Natural Science Excellent Academic Paper". Executive Chairman of the Mental Health Branch of the Asia-Pacific Health and Wellness Association; Director of the Professional Committee of the Mental Health Branch; Standing Committee Member the Traditional Chinese Medicine Health and Science Popularization Branch of the China Population and Culture Promotion Association. Editorial board member of the journal "Clinical Neuroscience Research", reviewer of "Social Science Research Frontiers".

Lingyun Zhang

Department of Gastroenterology, the Affiliated Hospital of Qingdao University, Qingdao City, Shandong Province, China

The prospective study of Coca-Cola's clinical effects on gastric phytobezoars

Objective: To inspect the clinical effects of Coca-Cola on gastric phytobezoars which formed in different periods.

Methods: 150 patients suffering from gastric phytobezoars (diagnosed by gastroscopy or abdominal CT) were divided into control and intervention group according to the random number list and each group was further subdivided into 3 groups (Group 1, Group 2 and Group 3) according to the phytobezoars' formation time. All patients in intervention group dieted Coca-Cola whereas patients in control group received the emergently gastric fragmentation. All data was analyzed by SPSS 17.0.

Results: 100% complete dissolution rate of gastric phytobezoars occurred in intervention group 1 and 2, 32.00% complete dissolution rate in intervention group 3; The gastric phytobezoars in intervention group 3 were slightly smaller but significantly softer than before and the following endoscopic fragmentation time and medical expense were significantly different between intervention group 3 and control group 3 (fragmentation time 15.33 ± 12.47 min VS 35.43 ± 10.40 min, medical expense 441.60 ± 327.56 RMB VS 2416.79 ± 1545.68 RMB, both $P<0.01$). The medical expense between intervention group and control group were significant (medical expense 22.72 ± 4.15 RMB VS 1329.48 ± 984.38 RMB in Group 1, medical expense 34.46 ± 5.67 RMB VS 1656.39 ± 642.70 RMB in Group 2, both $P<0.01$); The difference between the control group 1 and control group 2 was insignificant, the difference between the intervention group 1 and intervention group 2 was also insignificant.

Conclusion: The formation time was vital in many aspects of phytobezoars, such as hardness, dissolution rate, expense and so on. Dieting Coca-Cola in time in patients suffering from gastric phytobezoars has significant effects including 94.10 % complete resolution rate, soften phytobezoars and shorter operation time, less medical expense as well as the decreased pain of the patients.

Biography

Lingyun Zhang has completed her MD at the age of 36 years from Qingdao University, Shandong Province, China. She is the head of Gastroenterology Department of the Affiliated Hospital of Qingdao University, China. She has over 20 publications that have been cited over 70 times. She has much interests in traditional Chinese medicine. She is nurse, a massager and a professional person of health-manage in combine.
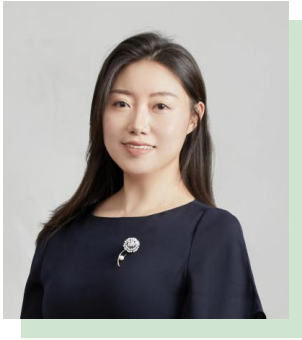
Liu Xinmin*, Lin lan, Yin li

Department of Neurology, The First Hospital of Jilin University, Chang Chun, Jilin Province, China

A qualitative study on cognitive load of Chinese nurses attending epilepsy specialist nurse training

Background: There is a shortage of epilepsy nurses in China at present, and it is necessary to train epilepsy nurses. The specialized knowledge of epilepsy is complex, and the standardized curriculum and training mode are very important in the training of specialized nursing personnel.

Objective: We aimed to explore the characteristics of cognitive load of Chinese nurses attending the training of domestic epilepsy nurses.

Methods or Approaches: The phenomenological research method was applied to conduct face-to-face, semi-structured and in-depth personal interviews with 10 trainees who participated in the theoretical training of epileptic nurses in Jilin Province, China in November 2023, and qualitative thematic analysis was used for data analysis.

Results: The findings revealed 3 themes and 6 subthemes. Topic 1: Epilepsy specialist training nurses have a high internal load. Sub-topics: (1) Nurses' theoretical foundation of epilepsy specialty is weak, and specialized knowledge is lacking; (2) The subject knowledge of epilepsy is complex, including neurophysiology, anatomy, electroencephalogram, etc. Nurses need to master more content, resulting in more difficult learning tasks. Theme 2: The combination of multiple teaching methods can reduce external load. Sub-topics: (1) Apply digital and information-based multimedia teaching to facilitate nurses to understand and memorize difficult knowledge points; (2) The combination of case analysis, workshops and other forms of training can help nurses distinguish between different types of seizures, and better combine the theory with the clinic to form the clinical nursing thinking of epilepsy specialty. Topic 3: Increasing associated cognitive load can improve nurses' learning efficiency. Subtopic; (1) Solid career belief is the motivation for students to learn; (2) Timely feedback and guidance in the training will help students to reflect on themselves and adjust their learning status.

Conclusion: The internal load of Chinese nurses in the process of attending the training of domestic epilepsy nurses is large, and the theoretical level of Chinese nurses engaged in epilepsy nursing needs to be improved. Reducing the internal and external load and increasing the associated load can improve the training effect. In the future, we can consider applying Bloom's taxonomy model of educational objectives in cognitive fields to the training curriculum of epilepsy nurses to reduce the internal load, using VR and other virtual reality technologies to provide students with simulated clinical operation experience, and combining Bandura's social learning theory and a variety of teaching methods to reduce the external load. At the

same time, the thinking mode of learning, thinking and acting in Confucianism of traditional Chinese culture can also reduce the external cognitive load. Solid career belief is the motivation for nurses to learn, and good career planning and practice environment are conducive to the training of epilepsy nursing professionals.

Biography

Master Liu Xinmin graduated from the First Clinical Medical School of Jilin University in 2016 and obtained a master's degree in medicine. In 2020, she was employed as the associate professor of nursing of the First Hospital of Jilin University in China. Currently, she is the tutor of postgraduate students in the School of Nursing of Jilin University and has published 1 articles in SCI and 5 articles in national core journals.

Lori Ellen Rhodes

Kane Educational Seminars, United States

Drilling down on unavoidable pressure ulcers

Pressure ulcers (injuries) are complex and difficult to prevent and treat. Although there are multiple etiologies of open wounds and chronic dermal ulcers, this session will focus on pressure ulcers and times when they are terminal / unavoidable and the reasons why. Identification of unavoidable pressure injuries takes keen assessment skills and the courage to call them just that.

Pressure ulcers/injuries remain a huge issue in any health care setting, including the home. Attempts to fight pressure injury formation through preventative means are met with varying levels of success. There are costly and regulatory ramifications to the development and deterioration of pressure injuries in any setting as well as the difficult issue of human suffering. Pressure injury prevention, treatment, and care rendered through clinician caring, collaboration, communication, and close engagement is also as important as best practice and evidence-based prevention and treatment measures.

Objectives/major points and what the attendee will take away from this session and points for discussion are:

1. Nurses will be able to recall the components of pressure injury unavoidability factors

2. Nurses will be able to recite the major components of each legally defensible item

3. Nurses will demonstrate new paradigms used in the implementation of the Braden Scale

4. Nurses will understand the rationale behind implementation of the mobility, offloading, & repositioning components

5. Nurses will obtain clarity on the legal pitfalls of documentation of skin & wound issues

A robust wound and skin assessment will enable a clinician, in any health care setting, to communicate findings to wound healing experts that can in turn impact successful and timely closure of wounds. This will in turn help to reverse poor wound healing outcomes and ensure that best practices are used in the *hopeful* prevention and treatment of pressure injuries.

Keywords: Best Practice Principles, Health Optimization, Perils and Pitfalls, Skin Failure, Biochemical Changes.

Biography

Lori is currently working as a wound care educator at Kane Educational Seminars. Lori received her Associate Degree in Nursing and RN license in 1987, having graduated from Eastern Florida State College in Cocoa, Florida. Lori then went on to complete a Bachelor of Nursing Degree in 1995 and a Masters in Community Health from Independence University in 2001. She obtained her Wound Ostomy Continence nursing certifications in 2004 and a certification in foot care nursing in 2005. She also completed legal nurse and lymphedema management courses. She also served as a nursing assistant trainer and works in teaching roles such as continuing education. Her past roles have served hospitals, long term care facilities, home health agencies, a worker's compensation company as a clinical reviewer, and the opening and clinical management of an outpatient wound care clinic. She also currently serves as a legal nurse consultant for pressure injury cases and remains a certified wound care nurse through WOCN Certifying Board.

Research Interest: She is deeply interested in the role that compression therapy treats other edematous and painful body parts besides the usual role of compression therapy in the treatment of venous ulcers. She recently attended a conference and learned quite a few pearls about application techniques of compression.

Mary Mathenge*, Caroline Murerwa, Sarah Kosgei

Amref Health Africa, Kenya

Protecting the protectors: Mental health support for frontline healthcare workers during public health crises

Background: The frontline health care workers play an important role in patient care and disease control during public health threats. They are exposed to pressure affecting their psychological state and mental wellness. The March April May (MAM) rains that happened in Kenya in 2024 left behind a trail of destruction including disruption of essential health services. The frontline health care workers in the affected regions were exposed to high levels of stress due to overwhelming workload, long working hours, resource shortage and emotional burden of caring for critically injured patients.

Intervention: In collaboration with Psychosocial officers, twenty-six (26) psychological debrief sessions were offered reaching six hundred and twenty-four (624) front line health workers: who included nurses, clinical officers, public health officers, community health promoters, ambulance staff, social workers and other support staff all responders to the flood emergency. Group counselling was done to the identified group.

Outcome: Twenty-four (24) health care workers were identified for individualised psychosocial support. Workload for the most affected health care workers was reduced and schedule for their rest developed.

Conclusion and Recommendation: Maintaining an effective and sustainable health care response during crises requires a physically socially and mentally fit health care worker. It is therefore essential for the health care systems to implement proactive mental health support interventions.

Biography

Mary Mathenge is a Project Manage for the Public Health Security Programme at Directorate of Populations Health and Environment, Amref Kenya Country Office. She is a public health professional with over 10 years of progressive experience in program management and design with vested interest in Epidemic Preparedness outbreak response, surveillance and infection prevention and control. She holds a Masters degree in Community Health and Development, and currently undertaking a Masters in Public Health applied Epidemiology at Amref International University. She has taken different roles at Amref with the most recent being the team lead for the Africa CDC Saving lives and Livelihood Phase 2 Programme.

Mathato Aumane*, Dr. Isabella Nyangu

National University of Lesotho, Lesotho

Utilizing health system male inclusive approach in HIV and maternal and child health services: Improved male partner, family and community transdisciplinary strategy

Background: Lesotho has the highest HIV prevalence of 25% while maternal mortality is indicated to be 554 per 100 000 live births. Ministry of Health provides comprehensive primary health care services at the health centers. Therefore community, family and male inclusive health services ought to be fostered in order to reduce the Mother to Child Transmission, HIV incidences and to improve maternal and child health indicators. However, Male partner engagement in maternal and child health services remains pivotal, nonetheless there are also demonstrated challenges that require to be fulfilled in order to improve their involvement, decision making in health seeking behaviors by their female pregnant and nursing mothers.

Objectives: To describe the Basotho beliefs, attitudes about the involvement of male partners in maternal and child health services, and develop a model to address the inconsistencies.

Method: The use of a qualitative, descriptive research design with focus group discussion during data collection to obtain rich descriptions of male partners views and perspective has been employed. Probing questions were asked in order to pursue in-depth understanding of the phenomenon. Tech's descriptive method of data analysis was used.

Findings: The findings demonstrated the gaps that require to be fulfilled in order to enhance male partner engagement and involvement in MCH services. The challenges are demonstrated from the attitude of health care, feeling lonely when they presented at the health facilities accompanying their pregnant and nursing mothers and lack of work and employment policies that allow them to take day offs in order to accompany their pregnant and nursing spouses to the health facilities. They also verbalized the strategies that can be implemented to enhance male involvement.

Interpretation: Collaborative Strategies and health system requires to be strengthened in order to establish male partner inclusive and responsive maternal and child health services and for elimination of mother to child transmissions and HIV incidences.

Michal J. Plavsa

Ohio University, Athens, Ohio, United States

A contrast review of community health worker training programs and standardized education

Community Health Workers (CHWs) are trusted individuals who bridge communication gaps between community members and healthcare providers. CHWs perform a myriad of services within their scope of practice to promote the health and wellness of the communities they serve, including health education and outreach efforts. This study examines CHW programs and criterion from three public higher education institutions in three states; Ohio, Indiana, and West Virginia, and provides contrasting information on program standards, populations served, and workforce development. Two of the institutions are in the Appalachian region of the United States.

Community health work is tailored to each community's unique challenges and opportunities. By reviewing the training programs in these locations through a critical lens, this study aims to identify the successes and opportunities to improve program criteria and how they are developed and deployed to impact CHW capacities. Moreover, specific challenges and disparities are revealed.

The value is that by offering insight of CHW programs, the goal to advance public health becomes more attainable. onsequently, as researchers we have a responsibility to understand the current landscape and identify opportunities for CHWs to expand their role in achieving health equity. This journey of exploration and discovery will illuminate the diverse pathways taken by three institutions and their efforts to empower and equip community health workers for success.

Throughout the review, strengths and opportunities for improvement have been identified in all three programs. While these programs strive to meet the needs in their communities, we must recognize the importance of strategic planning and innovation as essential elements for the continued success and vitality of each program. Addressing the identified vulnerabilities, paired with the establishment of standardized criteria, will fortify each program's resilience and contribute to the overall advancement and standardization of CHW training initiatives on a broader, and possibly global scale.

Biography

Michal Plavsa, PhD is a dedicated public health professional with a passion for education, health literacy, and community impact. She has been part of Ohio University's Health Sciences and Professions team since 2016, bringing extensive experience in public service across city and county government as well as higher education. Michal holds multiple degrees, including an Associate of Arts from The Ohio State University, a Bachelor's in Human and Consumer Sciences, a Master's in Educational Administration, and a PhD in the Individual Interdisciplinary Program at Ohio University, where her research focused on community health workers (CHWs) and health literacy. She also holds a Professional Instructional Design Certificate and has completed intensive training as a Health Literacy Specialist. As the Director of Professional Programs and Partnerships for the OHIO Alliance for Population Health, Michal develops and oversees educational initiatives, professional development programs, and an online learning management system for continuing education. Her work includes curriculum development, outreach, grant writing, budget analysis, and instructional design, with a strong emphasis on population health initiatives. A certified Community Health Worker (CHW) and adjunct faculty member, Michal teaches Women in Leadership and actively contributes to university leadership, having served on Administrative Senate and the Outstanding Administrator Award Committee. Her research and publications explore health literacy, the role of CHWs in their communities, and the intersection of health literacy and public policy. Michal has co-authored publications in international journals and has presented her work at statewide, national, and international conferences, sharing her expertise in health literacy, CHW training, and population health strategies. She is deeply committed to fostering collaborative partnerships, developing impactful educational programs, and advancing public health initiatives through continuing education, professional development, and strategic conference programming.

Michal J. Plavsa

Ohio University, Athens, Ohio, United States

Evaluating health literacy and community health workers: An interdisciplinary approach

Health literacy is a multifaceted concept that describes the ability to access, understand, and use health information to make informed decisions about one's health. Low health literacy is associated with adverse health outcomes, increased healthcare costs, medication errors, and health disparities. Recognizing the importance of health literacy, this project focuses on the role of Community Health Workers (CHWs) in addressing and improving health literacy in their scope of practice and within communities.

The presentation will provide details of a study that explores the pivotal role of Community Health Workers (CHWs) in improving health literacy outcomes within communities. Personal health literacy is a critical determinant of individual and community well-being and CHWs bridge the gaps between healthcare providers and the people they serve, playing a key role in promoting health literacy and addressing health disparities. This study synthesizes existing literature, examines interventions and research, evaluates a targeted intervention designed for CHW trainees. The intervention focuses on enhancing knowledge in health literacy, building skills for effective patient communication, and identifies challenges and opportunities for CHWs to enhance health literacy and improve health outcomes in their communities. Additionally, pre- and post- intervention assessments measure trainees' confidence in their own health literacy levels.

Findings from this study can inform how CHWs, when adequately trained, can serve as effective advocates for health literacy, reducing disparities and improving health outcomes. The presentation will also discuss implications for future interventions and training programs, emphasizing the importance of interdisciplinary collaboration and policy support to strengthen the role of CHWs in public health.

Keywords: Health Literacy, Community Health Workers, Health Education, Disparities, Advocacy, Cultural Competence, Healthcare Access, Interdisciplinary.

Biography

Michal Plavsa, PhD is a dedicated public health professional with a passion for education, health literacy, and community impact. She has been part of Ohio University's Health Sciences and Professions team since 2016, bringing extensive experience in public service across city and county government as well as higher education. Michal holds multiple degrees, including an Associate of Arts from The Ohio State University, a Bachelor's in Human and Consumer Sciences, a Master's in Educational Administration, and a PhD in the Individual Interdisciplinary Program at Ohio University, where her research focused on community health workers (CHWs) and health literacy. She also holds a Professional Instructional Design Certificate and has completed intensive training as a Health Literacy Specialist. As the Director of Professional Programs and Partnerships for the OHIO Alliance for Population Health, Michal develops and oversees educational initiatives, professional development programs, and an online learning management system for continuing education. Her work includes curriculum development, outreach, grant writing, budget analysis, and instructional design, with a strong emphasis on population health initiatives. A certified Community Health Worker (CHW) and adjunct faculty member, Michal teaches Women in Leadership and actively contributes to university leadership, having served on Administrative Senate and the Outstanding Administrator Award Committee. Her research and publications explore health literacy, the role of CHWs in their communities, and the intersection of health literacy and public policy. Michal has co-authored publications in international journals and has presented her work at statewide, national, and international conferences, sharing her expertise in health literacy, CHW training, and population health strategies. She is deeply committed to fostering collaborative partnerships, developing impactful educational programs, and advancing public health initiatives through continuing education, professional development, and strategic conference programming.

Namitha Sivankutty[1]*, Ola Koussa[2]

[1]Nurse Educator Sultan Qaboos Comprehensive Cancer Care And Research Center, University Medical City, Oman
[2]Clinical Resource Nurse, Sultan Qaboos Comprehensive Cancer Care And Research Center,University Medical City, Oman

Evaluating the impact of an educational program on enhancing nurses' knowledge and skills in preventing and managing extravasation among oncology nurses

Extravasation is a severe yet preventable complication of systemic anticancer therapy. Nurses play a pivotal role in the administration of chemotherapy to oncology patients, making proper education, training, and the implementation of evidence-based protocols essential in minimizing adverse events. The primary aim of this project was to enhance the nurse's knowledge in preventing and managing extravasation. The educational initiative included a structured educational activity featuring a pre-session knowledge check, a lecture on extravasation, and a post-session knowledge check. The sessions were conducted in small, focused groups over a 30-minute lecture, followed by a 15-minute group discussion addressing real clinical situations faced by daycare chemotherapy nurses. We employed the Wilcoxon signed-rank test to evaluate changes in test scores, a non-parametric statistical method suitable for related samples. Analyzing the test results involved calculating the score differences by subtracting the pre-education test scores from those obtained in the post-education tests. This process yielded a mean score difference of 1.8 with a standard deviation of ±2.6 and a median score difference of 1, with a range of -1 to 6. Importantly, our statistical analysis demonstrated that these differences in scores were significant, with a p-value of 0.046. This result indicates a meaningful improvement in the nurses' knowledge about extravasation prevention and management following the educational intervention, underscoring the positive impact of our training programs on clinical practice.

Biography

Ms. Namitha Sivankutty completed her Master of Science in Nursing from Apollo college of nursing India. She is working as a nurse educator in the oncology nursing department at Sultan Qaboos comprehensive cancer care and research center, Muscat Oman since 2021. She currently Pursing her Phd In nursing from Sree Ramchandra institute of medical science India.

Nan Sun

Research Institute of Social Department, Southwestern University of Finance and Economics, Chengdu, Sichuan, China

Disparities of health trajectories between migrants and native residents: An empirical study in China

While many studies have found health advantages for migrants at the beginning of arrival, findings on changes in the health trajectories of migrants relative to natives have been mixed, and empirical evidence based on China is even more scarce, even though China experiences the most extensive internal migration today. This study investigates migrant-native disparities in the speed of health deterioration in China and considers the heterogeneity of such disparities based on socioeconomic-demographic characteristics. We use data from China Family Panel Studies (CFPS) from 2010 to 2018 and longitudinal analyses. For pooled cross-sectional data analyses, we use logistic regression with self-rated health, chronic disease, and two-week illness as dependent variables, respectively, and find that in China's cities, newly arrived internal migrants have better self-rated health and lower risk of chronic diseases than that of native residents, but such health advantage disappears as the duration increase, with long-term internal migrants have poorer self-rated health and higher risk of chronic diseases than that of locals. Analyses with self-rated health change as the dependent variable still find that internal migrants have a higher probability of reporting health become worse. For the balanced panel data analyses, we use the curve growth model and the Cox proportional hazards model, finding that the self-rated health of internal migrants declines more rapidly over time. For the analyses of the heterogeneity, we mainly use the self-rated health change as the dependent variable and find that the health deterioration of internal migrants weakens with age relative to native residents. However, there is a double disadvantage effect of "age" and "migration" on health change when reaching a certain age inflection point, and the health deterioration of internal migrants becomes more serious with the increase in education level.

Biography

Dr. Sun studied Demography at the Southwestern University of Finance and Economics in China and graduated with an MS in 2019. She then continued to study Demography and received her PhD degree in 2023. In July 2023, she joined the Institute of Social Development, Southwestern University of Finance and Economics, where she has been working as a lecturer since then. Dr. Sun has published several research articles concerning migrant health, child health, and family development in SSCI journals.

Naomi Sprigg dos Santos

Curtin University, School of Nursing and Midwifery, Australia

Applying the partnership approach to care to facilitate the optimal health and wellbeing of preschool aged aboriginal children

Background: The partnership approach to care has been adopted in Australia and internationally as an approach that promotes engagement and participation of families. In the WA Aboriginal Health & Wellbeing Framework 2015-2030 partnership is one of the guiding principles to improve the health and wellbeing of Aboriginal people. Australian Aboriginal people oftentimes face social and health disparities that persist from the prenatal period, through to adulthood.

Aim: The aim the research is to highlight the views of primary caregivers of Aboriginal pre-school aged children, Aboriginal community leaders, Aboriginal Health Workers, Community Health Nurses and Medical and Allied Health staff regarding the implementation of the partnership approach to care adopted by Community Health Nurses in the Goldfields of Western Australia.

Methodology: Research questions were developed in collaboration with an Aboriginal Reference Group. Data was collected through focus group yarning and one-on-one in-depth interviews. Inductive thematic analysis was applied.

Results: Four themes which influence the implementation of an authentic partnership approach emerged from the data. These were Understanding culture and Aboriginality; Health organisational structure; Professional practice; Communications.

Conclusions and Implications: This research informs the ongoing implementation and evaluation of the partnership approach with Aboriginal families in Australia. It informs researchers, service providers and policy makers locally, nationally and internationally. The partnership approach has the potential to improve health and wellbeing if it is implemented with appropriate cultural sensitivity, shared responsibility, dignity and respect.

Biography

Naomi obtained her Bachelor of Science in Nursing and Master of Midwifery from Curtin University in Western Australia. After working across many sectors Naomi commenced work in primary health care where she managed remote primary health care clinics in the northern section of the Goldfields health region. After thirty years of partnering with Aboriginal people and health professional working in the Goldfields Naomi decided to document their views of authentic partnership in health care. It is with this intention that she is currently finalizing her thesis and PhD with Curtin University- School of Nursing and Midwifery.
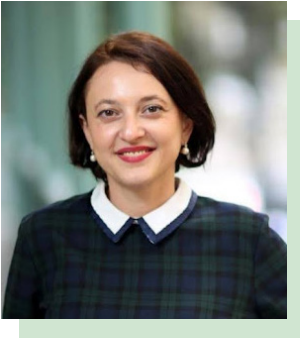
Natalia Khutsishvili*, Nino Ganugrava

Department of Public Health, The University of Georgia, Tbilisi, Georgia

The social burden of multiple sclerosis in Georgia: Examining quality of life and sociodemographic factors

Background: Multiple Sclerosis (MS) is a chronic autoimmune disorder that significantly impacts individuals' quality of life and imposes a substantial social burden on patients and society. Despite its global socioeconomic implications, limited research has focused on the social burden of MS. This study aimed to assess the social burden of MS in Georgia by evaluating the health-related quality of life of MS patients and exploring the correlation between disease burden and quality of life.

Methods: This cross-sectional study was performed to assess the social burden of the disease by evaluating the impact of the disease on the quality of life of 385 patients with MS. The MSQoL-54 questionnaire was administered to assess quality of life.

Results: The Expanded Disability Status Scale score was significantly negatively correlated with the physical health composite score ($r=-0.249$, $p<0.001$) and the general quality of life score ($r=-0.220$, $p<0.001$). The quality of life was highly associated with gender, employment status, living/residence place and moderately with the age.

Conclusion: This study revealed the intricate interplay between disability, quality of life, and sociodemographic factors among Georgian MS patients. The results of the study highlight the need for specialized therapies, networks of support, and public health initiatives to lessen the societal cost of multiple sclerosis.

Biography

Dr. Natalia Khutsishvili studied medicine at the Tbilisi State Medical University, Georgia and graduated as general practitioner in 2006. She continued her education and received Masters Degree in Public Health at the University of Georgia. Dr. Khutsishvili is currently a PhD candidate at the University of Georgia, where she conducts research in the Department of Public Health. Her research focuses on the social burden of multiple sclerosis and its impact on patients' quality of life. Dr. Khutsishvili is dedicated to advancing public health initiatives and improving the well-being of individuals affected by chronic diseases.
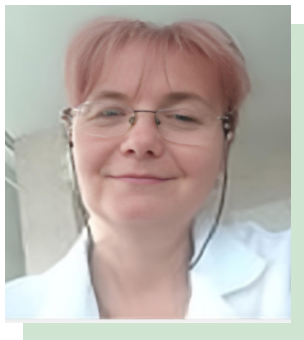
Doctor of Sciences Eng. Tech. Nedyalka Valcheva

Teacher at Vocational High School, Prof. Dr. Asen Zlatarov", Town Dimitrovgrad, Haskovo District, Bulgaria

Characterization of isolated strains of microorganisms from mineral, mountain and spring waters from France, Italy, England, South Korea, Japan, Netherlands, Austria, Spain and Bulgaria

The aim of the present work is to isolate, identify and investigate the species of bacteria from healing, mountain and spring waters in the area of Paris, France, Rome, Italy, London, England, Busan, South Korea, Tokyo, Japan, Amsterdam, Holland, Vienna and in Bulgaria. 127 bacterial strains were isolated and their colonial and morphological characteristics were determined and the study strains were identified. The data show that the isolated 9 strains from the hypothermal healing spring waters in the Paris area, France were identified as *N. Valcheva - Lisinibacillus pakistanensis, Serratia marcescens (four strains), Staphylococcus hominis, Staphylococcus haemoliticus, Bacillus pumilus and Bacillus cereus*. The isolated strains from thermal healing springs in Saturnia, Tuscany region and Fontana di Trevi in Rome, Italy were identified as *N. Valcheva - Tiobacillus Ferrooxidans, Staphylococcus cohnii*, from a hypothermal spring in the London area as N. Valcheva-Aeromonas caviae, Pseudomonas chlororaphis, from a mountain spring in the area of Busan, South Korea, was identified as *N. Valcheva - Bacillus safensis, Staphylococcus cohnii, Pseudomonas chlororaphis, Staphylococcus cohnii*. From a mountain geothermal spring in the area of Tokyo, Japan, strains were identified as *N. Valcheva-Bacillus safensis, Phellodendron chinense, Aeromonas caviae, Pseudomonas japonica.* The strains identified in the Amsterdam, Netherlands area were identified as *N. Valcheva & A. Atanasova-Aeromonas viridans, N. Valcheva & V. P. Panteleev-P. japonica, N.Valcheva & V. V. Panteleev-Aeromonas salmonicida, N. Valcheva & A.V. Panteleev-Aeromonas caviae, N. Valcheva & L. A. V. Panteleeva-Phellodendrom chinense*. Sulfur bacteria of the species N. Valcheva-Chlorobium chlorochromatii were identified from the healing springs in the region of Baden and Vienna, Austria. The strains from Bulgaria were identified from 100 hypothermal, thermal and common springs from 11 regions and belong to the following 14 genera: N. Valcheva-*Bacillus, Brevibacillus, Geobacillus, Aeromonas, Klebsiella, Pseudomonas, Staphylococcus, Stenotrophomonas, Serratia, Nocardia, Trichosporon, Azoarens, Lisinbacillus, Rhodococci*. From the hypothermal salt source in Barcelona, in the area to the Mediterranean Sea, 29 species of organisms were identified N. Valcheva §St.Mihailov-Pseudomonas shengduensis, N. Valcheva & V.Marinova-Bacillus cereus (3 xama), N. Valcheva & I. D. Valchev-Shevanella algae (3 xama), N. Valcheva & D.I.Valchev-Acinetobacter quillouiae, N. Valcheva & N. I. Valcheva-Pseudomonas pseudoalcaligenes, N. Valcheva & I.I.Valcheva-Pseudomonas korensis, N. Valcheva & P. N. Valcheva-Delftia acidovorans (2 xama), N. Valcheva & M. P. Pantelev-Citrobacter frendii, N. Valcheva & M.I.Panteleeva-Pseudomonas rhodesiae, N. Valcheva

& D. Eschkenazy-Pseudomonas Chloraphis, N. Valcheva$H. Eschkenazy-Pseudomonas korecusis, N. Valcheva-M.Eschkenazy-Pseudomonas chlororaphis, N. Valcheva & G. Dimov-Strenotrophomonas sp., N. Valcheva & M. Naneva-Preudomonas rhodesiae, N. Valcheva & N. Nanev-Enterobacter Ludwigii, N Valcheva & St. Stratiev-Aeromonas caviae (2 хама), N. Valcheva & I. Ignatov, N. Valcheva$P. Panteleev-Aeromonas mediae, N. Valcheva & E. Todorovska-Providencia retgerri, N. Valcheva-A. Stoyanova-Myroides odoratiminus, N. Valcheva & R. Moneva-Alcaligenes faecalis. N. Valcheva-Bacillus safensia is the only test that shows a significant reduction in the number of cells by 50% compared to cells in lung cancer A549. Concentration from 100 µg/mL. Metabolomic profiling of crude extracts from N. Valcheva-Bacillus safensis, isolated from a source in Tokyo and a source in Busan, South Korea, near the spring of South China Sea, reveals the presence of known antibacterial and/or anticancer agents such as licorin, angustin, krinamidin, Vaccinol and poulin. N. Valcheva-Acinetobacter guillouiae (born in Barcelona) degradates plasma. With probiotic action from N. Valcheva-Bacillus subtilis and N. Valcheva-Bacillus methylotrophius (Bulgaria). N. Valcheva & I. I. Valcheva-Pseudomonas korensis is used for vaccination. All isolated strains have enzyme, anti-fungal and antibacterial activity. Remediation is used to extract valuable metals or remove metals that are harmful to organisms.All strains have different biological activity. The difference in the type of strains identified can be explained by the influence of the composition of the water, the type of soil and rocks through which it passes, the temperature, the pH of the environment and the different geographical location.

Biography

Nedyalka Valcheva began her academic journey in 1990, enrolling in the Master's degree program in "Technology of Vegetable, Food, and Flavor Products" at the University of Food Technologies in Plovdiv, Bulgaria. From 1990 to 2016, she worked as a teacher at the Vocational High School of Chemical and Food Technologies "Prof. Asen Zlatarov, PhD." in Dimitrovgrad, Bulgaria. In 2014, she completed her Ph.D. dissertation on the "Microflora of Healing and Spring Waters in the Haskovo and Stara Zagora Regions" at the University of Food Technologies in Plovdiv. Since 2016, she has been serving as a Senior Expert and Organizer in the Department of Biochemistry, Microbiology, and Physics at Trakia University in Stara Zagora, Bulgaria. In 2023, she earned her Doctor of Science (DSc) degree after completing a dissertation on the "Physical, Chemical, and Microbiological Characteristics of Mineral, Mountain, and Spring Waters from Bulgaria, and the Biological Properties of Identified Microorganisms" at the Institute of Cryobiology and Food Technologies, Agricultural Academy in Sofia, Bulgaria. In 2024, she returned to teaching at the Vocational High School "Prof. Asen Zlatarov, PhD." in Dimitrovgrad, Bulgaria, demonstrating her ongoing dedication to education and scientific advancement.

Nino Silagadze*, Nino Ganugrava

School of Health Sciences, University of Georgia, Tbilisi, Georgia

Assessing the awareness of adverse drug reaction reporting among Healthcare Professionals (HCPS) in Georgia

Introduction: Pharmacovigilance plays a vital role in public health, focusing on the detection, evaluation, and prevention of Adverse Drug Reactions (ADRs). Despite its importance, the high prevalence of ADRs has increased morbidity and mortality rates globally. Improving public health programs and monitoring drug safety are crucial to prevent or reduce harm to the patient. Healthcare professionals play a critical role in the pharmacovigilance system. They need relevant knowledge and expertise to make a significant contribution to the effective functioning of the system through timely detection, management and reporting of drug safety issues. Recent studies show that the rate of adverse drug reactions reporting by healthcare profesionals is still low, especially in developing countries. Pharmacovigilance system in Georgia is not effective and characterized with underreporting from health care professionals.

Aim/Objective: To investigate awareness of adverse drug reaction reporting among healthcare professionals in Georgia.

Methods: We conducted a cross-sectional study to investigate awareness of adverse drug reaction reporting among physicians and nurses in Georgia. Data was collected by self-administered structured questionnaire from the HCPs working in the medical institutions of Georgia from April 2023 to July 2024.

Results: The study included 324 (48.36%) nurses and 346 (51.64%) physicians from 16 regions of Georgia. Despite a high percentage of healthcare professionals encounter suspected Adverse Drug Reactions (ADRs) in their practice (80.06% of physicians and 66.67% of nurses), most do not report them. Key barriers included lack of awareness of the national ADR reporting system (89.89% of physicians compared to 93.52% of nurses), uncertainty regarding the reporting process (83.03% of physicians versus 70.83% of nurses), and insufficient understanding of the importance of reporting (74.73% of physicians against 88.43% of nurses). The reasons given for not reporting included 40.43% (112) of doctors believing that the adverse drug reaction was not serious, while 10.83% (30) were uncertain if the drug was the cause. Similarly, 41.20% (89) of nurses considered the adverse drug reaction to be not serious, and 5.56% (12) were unsure whether the drug caused the adverse drug reaction.

A large proportion of the surveyed physicians (96.53% (334)) and nurses (96.30% (312)) reported that they had not received training on adverse drug reaction reporting. It is noteworthy that only 5.2% (18) of physicians and 3.4% (11) of nurses reported that pharmacovigilance was included in their training plan during their medical education.

A key finding revealed that significant majority of surveyed physicians (96.53% (334)) and nurses (96.30% (312)) indicated that they had not received any training on adverse drug reaction reporting. Notably, only 5.2% (18) of physicians and 3.4% (11) of nurses reported that pharmacovigilance was incorporated into their medical education curricula.

Conclusion: The result shows low adverse drug reaction reporting among the health care professionals and its association with lack of knowledge about the national adverse drug reaction-reporting scheme. Addressing the identified barriers, such as providing the trainings, increasing awareness of the reporting schemes, and simplifying the reporting process, integrating pharmacovigilance into the medical and nursing curricula can build a robust ADR reporting system that ensures patient safety and strengthens pharmacovigilance practices.

Biography

Nino Silagadze studied pharmacy at the medical university of Georgia and graduated in 2011. She is a PhD student in public health at the University of Georgia since March 2021.

Aghanya T. Nonye MSc, RN, FNP-C

Communication Academy, United States

Communication in healthcare - Why digital innovation is not enough

In the twilight of the twenty-first century, as singularity draws near, we have witnessed the rise of digitization and digitalization in the healthcare sector. However, the recent global pandemic and ensuing social distancing, coupled with fear of the virus resulted in an increased utilization of the virtual healthcare system. A type of digital innovation, it has shown to be a much-needed manner of care delivery in the pandemic era and from 11% in 2019 to 76% in 2020, the use of virtual healthcare technology has increasingly surged and continues to surge with each ensuing year till date. The expanded use of audio, video, and other electronic communications to allow patients to connect with their doctors has offered much-needed relief from the stress of pandemic care demands on healthcare practitioners with a wider reach for digital health innovations including the use of wearable devices, mobile health apps, health information systems etc.

However, while these technological advancements are impressive, they are insufficient to address the unique exploratory holistic approach to care delivery that is required to build and maintain fruitful clinician-patient relationships. Interactions via the use of digital devices lack the transdisciplinary approach which explore the application of such disciplines as psychology and the observation of patient behavioral traits, cognitive biases, and the philosophy of language and its attempt to assist the patient to achieve healthy mental and physical balance.

Patient's distinct personalities affect their outlook and mental status. Tailoring an individual care approach is a necessity for optimal care delivery and complete reliance on digital devices may limit the practitioner's chance of achieving the full scope of engagement for optimal care delivery.

Focusing on patients' and clinicians' relationships, this presentation seeks to avail a systemic use of effective communication to complement digital inventions and innovations in the healthcare system for healing.

Presenting material is derived from the presenter's clinical practice experiences in diverse healthcare settings for over 30 years. This also includes her review of studies on human psychological traits, the analysis of influence of such traits on patient behaviors and applying effective communication styles to improve clinician-patient interactions and trust development in healthcare settings.

Keywords: Patient Personality Traits, Communication, Digital Innovation, Virtual Healthcare, Trust Development.

Biography

Nonye Tochi Aghanya obtained a Master of Science degree as a Family Nurse Practitioner from Pace University, New York and has worked in various outpatient/inpatient/retail clinic and home care settings. She co-owned a private practice in New Jersey for some years before joining the retail clinic healthcare setting as a Family Nurse Practitioner, a position she held for over 17 years, she currently works in the home care health setting. She's had contact with patients of diverse groups in various healthcare settings for the past 30 years and has published many books such as "Tips for Effective Communication: A vital tool for Trust Development in Healthcare" and "Principles for Overcoming Communication Anxiety and Improving Trust". Her most recent publication is the book THINK, Communicate & Heal". Her book and course contents are based on collaborative efforts with psychologists, past and current health research reports and on her numerous interactions with diverse groups of individuals in the healthcare settings for the past 30 years. She has written articles for various journals and health publications over the years and remains quite active on social media. A member of the Virginia Council of Nurse Practitioners and Certification with American Nurses Credentialing Center, Nonye is married and has 4 daughters.

Ongeziwe Dyasi[1*], Emmanuel Emem-Obong Agbenyeku[2], Anesu Gelfand Kuhudzai[3]

[1]Master of Public Health, Department of Environmental Health, Faculty of Health Sciences University of Johannesburg, South Africa

[2]Department of Environmental Health, Faculty of Health Sciences, University of Johannesburg, South Africa

[3]Statistical and Data Science Consultant, Statistical Consultation Services, University of Johannesburg, South Africa

Factors related to burnout amongst nurses at a private hospital in Johannesburg, South Africa

Background: Burnout is a syndrome that is understood as emanating from chronic workplace stressors that have not been managed successfully. Little is known about the causes of burnout among nurses in South Africa.

Aim: The study aimed to determine the prevalence of burnout and its impact on depression and assess the relationship between burnout and depression among nurses at a Johannesburg private hospital.

Methodology: A non-experimental, quantitative, and cross-sectional study design using a closed-ended, structured and pre-coded questionnaire as a data collection tool to obtain information from nurses at a private hospital in Johannesburg regarding their exposure to depression and burnout was used. The sample size of 112 participants was decided based on 80% study power, 95% confidence interval, medium effect size of 0.39 and 9 predictors. The participants were selected using the simple random sampling method. The collected data were analysed using IBM Statistical Package for the Social Sciences (SPSS) version 28.

Frequencies and summary statistics were performed to analyse the sample characteristics of the study. The prevalence of burnout and depression was analysed using custom tables, means and standard deviations. The relationship between burnout and depression was analysed using correlation analysis. The impact of burnout on depression was analysed using multiple linear regression analysis.

Results: The results pointed to a significant positive correlation between burnout and depression. The multiple regression analysis revealed that burnout had an impact on depression. The study involved 112 nurses, of whom 95 (84.8%) were females. Most of the nurses, that is, 56 (50.0%) were registered nurses. Emotional exhaustion ($p=0.001$) and depersonalisation ($p=0.001$) were significantly associated with depression. Work experience ($p=0.001$) and depersonalisation ($p=0.002$) had an impact on depression.

Conclusion: The study revealed a high prevalence of burnout among nurses at a Johannesburg private hospital. The study found that depression was significantly associated with emotional exhaustion and depersonalisation. The study also found that work experience and depersonalisation have an impact on depression.

Contribution: One of the major contributions of this study is to raise awareness about burnout and depression.

Recommendations: The study's recommendations can help mitigate burnout and improve the well-being of nurses, ultimately enhancing the quality of healthcare services provided at the hospital.

Keywords: Burnout, Depersonalisation, Emotional Exhaustion, Reduced personal accomplishment, South Africa.

Biography

Ongeziwe Dyasi is a public health specialist based in South Africa, currently working as a Practice Manager at Dr. Luvuyo Dyasi Surgical Practice in KwaZulu-Natal, SA. With over 12 years of experience in healthcare, she has worked with leading organizations such as Netcare Group, Life Healthcare, and government institutions in Gauteng and the Eastern Cape. Her expertise includes implementing evidence-based programs in maternal and child health, infection prevention and control, health education and promotion, vaccine-preventable diseases, and community health. She has also led quality improvement initiatives to enhance patient care and safety. Ongeziwe is a published researcher, with her study on the "Factors related to burnout amongst nurses at a private hospital in Johannesburg, South Africa" featured in both South African and international journals.

Parth Sinojia

Rhodes College, Memphis, TN, USA

From food deserts to stroke rates: How GIS can inform public health strategies in urban communities

The "Stroke Belt" is an 11-state region in the southeastern United States known for its unusually high incidence of cardiovascular disease and strokes. Despite ongoing public health efforts, Memphis, a major city within this region, continues to struggle with a stroke rate 37% above the national U.S. average. Yet, the challenges faced by Memphis are not unique; many urban areas globally contend with similar health disparities driven by socioeconomic factors, where traditional public health strategies fall short of expectations. Effective public health programming requires precise geospatial targeting. This study demonstrates how Geographic Information Systems (GIS) can be harnessed as a powerful tool to quantify food deserts to better predict stroke rates and identify locations for public health programming. Using Memphis, TN, as a case study, we conducted kernel density analyses to map out supermarkets and grocery stores and quantify food access within the city. This quantified data was then integrated with key socioeconomic variables associated with stroke rates, including median household income, vehicle availability, and educational attainment levels, to develop comprehensive regression models. These models significantly improved our predictive accuracy of stroke rates, providing a more nuanced understanding of how environmental and socioeconomic factors contribute to health disparities. By incorporating quantified food access data into our models, we were able to predict stroke rates 11.7% more accurately in lower-income areas and 9.7% more accurately in higher-income areas. The methodology presented in this study is not confined to Memphis; it serves as a replicable model for other urban areas seeking to address similar public health challenges. By using GIS to quantify socioeconomic determinants of health, public health experts and policymakers can use a data-driven pathway to enhance the effectiveness of public health initiatives, improving our overall community health.

Keywords: GIS, Food Insecurity, Health Modeling.

Biography

Parth Sinojia is currently studying Neuroscience, Physics, and Mathematics at Rhodes College, USA. He has worked with various organizations to address homelessness through a multidisciplinary approach that integrates medicine, shelter, and policy. Parth has conducted molecular and cellular neuroscience research at St. Jude Children's Research Hospital, undertaken educational mathematics research in Calculus at Rhodes College, and has been recognized with multiple awards for his presentations at geospatial conferences and showcases where he has illustrated the connections between public health and homelessness through mapping techniques. Parth looks to attend medical school to further study public health medicine.

Parth Sinojia

Rhodes College, Memphis, TN, USA

Models of respite care and healthcare for the homeless in major U.S. cities

Respite care, or medical recuperative care, provides temporary shelter, case management, and medical care for People Experiencing Homelessness (PEH) who are recovering from acute illness or injury but do not meet the criteria for hospitalization. PEH often face extended hospital stays and delays in discharge due to non-medical reasons, primarily the lack of stable housing. Respite care facilities have been shown to significantly reduce hospital inpatient days, readmission rates, and emergency room visits, thereby saving hospitals substantial amounts of money annually and addressing the holistic needs of PEH. Recognizing the value of respite care, according to the National Healthcare for the Homeless Council, the number of programs in the United States has increased almost threefold in a decade, from 47 in 2013 to 123 currently. Historically, hospitals have discharged patients experiencing homelessness into traditional night shelters, which commonly require people to leave the facility during the day, forcing PEH into unsanitary conditions on the streets and on public benches, hindering necessary medical rest and recovery. Moreover, traditional shelter staff are often not trained to care for the wide range of medical conditions faced by PEH. Respite care looks to bridge this gap between healthcare and homelessness services, allowing hospitals to discharge patients to a safe environment where they can recover under the care of trained staff until finding permanent shelter. This study explores the development and impact of respite care in three major U.S. cities: Memphis, Boston, and Los Angeles. Twenty-six respite care facilities were surveyed, 6 interviews were conducted with program staff, and site visits to facilities in each of the 3 cities were piloted to gather both quantitative and qualitative insights. The data was operationally coded to identify common themes and variations in service delivery models. This study outlines each of the 3 cities' model of respite care, their integration into the city-wide healthcare systems and other wrap- around services in the city. These models identify challenges and innovative approaches of respite care facilities guided by local policies, historical practices, and regional attitudes, revealing practices and potential strategies for addressing the healthcare needs of homeless populations across diverse urban settings. The findings indicate that effective integration of respite care into broader healthcare networks improve health outcomes for PEH and provides a template for other cities looking to develop similar programming.

Keywords: Respite Care, Healthcare Delivery, Homelessness.

Biography

Parth Sinojia is currently studying Neuroscience, Physics, and Mathematics at Rhodes College, USA. He has worked with various organizations to address homelessness through a multidisciplinary approach that integrates medicine, shelter, and policy. Parth has conducted molecular and cellular neuroscience research at St. Jude Children's Research Hospital, undertaken educational mathematics research in Calculus at Rhodes College, and has been recognized with multiple awards for his presentations at geospatial conferences and showcases where he has illustrated the connections between public health and homelessness through mapping techniques. Parth looks to attend medical school to further study public health medicine.

Pauline Picho Keronyai*, Brian Odaga, Jean Marion Apiny

Nama Wellness Community Centre (NAWEC), Mukono District, Uganda

Transforming rural healthcare through professionalized community health workers: A model for universal health coverage in Uganda

In rural Uganda, where only 44% of births occur in health facilities and 25% of women experience depression, innovative approaches to healthcare delivery are crucial for achieving Universal Health Coverage. This presentation examines Nama Wellness Community Centre's (NAWEC) integrated community health model, which combines professionalized Community Health Workers (proCHWs), facility-based care, and digital health solutions to transform rural healthcare delivery.

The model, implemented in Mukono District, Uganda, demonstrates significant impact through a network of 306 digitized proCHWs who are skilled, salaried, supervised, and supplied. Key innovations include the integration of digital health surveillance using the electronic Community Health Information System (eCHIS), community-based mental health interventions using the WHO's Interpersonal Psychotherapy for Groups (IPT-G) model, and comprehensive maternal-child health services.

Analysis of program data from 2020-2024 shows remarkable outcomes: 333,268 clients served through integrated healthcare services, 426,822 household visits conducted, and treatment of over 20,489 cases of childhood illnesses. The mental health program has successfully managed 988 women and adolescents with a 91% recovery rate. The model maintains a 93% program functionality rate using the WHO Assessment and Improvement Matrix tool.

This presentation will discuss the key elements of success, including the digitization of CHWs, integration with government health facilities, and innovative approaches to mental health support. We will also share lessons learned in scaling from 100 to 306 CHWs, and plans for expansion to 2,361 CHWs across Mukono and Buikwe districts.

Our experience demonstrates that professionalized CHWs, when properly integrated into the health system and supported with digital tools, can significantly improve healthcare access and outcomes in rural communities. This model offers valuable insights for policymakers and implementers working to strengthen community health systems in resource-limited settings.

Biography

Pauline Picho Keronyai is the Executive Director of Nama Wellness Community Centre (NAWEC) and a PhD candidate in public health. Under her leadership, NAWEC has expanded to serve over 333, 268 clients through an innovative community health model. She has pioneered the integration of digital health solutions and mental health services at the community level, earning recognition from GAVI CEO for excellence in community health programming. Her work focuses on strengthening community health systems through professionalized Community Health Workers to achieve Universal Health Coverage.

Pierce Wright

The Browning School, New York, NY

Utilizing AI to optimize EMS response to acute mental illness and resulting ER resource allocation

Background: Typically Emergency Medical Technicians (EMTs) are not equipped to handle calls related to mental health and substance abuse. This deficiency often necessitates the transport of these patients to emergency departments, a practice that not only strains public health resources but also potentially diverts ambulances from trauma-related emergencies. This study aims to develop a predictive model capable of accurately categorizing the nature of incoming Emergency Medical Services (EMS) calls, thereby facilitating a more nuanced response strategy. This research also highlights the inappropriate admission of patients with mental health crises to EDs, often at public expense, when mental health treatment is more appropriate. The proposed policy intervention involves the establishment of EMS crew to be staffed with mental health professionals when the predictive algorithm identifies such calls.

Methods: After a retrospective study of AI projects in this space, the model was established using 24 million patient interactions from NYC's EMS Incident Dispatch Data collected between January 2005 and March 2022. The model was validated using additional data from April-December 2022. Class-imbalance methodology and gradient boosting strategies were implemented to train and test the model.

Results: The model achieved 94.5% predictability, compared to 92.3% accuracy for EMS operators.

Conclusions: Across 9 million NYC 911 calls annually, the algorithm could more effectively allocate resources for 198,000 cases. Staffing EMS crews with mental health professionals could also reduce ER visits and ambulance transfers—with $5.6 billion spent in the U.S. annually on mental and substance use disorder ER visits, a savings of $123 million or more may be possible.

Biography

Pierce Wright attends The Browning School in New York. He is a nationally certified Emergency Medical Responder and has spent more than 500 on shift with the Westport (CT) Volunteer EMS. Using a data set of 24 million NYC 911 calls over a 17-year period, Wright created an AI model that accurately predicts the most appropriate type of response to an incoming 911 call. Wright's work has received numerous awards,including first place at the TerraNYC STEM Fair and second place at the New York State Science & Engineering Fair. He has also received the President's Volunteer Service Award (Silver Medal).

Raden Siti Maryam*, Swari Rachmi Rindani

Nursing Department, Health Polytechnic of Jakarta III, Bekasi, Indonesia

Evaluation of the use of KEDUSIA-RSM app based on android by family caregiver in the community

Introduction: Elderly people with dementia can become a burden to their family. Knowledge of the risk factors for dementia may lower the negative effects of dementia itself. Using Android-based applications can be helpful to families in preventing dementia and caring for the elderly.

Objective: This study aimed to evaluate using an Android-based application, Keluarga Peduli Demensia–Raden Siti Maryam (KEDUSIA-RSM) by family caregiver.

Methods: This study used survey descriptive for family caregiver caring for elderly at home. Stratified random sampling used with the results of 83 respondens.

Results: Android application is very easy to install and run; Display/interface design is interesting; The material presented is appropriate and complete; The video in the application menu is easy to open; The video contained in the android application is interesting, clear, easy to remember, see and hear; The menus in the application are easy to open and in accordance with the aim of reducing risk factors for dementia in the elderly; The android application can improve the knowledge, attitudes and skills of families in caring for the elderly; The android application is very interesting and challenging with games; The android application can be used for learning facilities between the elderly and families; The android application is complete with a consultation and answer feature; and Overall, the application is easy to use and interesting to re-open and not boring.

Conclusion: KEDUSIA-RSM App is proven to supporting family caregiver to raising cognitive function and managing risk factors for dementia in the elderly.

Keywords: Android-Based Application, Cognitive Function, Family Caregiver, KEDUSIA-RSM, Risk Factors of Dementia.

Biography

Dr. Raden Siti Maryam holds a Doctor of Nursing from Faculty of Nursing, University of Indonesia. She is an Associate Professor at Health Polytechnic of Jakarta III with expertise in the field of community nursing and gerontology nursing. She develops an Android App namely Kedusia-RSM, stand for Keluarga Peduli Demensia -Raden Siti Maryam, available in Play Store since 2022.

Kumari R*, Sachan B, Singh C

Dept of community Medicine, Dr. RMLIMS, Lucknow UP India

Socio-demographic factors associated with poor glycemic control among type 2 Diabetes mellitus patients at a tertiary health care facility: A cross-sectional study

This study investigates the socio-demographic factors associated with poor glycemic control among type 2 Diabetes Mellitus (T2DM) patients attending a tertiary healthcare facility. Identifying these factors is crucial for developing targeted interventions to improve diabetes management and patient outcomes. A cross-sectional study was conducted with 170 T2DM patients attending the Medicine OPD of a tertiary care hospital. Systematic random sampling was used to select participants, with data collected on socio-demographic characteristics, dietary habits, physical activity, medication adherence, and clinical parameters, including HbA1c levels. Statistical analyses, including descriptive statistics, Chi-Square tests, and multivariate logistic regression, were employed to identify associations between these factors and poor glycemic control. The median age of participants was 50 years, with a majority being male (56.4%) and married (95.53%). Key factors associated with poor glycemic control included lower educational attainment, a non-vegetarian diet, high fasting and postprandial blood sugar levels, and elevated BMI. Multivariate analysis revealed that a non-vegetarian diet (adjusted odds ratio [aOR]: 2.35), random blood sugar >140 mg/dl (aOR: 3.91), postprandial blood sugar >140 mg/dl (aOR: 5.13), and education up to junior school level (aOR: 7.04) were independently linked to poor glycemic control. The study highlights significant factors contributing to poor glycemic control in T2DM patients, including educational levels, dietary choices, and elevated blood sugar levels. Addressing these factors through targeted interventions such as educational programs, dietary adjustments, and enhanced diabetes management strategies is crucial for improving glycemic control and patient outcomes.

Keywords: Type 2 Diabetes Mellitus, Glycemic Control, Dietary Habits.

Biography

Dr. Rashmi Kumari is an Associate Professor in the Department of Community Medicine at Dr. Ram Manohar Lohia Institute of Medical Sciences (RMLIMS), Lucknow, India, where she has been serving since 2018. She holds an MD from IMS, BHU, and FCGP, and has worked on both intramural and extramural funded projects as Principal Investigator (PI) and Co-Principal Investigator (Co-PI). With over 20 national and international publications in indexed journals, she has also presented at various platforms. Her areas of interest include non-communicable diseases (NCDs), MCH, epidemiology, and public health. Dr. Kumari has notable achievements such as serving as Sub-Dean of the UG Cell, a national assessor for UNICEF's "Effective Vaccine Management" program, and a national trainer for the SAANS CDR program. She is also a member of the IEC at Command Hospital, Lucknow, a reviewer for IJCM, IJCH, and IJCFM, and an Executive Council member of UP-UK IAPSM.

Redolen Rose Dhar[1], B. Reshmi[1], Ramesh Holla[2], Vasudeva Guddattu[3], Anisha Mawlong[4]

[1]Department of Health Information Management, Manipal College of Health Professions (MCHP), Manipal Academy of Higher Education (MAHE), Manipal, 576104, Karnataka, India

[2]Department of Community Medicine, Kasturba Medical College Mangalore, Manipal Academy of Higher Education (MAHE), Karnataka, India

[3]Department of Data Science, Prasanna School of Public Health, Manipal Academy of Higher Education (MAHE), Manipal, 576104, Karnataka, India

[4]Department of Radiation Oncology, Civil Hospital Shillong, Laban, 79300, Meghalaya, India

Economic impact of cancer care on tribal families in Meghalaya, India: A cross-sectional study

Introduction: Cancer is one of the leading causes of death globally, imposing a significant burden on healthcare systems, especially in low-income regions.

Objective: This study investigates the economic burden of cancer on patients undergoing treatment at Civil Hospital, Shillong, Meghalaya, India.

Methods: The study is a hospital-based, cross-sectional survey involving 320 cancer patients, with data collected using a semi-structured questionnaire. The primary objective was to assess the Out-of-Pocket Expenditure (OOPE) related to cancer care, including direct medical costs, non-medical costs, and indirect costs, such as income loss.

Results: The findings indicate that the median OOPE for cancer treatment is INR 45,950 (USD 552.01), with the largest portion attributed to direct medical costs (INR 42,000; USD 504.52), followed by non-medical (INR 3,000; USD 36.03) and indirect costs (INR 800; USD 9.61). Despite health insurance coverage under the Meghalaya Health Insurance Scheme (MHIS), many patients experienced Catastrophic Health Expenditures (CHE), with 99.4% of participants facing significant financial burdens due to cancer treatment. Socio-economic factors significantly influenced OOPE and CHE. Upper-middle-class patients had higher OOPE than lower-class patients, and those making frequent hospital visits, particularly using private transportation, faced significantly higher costs. Patients diagnosed with Stage IV cancer incurred substantially higher OOPE compared to those in earlier stages, highlighting the importance of early detection. Additionally, patients with head and neck cancers faced higher costs than those with gastrointestinal cancers. Families with more family members experienced significantly higher CHE, as did patients without health insurance compared to those with MHIS.

Discussion and Conclusion: The study emphasizes the critical need for improved financial protection mechanisms for cancer patients. Expansion of MHIS coverage, early diagnosis, and support for non-medical costs, such as transportation and supplemental nutrition, are recommended to alleviate the economic burden. Additionally, implementing telemedicine, improving rural healthcare access, and promoting Universal Health Coverage (UHC) could reduce OOPE and increase access to cancer treatment, particularly for socio-economically disadvantaged groups. While MHIS has reduced some of the financial strain, significant

gaps in coverage remain, necessitating policy interventions to improve the affordability and accessibility of cancer care for Meghalaya's population.

Biography

Redolen Rose Dhar completed her BSc in Nursing in 2016 and practised for one year before pursuing her master's in public health at Manipal Academy of Higher Education from 2018 to 2020. During her studies, she gained experience in diverse fields through internships, including Maternal and Child Health (MCH), Non-Communicable Diseases (NCD), and Communicable Diseases. She later joined the Indian Institute of Public Health, Shillong, focusing on NCDs, particularly cancer. In 2022, she enrolled in a PhD program at Manipal Academy of Higher Education, Department of Health Information Management, with her research centred on cancer in the tribal population of Northeastern India.

Sabira Arefin

CEO Idmap.ai, Global Healthcare Leadership Program Harvard Medical School, Best Selling Author on Amazon, Founder of the Institute of Global Health

The role of AI in enhancing data security in healthcare

Given the world's several healthcare systems have embraced the digital environment for service delivery, patient data confidentiality is now more vital. This abstract aims to discuss the importance and application of artificial intelligence (AI) in strengthening the security of data within healthcare facilities. However, the healthcare industry is a major target of cyber criminals because medical records contain sensitive information that can be used for fraud such as caching of insurance. New and evolving threats are becoming complex and challenging, and coupled with the current shift to digital solutions that resulted from the COVID-19 outbreak, conventional security mechanisms fail to offer adequate protection. AI presents new possibilities that are revolutionizing data protection measures by way of progressive detection of threats, automated counteractions of incidents, and improved data protection methodologies. With the help of AI-enabling technologies like ML and behavioral analytics, it is now possible to find patterns or outliers that could be an indication that a security threat is soon to be unleashed, if not already active, in real time. Some of them increase the detection capability while the rest enhance the response procedures, thus leading to a shorter time duration in which potential breaches could occur.

Moreover, AI improves encryption techniques and allows the integration of privacy-preserving solutions, including federated learning and homomorphic encryption, which consists of protecting patient data while still allowing for analysis. For that matter, AI is used to regularly check systems for compliance with rules such as the Health Insurance Portability and Accountability Act (HIPAA), in regulatory compliance and risk management. Risk can also be evaluated and handled by AI systems by using data from various sources, thus enabling healthcare organizations to target the major security threats to their structure. However, the use of AI in healthcare security has this issue that cannot be ignored.

Large investments are still required for developing technology in this field, there are possibilities of adversarial attacks against these models and there are still issues of the ethicality of using AI in healthcare. However, there are challenges to the success of AI in enhancing data security in the healthcare industry, nevertheless, the future of AI in data security in the healthcare industry is enormous, as the healthcare industry turns into a center of digital information, patient's data security remains an important aspect to be enhanced with technology. Thus, this abstract underlines the specifics of the role AI plays in strengthening data protection in the healthcare industry and its sustainability, as well as the issues it raises.

Biography

Sabira Arefin With over 15 years of entrepreneurial and management experience, Sabira Arefin is a renowned figure in global healthcare and data technology. She has co-founded several data and health startups and actively serves on the advisory boards of leading companies in these sectors. Sabira's thought leadership extends to her role as a bestselling author and her impactful contributions to global health education, as exemplified by her work with the Global Health Institute. She is deeply committed to leveraging technology to foster health equity and improve healthcare access on a global scale.

Samantha Faller*, Nicole Osevala MD, FACP, FCPP

Division of Geriatric Medicine, Penn State College of Medicine, Hershey, PA, USA

Managing resident aggression in the long-term care setting: A resident-centered de-escalation intervention

Elder abuse in long-term care facilities has traditionally focused on staff-perpetrated abuse. However, recent studies highlight the need to address Resident-to-Staff Aggression (RSA) and Resident-to-Resident Aggression (RRA). Research indicates that approximately 16% of staff have experienced aggression from residents, including physical, verbal, and sexual forms. Similarly, RRA is a significant concern, with nearly 20% of residents experiencing aggression from another resident. This aggression negatively impacts quality of care, facility safety, job satisfaction, and staff turnover. A significant relationship exists between caregiver assaults in nursing homes and occupational strain, stressors, and anger, necessitating effective interventions.

Over the past 25 years, research has focused on behavioral approaches to reduce agitation in long-term care residents, leading to RRA and RSA. Despite their effectiveness, long-term care facilities often lack mandatory training for staff, forcing them to react without proper protocols or support, potentially leading to reliance on pharmacological interventions. As the Centers for Medicare & Medicaid Services act against unnecessary drug prescriptions, facilities may lose medical interventions without replacements.

RRA and RSA often represent unmet needs of those perpetrating the acts. Addressing these requires a resident-centered intervention. Our training program, developed by experts at the Pennsylvania Psychiatric Institute and Penn State College of Medicine, Division of Geriatric Medicine, aims to equip staff with the necessary skills to de-escalate situations effectively. This initiative is crucial for ensuring the safety and well-being of both residents and staff in long-term care facilities. It is our responsibility to reduce harm in facilities where residents not only receive care but call home. This training addresses an unmet need in long-term care, with significant consequences for both staff and residents.

Biography

Samantha studied Communications at Penn State University. In her role as Research Coordinator, Samantha develops strategies for connecting South Central PA communities to Quality Improvement programs that fit their unique needs based on real-time data. She supports grants programs and partners, specializing in wellness and behavioral health opportunities within Long-Term Care (LTC) facilities. Samantha is dedicated to creating programs to support LTC facilities in our region, with a particular focus on enhancing behavioral health.

Sara Maria Majernikova

Department for Continuing Education, University of Oxford, Rewley House, 1 Wellington Square, Oxford OX1 2JA, UK

Novel anaemia therapy in chronic kidney disease: Expectations and myths of adverse drug reactions

Background: Renal anaemia remains a pervasive challenge among individuals with Chronic Kidney Disease (CKD), often being underdiagnosed and inadequately treated. The advent of Hypoxia-Inducible Factor Prolyl-Hydroxylase Inhibitors (HIF-PHIs) has introduced new therapeutic possibilities, offering an alternative to traditional erythropoiesis-stimulating agents. Despite their potential, the Adverse Drug Reactions (ADRs) associated with HIF-PHIs are not fully understood, leaving gaps in knowledge that could impact patient safety. This review seeks to identify and thoroughly analyse ADRs to HIF-PHIs, with a focus on understanding their variability, severity, preventability, and overall outcomes in CKD patients, as reported in individual case studies and reports.

Methods: A systematic literature search was conducted across multiple electronic databases, covering case reports published between January 2018 and June 2024. The search aimed to capture a comprehensive range of ADRs linked to HIF-PHIs in CKD anaemia. From an initial pool of 2,123 studies, only 8 case reports and/or studies, encompassing 13 patients, met the stringent inclusion and exclusion criteria required for this review.

Results: The review identified ADRs associated with two HIF-PHIs: roxadustat (62%) and daprodustat (39%). Reported ADRs included retinal haemorrhage (7.7%), hypertension (15.4%), stroke (23.1%), hypothyroidism (7.7%), rhabdomyolysis (7.7%), and elevated serum copper levels (38.4%). The mean time-to-onset of these ADRs was 6.5 months, indicating a need for prolonged monitoring in patients receiving HIF-PHIs. Specific causality and non-preventability of ADRs were confirmed in one report (12.5%), while two reports (25%) highlighted a definite probability and severity of ADRs directly attributable to HIF-PHIs.

Conclusion: This review underscores the importance of vigilant monitoring and personalised treatment strategies when using HIF-PHIs to manage CKD anaemia. While HIF-PHIs show promise in treating this condition, the identified ADRs highlight the need for careful patient selection, dosing adjustments, and management of underlying comorbidities to mitigate risks. By maintaining recommended haemoglobin levels and addressing potential ADRs proactively, healthcare providers can optimise the safety and effectiveness of HIF-PHIs in chronic disease management. This review calls for further research to expand our understanding of ADRs in diverse patient populations, ensuring that HIF-PHIs can be safely integrated into broader CKD treatment protocols.

Biography

Sara Maria Majernikova earned a BSc in Biomedical Sciences (specialising in Drug Mechanisms) from University College London and is currently pursuing an MSc in Experimental and Translational Therapeutics at the University of Oxford. Her research interests include innovative drug design, particularly targeting areas such as inflammatory processes, neurodegenerative disorders, chronic diseases, and immunotherapy.
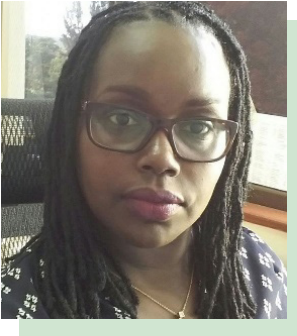
Kosgei Sarah*, Rogers Moraro, Mathenge Mary

Amref Health Africa–Global Health Security program, Kenya

From hesitancy to demand: A case study of Kenya's integrated approach to vaccination success

The COVID-19 pandemic has emphasized the urgent need to address vaccine hesitancy, particularly in underserved communities. This study examines the "Vaccine Wonder" campaign implemented in Nairobi and Kisii counties, Kenya, from November 2023 to December 2024. Funded by The Pfizer Foundation and executed by Amref Health Africa with local governments, the campaign aimed to increase vaccine acceptance and accessibility. Key initiatives included a mass media campaign reaching over 10.8 million television viewers and 1.7 million radio listeners, alongside community mobilization that engaged 9,900 people, achieving a 72% vaccination conversion rate. The integration of Non-Communicable Disease (NCD) screenings with vaccination services attracted older adults and those with chronic conditions. The campaign resulted in over 7,133 vaccinations and screenings for 8,930 individuals for hypertension and 7,302 for diabetes. Despite challenges like vaccine stockouts and adverse weather, adaptive strategies ensured a sustained impact. This case study illustrates the effectiveness of integrated public health interventions in overcoming vaccine hesitancy and achieving sustainable outcomes in resource-limited settings. The "Vaccine Wonder" campaign shows that combining vaccination services with essential health interventions, like non-communicable disease screenings, can boost uptake among underserved populations. Engaging trusted community leaders and using door-to-door outreach helps overcome barriers to trust and access. By aligning with government priorities and ensuring systemic coordination, these initiatives can be scaled and sustained effectively. This approach offers a replicable model to tackle vaccine hesitancy and enhance health service delivery in resource-limited settings.

Biography

Sarah is a public health specialist with over 12 years' experience providing leadership in design and implementation of multi-country programs geared towards strengthening the capacity of the health system for sustainable health in sub-Saharan Africa. She is currently a Programme Manager leading the Global Health Security and Climate Change and Health at Amref.

Simran Bath

Farmington High School, Connecticut, United States

From crisis to care: Adapting lessons from Thailand to improve healthcare as a human right in the Northern Triangle

Millions of individuals from the Northern Triangle—Honduras, Guatemala, and El Salvador—lack access to quality healthcare, with many residents traveling for hours only to be denied appointments due to overcrowding. Public healthcare facilities that boast free or low-cost services face frequent staff, medicine, and supply shortages, due to inadequate government funding. This causes families to turn to private healthcare, where they spend their life savings on medical care for their loved ones. This is all while the Northern Triangle consists of some of the poorest nations in the world, making the solution to their healthcare problems increasingly complex. When identifying beneficial changes to the healthcare systems of the Northern Triangle it can be useful to look at the successes of a country with a more advanced healthcare system, despite dealing with similar economic conditions. Through interviews, examination of federal legislation, health profiles, peer-reviewed journals, and news articles, this paper identifies Thailand, a country with similar financial resources, as a compatible healthcare model for the Northern Triangle. The paper begins with an in-depth analysis of the shortcomings of the healthcare systems of Honduras, Guatemala, and El Salvador. Subsequently, the successes of Thailand's healthcare delivery strategies are identified and suggested as future policy and program implementations. These implementations include an affordable copayment system, an independent anti-corruption commission, rural recruitment programs, and rural provider benefits. If these improvements are embraced, the Northern Triangle will witness a profound transformation in its healthcare system and will be a step closer to a future in which all residents can receive affordable, quality healthcare for their families.

Biography

Simran Bath, a rising senior at Farmington High School CT, is passionate about expanding healthcare as a human right across the globe. She has served the underprivileged community of Danli, Honduras with medical and dental care. She also volunteers at local hospitals, ensuring patient comfort and assisting medical staff. She engaged in thorough research of the health systems of Honduras, El Salvador, and Guatemala, publishing a paper that investigates ways to improve healthcare in the Northern Triangle by looking at Thailand as a model health system. To continue improving healthcare access, she hopes to pursue a career in public health.

Sofica Bistriceanu MD, Ph.D.

Academic Medical Unit–CMI, Romania

The influence of self-esteem on individual life

Every person integrates and evaluates all internal and external influences that impact them and makes decisions in their interest. These actions can generate various emotions, including excitement, happiness, anger, humility, frustration, shame, or depression, which impact their relationships. The way each individual responds to different stimuli varies due to their unique nervous system functioning.

Satisfactory personal, professional, and social life, healthy behaviour, and beneficial environmental factors positively impact self-esteem. By contrast, feelings of job dissatisfaction, and comparing oneself with others' accomplishments, which disappoint them, negatively impact self-confidence. Moreover, desolation and being unfairly blamed diminish one's motivation in both work and social life, and lead to unproductive work and lower self-esteem.

How you think about yourself and others can constantly change, affecting your mood and potentially impacting those around you.

Human errors are common; failure generates low self-esteem, which can be reduced by finding enjoyment. Admiring nature's perfection in harmonizing colours in seasons or famous painters' creations, walking, painting, listening to preferred music, watching movies, having informed or relaxing discussions with loved ones, and seeking help from an AI companion can improve health in times of failure. In addition, self-support through self-compassion and encouragement aids in recovery.

Individual abilities and moral choices shape how they are evaluated in society. Social and self-evaluation may differ, but your inner voice often offers a more truthful perspective. Social group acceptance of an individual echoes the self-check fairness.

Varying human values in the life cycle is inevitable, and time slowly weakens everything. Being aware of human imperfection and accepting it within certain limits is necessary for maintaining equilibrium.

Biography

Sofica Bistriceanu, MD, Ph.D., graduated from Iasi University in Romania and family medicine research at Maastricht University. She joined various meetings across Europe, the USA, Canada, and Asia. With over one hundred research studies shared internationally, she has received numerous awards. Dr. Sofica Bistriceanu is a member of the Academy for Professionalism in Health Care, serves on the Editorial Review Board for The Journal of Patient Experience (JPX), and is an Associate Editor for PriMera Scientific Publication. She represents the Academic Medical Unit- CMI, NT, ROU. Additionally, she is the author of seven volumes of poetry published by Chronica, Iasi Publishing House, and Time, Iasi Publishing House.
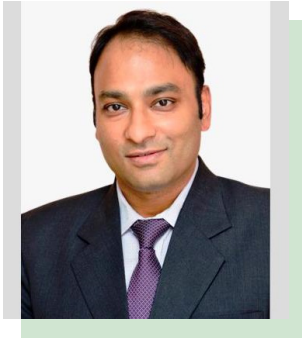
Dr. Sonu Goel[1,2,3*], Diksha Walia[1], Dr. Upendra Bhojani[4], Dr. Nandita Bhatnagar[1], Dr. Mrinalima Chopra[5]

[1]Postgraduate Institute of Medical Education and Research, Chandigarh, India

[2]Faculty of Education and Health Sciences, School of Medicine, University of Limerick, Limerick, Ireland

[3]Faculty of Human and Health Sciences, Swansea University, Swansea, United Kingdom

[4]Faculty of India Alliance (DBT/Wellcome Trust), Lead, Cluster on Chronic Health Conditions & Public Policies, Institute of Public Health, Bangalore, India

[5]Master of Public Health, Panjab University, Chandigarh, India

Is India on a path to reduce tobacco industry influence in tobacco control? Findings from the global tobacco industry interference index for 2019-2023

Background: The tobacco industry, motivated by profit, employs deceptive strategies, especially in countries like India, to conceal health risks and exploit legal loopholes, hindering effective tobacco control measures. Understanding these tactics is crucial for policymakers to implement preventive measures. This study focuses on analyzing tobacco industry interference trends in India from 2019 to 2023.

Design/Methods: The secondary data from 2019 to 2023, covering 33 to 90 countries, was analyzed using the Global Tobacco Industry Interference Index Report. Country rankings were conducted using the questionnaire and scoring methodology as ASEAN Index, developed by Southeast Asia Tobacco Control Alliance. Report, consisting of 7 major domains of TII index viz. policy participation, CSR activities, industry benefits, unnecessary interaction, transparency, conflict of interest, and preventive measures, was retrieved. A composite score was obtained after adding scores of different domains, for each year.

Results: The study's findings demonstrated an ongoing improvement in India's implementation of WHO FCTC article 5.3, as evidenced by a continuously decreasing score of 11 points between 2019 and 2023. When compare with other Asian countries, India faired better than Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Nepal, Philippines, Thailand and south Korea. The most notable decline occurred in preventive measures, decreasing from 21 to 10, while the most substantial increase was seen in interaction level between the industry and government, fluctuating from 12 to 14.

Conclusions: There has been rise in CSR activities, forms of un-necessary interactions of TII with policy makers and participation in policy development; however, improvements are observed in providing benefits to tobacco industry, conflict of interest, and preventive measures. In order to fortify the regulatory framework, it is imperative to create awareness among stakeholders on conflict of interest, denormalize CSR initiatives by tobacco industry, provision of industry watch-dog in country and 'whole of government' approach in implementation of FCTC Article 5.3.

Summary: The tobacco industry employs deceptive strategies, especially in countries like India, to conceal health risks and exploit legal loopholes, hindering effective tobacco control. This study analyzes tobacco industry interference trends in India from 2019 to 2023 offering insights to policymakers and aiding the implementation of preventative measures.

Biography

Dr. Sonu Goel is working as a Professor of Health Management at DCM&SPH, Post Graduate Institute of Medical Education and Research, Chandigarh India. He also holds the positions of Adjunct Associate Clinical Professor in School of Medicine, Faculty of Education and Sciences, University of Limerick, Ireland and Honorary Professor, Faculty of Human and Health Sciences, Swansea University, UK. Dr. Goel leads the MPOWER research group of The Union and the NAMS Taskforce on Tobacco Control in India. He also serves as Director WHO awardee RCTC and the Tobacco Endgame Hub India, contributing extensively to global and national tobacco control initiatives.

Dr. Sonu Goel[1,2,3*], Dr. Garima Bhatt[4], Diksha Walia[1], Dr. Rana J. Singh[5], Mr. Ashish Pandey[6]

[1]Postgraduate Institute of Medical Education and Research, Chandigarh, India

[2]Faculty of Education and Health Sciences, School of Medicine, University of Limerick, Limerick, Ireland

[3]Faculty of Human and Health Sciences, Swansea University, Swansea, United Kingdom

[4]Enforcement-Tobacco Control, Vital Strategies, New Delhi, India

[5]Tobacco Control, South-East Asia, Vital Strategies, New Delhi, India

[6]Tobacco Control - Southeast Asia and Eastern Mediterranean Regions, Vital Strategies, India

Tobacco control priorities in India: Development of a consensus statement

Background: Tobacco consumption remains a significant global public health challenge, causing over 8 million preventable deaths annually, with India bearing a substantial burden as second-largest producer and consumer of tobacco products. Despite robust tobacco control policies, gaps persist, challenging effective implementation. To address these challenges, national consultation was organized, bringing together experts to identify priorities and formulate an action plan.

Design/Methods: A national consultation on 'tobacco control priorities in India- challenges and way forward' was organized where in a total of 43 experts from government, developmental organizations and academia participated to formulate Short, Intermediate and Long-term priorities for tobacco control in India. Preceding the consultation, an extensive literature review and policy analysis were conducted to establish initial priorities. Subsequently, a consensus statement was developed to assist policy makers in identifying tobacco control priorities in India with an overall goal to achieve SDG 3a, aiming to strengthen the implementation of the WHO FCTC.

Results: The proposed short-term priorities focused on promoting anti-tobacco curricula in health educational institutions, expanding cessation services, creating a national task force for TC, training, monitoring and evaluation, strengthening COTPA with stronger and effective TC measures. The intermediate priorities focused upon advancing tobacco taxation, Tobacco-Free environments, adopting and implementing FCTC Article 5.3, building capacity of National Tobacco Testing Laboratories and implementation of TVL and long-term priorities for tobacco control focused upon on developing a comprehensive, multisectoral strategy to address the policy gaps and maintain resources that support the sustainability of tobacco control efforts to reach the goal of tobaccofree India.

Conclusions: National policies and legislation play a crucial role in strengthening the comprehensive tobacco control framework. The collaborative formulation of short, intermediate, and long-term priorities for tobacco control in India is essential for phased implementation toward achieving a TobaccoFree Generation, emphasizing a holistic approach for addressing challenges and leading the way ahead.

Summary: India faces a significant tobacco burden as the second-largest producer and consumer globally. Despite robust policies, implementation gaps persist. A national consultation with 43 experts was organized to identify priorities and formulate an action plan to strengthen tobacco control and achieve the WHO FCTC and SDG 3a goals in India.

Biography

Dr. Sonu Goel is working as a Professor of Health Management at DCM&SPH, Post Graduate Institute of Medical Education and Research, Chandigarh India. He also holds the positions of Adjunct Associate Clinical Professor in School of Medicine, Faculty of Education and Sciences, University of Limerick, Ireland and Honorary Professor, Faculty of Human and Health Sciences, Swansea University, UK. Dr. Goel leads the MPOWER research group of The Union and the NAMS Taskforce on Tobacco Control in India. He also serves as Director WHO awardee RCTC and the Tobacco Endgame Hub India, contributing extensively to global and national tobacco control initiatives.

Dr. Sumeet Dixit[1]*, Dr. SD Kandpal[2], Dr. Bhuwan Tiwari[3], Dr. Ashish Jha[3], Dr. Arvind K Singh[4], Dr. Peeyush Kariwala[1]

[1]Associate Professor, Community Medicine, Dr. RMLIMS, Lucknow, India
[2]Professor and HOD, Community Medicine, Dr. RMLIMS, Lucknow, India
[3]Professor, Department of Cardiology, Dr. RMLIMS, Lucknow, India
[4]Additional Professor, Community Medicine , Dr RMLIMS, Lucknow, India

Impact of health promotional signages on staircase use: An interventional study at a tertiary care hospital in Lucknow

Background/Introduction: Physical inactivity is a major global health issue, ranking as the fourth leading cause of mortality and contributing significantly to Non-Communicable Diseases (NCDs) like cardiovascular diseases, diabetes, and obesity. Despite the known benefits of regular physical activity, a large portion of the population remains inactive. In India, high rates of physical inactivity highlight the need for effective public health interventions.

Objectives: The primary objective of this study was to evaluate the effectiveness of health promotional signages in increasing the use of staircases within a tertiary care hospital setting.

Material and Methods: This quasi-experimental study took place at a tertiary care hospital in Lucknow. The study observed all passers-by at designated points near an escalator and staircase over 12 months, divided into baseline (Phase I) and intervention (Phase II) phases. During Phase I, stair and elevator usage were recorded without intervention. In Phase II, health promotional signages with motivational messages and images were placed to encourage stair use. Observations were made five days a week during peak hours, with data analysed using Excel and R software.

Results/Discussion: During the study, 18,925 individuals were observed. In the pre-intervention phase, out of 7,752 observations, 70.08% used the elevator, and 29.92% used the stairs, showing a strong preference for the elevator. Post-intervention, out of 11,173 observations, 46.62% used the elevator, and 53.38% opted for the stairs. This significant increase in stair usage was consistent across all age groups and genders. The Number Needed to Treat (NNT) was 4-5, meaning for every 4-5 individuals exposed to the signage, 1 person chose the stairs.

Conclusion: Signages as built-in environmental modifications can serve as a cost-effective and simple strategy to promote physical activity in hospital settings. By subtly encouraging stair usage, these signages raise awareness of the benefits of increased physical activity. This approach highlights the potential of strategic environmental changes in promoting healthier behaviours, making it a valuable tool for public health initiatives.

Biography

Dr. Sumeet Dixit did his MBBS in 2005 and MD (Community Medicine) in 2010 from prestigious JN Medical College, AMU, Aligarh. He is Currently working as Associate Professor in Community Medicine at Dr. RML Institute of Medical Sciences, Lucknow. He started his career as a Child Survival Coordinator, Purnia division, UNICEF, Bihar. Before joining Dr. RMLIMS, Lucknow in 2017, Dr Dixit had worked at faculty positions in Medical Colleges across Bihar, Uttarakhand and Haryana. In his academic career spanning around 14 years Dr Dixit has authored 22 research papers and authored five chapters in books and training Modules. He has also authored two books highlighting the importance and benefits of 'Physical Activity' as sole author and 'Textbook of Occupational Health' as co-author. He is state level trainer of IMNCI, CDR and SAANS which are state initiative for Childhood Survival. He has received many awards and appreciations for his research and public health initiatives at many forums. In 2021, he founded the 'Society for Promotion of Physical Activity and Health'[SPPAH] and regularly organizes training sessions, community engagement activities and panel discussions, to address Physical Activity and other lifestyle related issues. He is member 'NCD Working group' at World federation of public Health Associations (WFPHA). Dr. Dixit envisions a society free from lifestyle related NCDs and is dedicated to this goal through multiple initiatives.
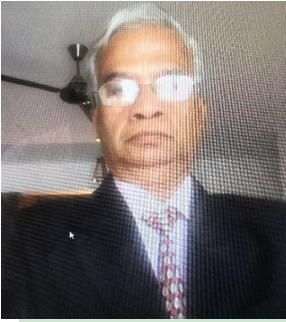
Dr. Suresh Kishanrao (K. Suresh) MD, DIH, FIAP, FIPHA, FISCD

Public Health Consultant & Professor of Practice, KSRDPRU, GADAG, Karnataka, India

Empowering families through nurses for diabetic foot care at home

This presentation is based on an observational study 100 cases in last 5 years and 4 anecdote cases reported in this presentation the author confirms that Nurses' roles remained the key factors in managing, caring, educating, advocating and helping clients in modifying their lifestyle practices. The author used a simple screening process of observing the debridement & dressings done by Nurses in hospitals, PHCs, Health & Welfare Centres (HFWCs). The assessments of the feet and the monofilament test were methods for examination and screening. In HFWCS author conducted practical demonstrations of debridement, maggots' removal, cleaning, dressing & identifying cases that needed referral for further management.

Results: The clients & their family members visited for follow-up checks were knowledgeable on the importance of compliance with care and Nurses ably demonstrated foot examination. The exit interviews of the patients confirmed that in about 70% of foot care like the routine cleaning, dressing before &after debridement or even some surgical debridement in neurogenic ulcers was done by Nurses. Authorising nurses will benefit at least 30% in rural and 10% in Urban who encountered difficulties with complying to care due mostly to economic, transport, attendant (social) challenges.

Biography

Dr. Suresh Kishanrao (known as K. Suresh) studied MBBS (1967) & MD (P&S Medicine 1984) in Karnatak University, Karnataka, India. After MBBS joined Karnataka State Health & Family Welfare Services and served as a Medical Officer of Health in 3 remote rural Primary Health Centers in Kalburgi District. He pursued in PG Diploma course Occupational Health in 1977 from Bangalore University. Then he was Public Health administrator for 4 years in Dharwad, later completed his MD (P&SM) in1984. He became class I senior Health Officer and led the National Immunization Program from January 1985. His State Immunization, and MCH Officers work with the responsibility of the State's LHV and ANM training schools got him to the attention of UNICEF Country Office which offered a job and, he joined as Epidemiologist in September 1989. Looking at his contribution to UIP in India he was promoted to an NOD level 1n 1991. He continued to work in UNICEF as Sr Program Officer (Health) until January 2006. After retirement he has been doing freelance Public Health Consultancies for UNICEF, WHO, and Private groups. Since 2018 he has been Visiting Professor of Practice (PH) for MPH course in Karnataka State Rural Development and Panchayat Raj University (KSRDPRU), Gadag. He has over 100 publications of his own and another 50 articles and dissertations of MPH scholars to his credit, on common illnesses (case reports) and Public Health Problems which review the current practices in India with Public Health Lens and alert the common people of their responsibilities and how the health people can exploit them and holds periodical webinars to empower family Physicians. Empowering Paramedical and families to take care of chronic illnesses like (DFU, Diabetes, Hypertension, Rheumatoid Arthritis, CKD, etc.) is his crusade currently.

Suriya Kirkpatrick

Oxford School of Nursing and Midwifery, Oxford Brookes University, United Kingdom

User centre design to develop an exercise-based lung cancer self-management platform

Lung cancer continues to represent a substantial global health challenge, characterised by high mortality rates and an increasing incidence of new cases. Despite advances in treatment options, survival rates for lung cancer remain significantly lower than those of other cancers. Research has consistently demonstrated that increased physical activity can provide notable benefits for individuals living with lung cancer, such as reducing symptoms of breathlessness, fatigue, and depression, in addition to improving overall well-being. The aim of the study was to develop a novel digital self-management platform, "HandHeld Health–Lung Cancer." This exercise-based tool was specifically designed to empower individuals diagnosed with lung cancer to take a more active role in managing their health. The platform delivers personalised exercise recommendations, enables users to monitor their symptoms and track their progress, and provides guidance by directing them to relevant supportive resources.

The development process was underpinned by extensive patient and public involvement, which was integrated at every stage of the research process to ensure that the platform aligned with the real-world needs of users. Additionally, the research adopted an agile methodology to facilitate iterative development. This approach allowed for a co-design process that engaged lung cancer patients, survivors, caregivers, healthcare professionals, and key decision-makers. The iterative nature of this co-design framework ensured that feedback was continuously incorporated to refine the platform in line with user expectations.

The collaborative, user-centred development strategy aimed to address the current gap in self-management resources for lung cancer patients. By enhancing patient engagement and promoting physical activity, the "HandHeld Health–Lung Cancer" platform can improve physical functioning and enhance the quality of life for those affected by lung cancer.

Biography

Suriya is an internationally qualified registered nurse and midwife who began her career in South Africa. With over three decades of nursing experience and a background in psychology, she has dedicated her professional life to enhancing patient outcomes across diverse clinical settings, including intensive care, acute medicine, stroke, and cancer care. Her extensive expertise in cancer care is particularly notable, encompassing roles such as Acute Oncology Specialist Nurse, Advanced Cancer Research Practitioner and Genomics Practitioner. Suriya led the delivery of cancer research for over 16 years at North Bristol Trust, where she played a pivotal role in shaping the cancer research portfolio to benefit patients and advance care delivery. She is currently pursuing a PhD in lung cancer, focusing on developing a digital self-management platform for individuals living with the disease. Her research bridges clinical expertise, leadership, and innovation to drive improvements in patient care and experiences. Suriya's commitment to leadership and innovation in nursing is exemplified by her recognition as a Florence Nightingale Foundation Established Leadership Scholar. She also holds influential leadership roles, nationally and internationally. Suriya serves as Chair of Lung Cancer Nursing UK's Research Interest Group, is a core member of the UK Oncology Nursing Society's Personalised Cancer Care Members Interest Group, sits on the advisory committee of the Global Power for Oncology Nursing Group and various research advisory committees. More recently, Suriya was accepted on the National Institute for Health and Care Senior Research Leaders Programme. In her new role as Assistant Chief Nursing Officer for Research Development and Genomics, Suriya aligns her work with the Chief Nursing Officer for England's strategic research priorities and NHS England's vision for integrating genomics into healthcare. Equity, diversity, and inclusivity are at the heart of Suriya's research and leadership approach. She is committed to empowering the nursing community by supporting the development of fundable research proposals and nurturing the ambitions of her colleagues.

Susan J Kitching

Director of Nursing, King Salman Armed Forces Hospital Tabuk, Kingdom of Saudi Arabia

Transforming employee health (death) to occupational health

Employee health has been the standing title for the staff health department for many years or as it is often referred to employee death due to the limited support offered. Undertaking transformation of a service needs buy in from many healthcare practitioners as well as the convincing of staff that the change will benefit them in the role they are assigned to. Change management (Ball et al 2017) is key, as well as effect transformational leadership (Bass 1978 and Burns 1985) but this project requires a trio approach, and the 3rd element is that of a collaborative leader (McDermott and Hall 2017). Realignment of service delivery refocussing appointments and referrals, emphasizing confidentiality in the requirements for a staff member to continue working, the development of a budget to support equipment and supplies to keep staff in work as well as the required skills acquisition of current staff in the Department. A small pilot is currently underway as staff obtain and are recruited for the new department. Staff wellness is one of the key requirements to be demonstrated in the Magnet journey to excellence and creating an occupational health department can develop staff wellness needs through mindfulness, a breakout room for stress management in support of other wellness activities. One drive of having a proactive department is to reduce the amount of sick leave staff use and to adjust working environments so staff's needs are considered rather than moving them from one area to another.

Biography

Susan J Kitching (Sue) has spent 40 years in healthcare covering many varied roles and experiences. She undertook her bachelor's degree through the Open University in Social care and management and after successfully attaining this she went onto further stretch herself, undertaking a Master's degree in Collaborative Healthcare at Salford University. After a few years rest-well undertaking short courses to develop further skills and knowledge and completing many years in the National Health Service (NHS) she took up an opportunity to work abroad in Saudi Arabia and share her knowledge and experience. This is when she decided that she should think about further study and eventually commenced on her Professional Doctorate Journey which will complete this year in the field of "Transformational leadership and motivation are they conjoined twins when viewed through a Magnet lens." She is also part of the editorial team for a multidisciplinary journal and supervises many nurses as they study for Masters working abroad.

Takayuki Fujii[1], Takeshi Matsuda[2]*, Yasuko Maekawa[3]*, Masayuki Goto[4]

[1]Faculty of Nursing, Setsunan University, Hirakata City, Osaka Prefecture, Japan
[2]Faculty of Information Sciences, Hannan University, Matsubara City, Osaka Prefecture, Japan
[3]Faculty of Nursing, Kansai University of Social Welfare, Ako City, Hyogo Prefecture, Japan
[4]School of Creative Science and Engineering, Faculty of Science and Engineering, Waseda University, Shinjuku, Tokyo, Japan

Extraction and consideration of factors related to the continued use of communication robots using factor analysis

AI technology, which has undergone rapid technological evolution, has recently had a major impact on the development and utilization of robotics technology. This study focuses on the utilization of communication robots in the medical field, and it aims to extract the current status of communication robots in the medical field and the perspectives necessary for their continued use. We had conducted a 52-item questionnaire on the utilization of communication robots at medical institutions and other institutions. As a result, 44 responses were obtained, which represents a response rate of 2.9%.

Although statistical analysis of the results was not possible due to the insufficient response rate, factor analysis was applied to examine the relationship between the question items and the clusters of response data, and it was confirmed that unsupervised learning was realized that could find a certain relationship between data clustering and related question items by verifying the association between factors with high contribution rates.

As a result, factors that lead to the continued use of communication robots are extracted and considered. In particular, our results showed that questions related to voice recognition and questions related to the likelihood of breaking during daily use were clustered as important factors for continued use, and that the affection of the user and the understanding concerning to robot of superiors were important factors for continued use. The results of the factor analysis are summarized below. The cumulative contribution rate of the seven factors is approximately 50%.

Factor 1:(10.16%)

Speech recognition is not possible (for both the patient and the robot)

(Patient factors, Robot factors)

Factor 2:(8.90%)

Concerns about breakdowns and safety (Individual factors)

Factor 3:(8.77%)

Motivation for self-improvement (Individual factors)

Factor 4:(6.62%)

High awareness among staff and the environment and organization that can utilize cutting-edge technology (Environmental factors, Individual factors)

Factor 5:(5.50%)

Clarification of successful experiences/introduced robots affect learning opportunities (Individual factors, Environmental factors)

Factor 6:(5.30%)

Dementia patients are likely to respond to robots (Individual factors)

Factor 7:(5.21%)

Game functions are effective for certain types of people (those whose cognitive abilities are maintained to a certain degree) (Individual factors)

Biography

Takeshi Matsuda obtained his PhD in Science from the Tokyo Institute of Technology in 2010 and has been engaged in research in mathematical informatics. Since 2011, he has been developing a system that applies mathematical techniques to server defense technology in the field of cybersecurity, and is now applying that technology to the field of medical information. Currently, he is using that technology to conduct research into applying generative AI to nursing assessments, and the use of AI robot technology in the medical field.

Yasuko Maekawa obtained my Master of Nursing degree from Osaka Prefecture University in 2000 and PhD in Engineering from Osaka Prefecture University in 2011, and has been engaged in research in nursing education and nursing informatics. In 2006, I started the development and utilization of ICT-based nursing education systems, and is currently researching the application of AI robot technology to the healthcare field.
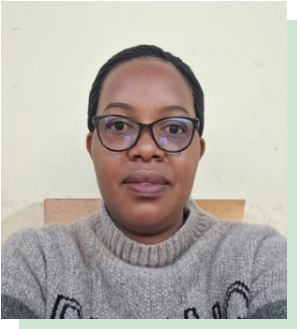
Thaoussi Uwera[1,2]*, Mahima Venkateswaran[3], Eleni Papadopoulou[3], Enock Rukundo[1,2], Hassan Sibomana[4], Andrew Muhire[5], Ingvild Sandøy[2], David Tumusiime[2], J. Frederik Frøen[3]

[1]Center of Excellence in Biomedical Engineering and e-Health, University of Rwanda, Kigali, Rwanda
[2]Center for Intervention Science in Maternal and Child Health (CISMAC), University of Bergen, Bergen, Norway
[3]Global Health Cluster, Division for Health Services, Norwegian Institute of Public Health, Oslo, Norway.
[4]Rwanda Biomedical Centre, Kigali, Rwanda
[5]Ministry of Health, Kigali, Rwanda

Facilitation strategies for improved use of an electronic immunization registry in Rwanda: An implementation research study

Objective: Childhood immunization programs are essential components of health systems in low- and middle-income countries. In Rwanda, the introduction of the e-Tracker, a digital, longitudinal immunization registry, aimed to streamline immunization records. However, health facilities still underutilize the e-Tracker, relying on parallel paper-based documentation and reporting. This study seeks to implement and evaluate facilitation strategies to encourage the exclusive adoption of the e-Tracker.

Method: The study employed an implementation research design with a mixed-methods approach, guided by the i-PARIHS framework. Focus group discussions were conducted with an intervention group consisting of 12 immunization nurses, randomly selected from 46 underperforming e-Tracker health facilities identified through a national e-Tracker report.

Together, we co-designed facilitation strategies, including the appointment of champion data managers to provide ongoing training. Training was delivered via a collaborative WhatsApp group and recorded videos addressing specific challenges faced by nurses in using the e-Tracker. The remaining 34 nurses from the same group of underperforming facilities served as the control. The strategies were evaluated six months post-implementation using a process evaluation questionnaire that assessed three key measures: acceptability (AIM), appropriateness (IAM), and feasibility (FIM) of the intervention. Data analysis was performed using SPSS (version 25), and an independent t-test was used to compare implementation outcomes between the intervention and control groups.

Results: The results indicated that the intervention group had a higher level of acceptability of implementation and use of e-Tracker (mean=23; SD=1.70) than the control group (mean=19.85; SD=5.21), p=.004). In addition, the intervention group reported a higher level of feasibility of implementation and the use of e-Tracker (mean=18; SD=1.47) than thecontrol group (mean=14.21; SD=4.36), p=.000). However, no statistically significant difference was found in the appropriateness of implementation and use of e-Tracker (p=.381) in the intervention (mean=22.58; SD=1.97) and the control group (mean=21.06; SD=5.81).

Conclusion: Facilitation can overcome the resistance to change among health workers and improve acceptance of digital tools such as the e-Tracker. This study addresses the World

Health Organization's calls for implementation research to identify crucial factors affecting scalable and sustainable implementation of digital health interventions for health system strengthening for resource-limited settings.

Biography

Thaoussi Uwera is an Assistant Lecturer in the health informatics department of the University of Rwanda, She received her bachelor's degree (Computer Science, 2012) from Kigali Institute of Science and Technology, Rwanda. She earned her MS (Health Informatics, 2016) from the University of Rwanda (UR). She is pursuing a PhD in digital health at the University of Bergen, Norway, under the supervision of Prof Frederik via the eRegistry research group in the Norwegian Institute of Public Health (NIPH). Her research interests lie within the areas of eHealth and mental health, with five articles published in recognized peer- reviewed journals.

Tia Warrick

Juniata College, United States

Association of diabetes outcome and atrazine exposure among Pennsylvania counties, 2011-2019

Background: Atrazine, a widely used herbicide, is recognized for its potential endocrine-disrupting effects, though its direct link to diabetes has not been extensively studied.

Objectives: This study investigates the relationship between atrazine exposure and diabetes incidence, especially in agricultural settings, and examines how socioeconomic factors like income and education levels influence diabetes risk.

Methods: A retrospective cohort study was conducted using data from 67 counties in Pennsylvania from 2011 to 2019. Atrazine exposure was measured in local water sources and correlated with diabetes data from the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Socioeconomic data were sourced from U.S. Census Bureau records, with logistic regression used to adjust for confounders such as age, race, and lifestyle.

Results: Findings showed a significant association between high atrazine exposure and increased diabetes incidence, even after adjusting for confounders.

Discussion and Conclusion: The study highlights a significant health risk posed by atrazine, particularly for socioeconomically disadvantaged groups. It underscores the need for stricter atrazine regulation and public health interventions to mitigate its impact. Further research is crucial to understand how atrazine affects glucose metabolism and diabetes development. Implementing stricter environmental controls and educational initiatives could reduce the diabetes burden in impacted communities.

Biography

Dr. Tia Warrick is an accomplished clinical research professional, epidemiologist, and senior project manager, with almost 10 years of experience in statistics, data analysis, and study design. She holds a Doctor of Health Science, a Master in Public Health Epidemiology, and a Bachelor of Biology. Throughout her career, Dr. Warrick has contributed extensively to the fields of clinical trials and neuroscience research, starting her research journey at Roswell Park and University at Buffalo Neurosurgery. In addition to her professional work, Dr. Warrick is a professor and has a passion for education, teaching graduate-level courses in public health and research design. She is also a published author of two acclaimed books, including Burst the Bubble: A Look into Careers in the Pharmaceutical Industry, which won a Gold Medal at the 2024 PenCraft Award, Global eBook Awards, Bookfest Award, Literary Titan Award, and Outstanding Creator Award. Her research spans a wide array of topics, including public health disparities, environmental contaminants, and social determinants of health.

Dr. Vincent Covello

Center for Risk Communication/CrisisCommunication.net, United States

Advances in crisis, emergency, and risk communication: Evidence-based public health strategies and practice

This presentation will delve into new and emerging public health threats, including terrorism, cybersecurity, terrorism as well as natural disasters and environmental hazards. You will learn key scientific and tested tips and tools to help you deliver effective, trusted messages to communicate more effectively during any crisis or emergency.

Biography

Dr. Vincent Covello is the Director of the Center for Risk Communication. He is a nationally and internationally recognized trainer, researcher, consultant, and crisis and emergency risk communications expert. His government experience ranges from the White House to major public agencies to advising the City of New York. Over the past thirty years, Dr. Covello has held positions in academia and government. Before establishing the Center for Risk Communication, he was an Associate Professor of Environmental Sciences and Clinical Medicine at Columbia University. He has also served as a senior advisor to the World Health Organization, the US Centers for Disease Control and Prevention, the US Environmental Protection Agency, and numerous other public and private sector organizations. Dr. Covello is on the editorial board of several scientific journals and is the Past President of the Society for Risk Analysis, a professional association with over 3000 members. He received his doctorate from Columbia University and, his B.A. with honors and M.A. from Cambridge University in England. Dr. Covello has authored or edited more than 25 books and over 150 published scientific articles on crisis and emergency risk communications. His most recent book is titled: Communicating in Risk, Crisis, and High Stress Situations: Evidence-Based Strategy and Practice (Wiley/IEEE Press, 2022).

Vinita Shukla

Dr. Ram Manohar Lohia Institute of Medical Sciences, India

Empowering adolescents in Lucknow with rabies awareness: An interventional study

Introduction: Rabies, a viral zoonotic disease, causes fatal inflammation of the brain and spinal cord, with a near 100% fatality rate once clinical symptoms appear. Despite effective vaccines and preventive measures, rabies remains a significant public health concern in India, particularly due to the prevalence of unvaccinated free-roaming dogs. This study aimed to assess the need for health education about rabies among adolescents in Lucknow and evaluate the impact of health awareness camps on their knowledge.

Methodology: Conducted in the rural and urban health centers of Lucknow, this single-arm interventional study involved 401 adolescents aged 10-19 years. A stratified multistage random sampling method was used, and data was collected via in-person interviews using a pretested questionnaire. Interventions included health awareness camps with lectures, demonstrations, and wall paintings. Data was analyzed using SPSS 29.0, employing the McNemar test and paired t-tests.

Results: Out of 401 adolescents, 199 in rural and 202 in urban areas completed the post-test questionnaire. In rural areas, awareness of rabies being 100% fatal increased from 9% to over 40%, and in urban areas from 12% to over 50%. Knowledge about proper wound management and the necessity of vaccination after animal bites also improved significantly in both areas. Overall mean scores of correct responses increased significantly from 11.22±4.66 to 25.83±0.60 in rural areas and from 12.46±6.10 to 24.70±8.13 in urban areas.

Conclusion: The study identified a critical need for knowledge about rabies among adolescents in Lucknow. Multipronged educational interventions along with repeated sensitization through wall paintings effectively enhanced knowledge about rabies, demonstrating the importance of targeted educational interventions in rabies prevention efforts. The findings suggest that comprehensive health education can significantly reduce rabies incidence and improve preventive practices among vulnerable populations.

Keywords: Rabies, Adolescents, Health Education, Awareness Camps, Comprehensive need Assessment Knowledge Assessment.

Biography

Dr Vinita Shukla studied MBBS at the GSVM, Medical College, Kanpur and graduated in 1996. She then joined MD, Community Medicine at King George's Medical University Lucknow, India. She received her MD degree in 2004.Following this she practiced medicine in private and public sector. Presently she has been working as Professor Junior Grade in Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow. She worked as the Nodal Officer of COVID-19 vaccination and her work has received Governor's recognition. With a keen interest in community health, especially the adolescent health, she has conducted various studies and has published the same.
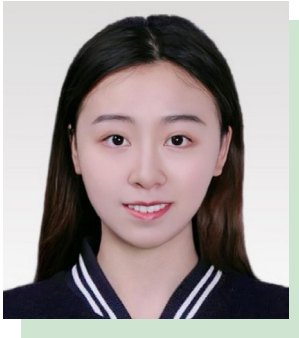
Wang Xinxin*, Lu Fei

Department of Nursing, The Second Affiliated Hospital Zhejiang University School of Medicine, Hangzhou, 310009, China

Construction and practice of whole-process rehabilitation management model based on HAPA theory for patients with frozen shoulder

Objective: To construct a whole-process rehabilitation management model based on the theory of Health Action Process Approach for patients with frozen shoulder, and to evaluate its application effect.

Methods: Through the experience of literature retrieval and the actual expert consultations, we set up a research team and constructed a whole-process rehabilitation management model for patients with frozen shoulder based on the theory of Health Action Process Approach. Patients with frozen shoulder admitted to a tertiary grade A hospital in Zhejiang from May to November 2022 was selected by convenient sampling. Those were admitted from May to July 2022 were set as the control group (n=40), and they were with the routine nursing care. Those were admitted from September to November 2022 were set as the intervention group (n=40), and they were with the whole-course rehabilitation management mode based on the theory of Health Action Process Approach. The differences of Constant scale score, QuickDASH scale score, NRS score at rest and activity were compared between the two groups 1 day and 1 month after surgery.

Results: After the intervention, the Constant scale score and QuickDASH scale score of the observation group were higher than those of the control group (P<0.01), the maximum NRS score during activity of the observation group was lower than that of the control group (P<0.01), while there was no statistically significant difference in the maximum NRS score at rest between the two groups (P>0.05).

Conclusion: The whole-process rehabilitation management model based on the theory of Health Action Process Approach can relieve the pain of patients with frozen shoulder, promote comfort, and speed up shoulder joint rehabilitation. It is a safe, feasible, efficient and scientific new nursing management mode, and can provide new ideas for the nursing management of frozen shoulder patients.

Biography

Miss Wang studied Nursing at Wuhan Polytechnic University, and received a Master's degree in 2022. She then joined the research group of The Second Affiliated Hospital Zhejiang University School of Medicine. She has published more than 10 research articles.

Wong Wing Yee, Elaine*; Leung Po Shan, Melissa; Chan Yip Wing Han, Carmen

[1]Central Nursing Department, Grantham Hospital, Hospital Authority, Hong Kong
[2]Department of Accident and Emergency, Princess Magaret Hospital, Hospital Authority, Hong Kong
[3]The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong

Interventions to enhance nurse job satisfaction and retention: A systematic review

Background: Nursing shortages and high turnover rates are long-standing challenges in global healthcare systems. The retention of experienced nurses is particularly crucial, as they are a valuable resource often lost due to stress, burnout, and job dissatisfaction. High levels of job stress not only decrease nurse satisfaction but also increase the likelihood of attrition, exacerbating the nursing shortage. This systematic review aimed to identify evidence-based interventions that address intrinsic factors like stress and job satisfaction to enhance nurse retention.

Objectives: The primary objective of this systematic review was to examine the effectiveness of interventions focused on reducing nurse stress and improving job satisfaction, with the ultimate goal of enhancing nurse retention. The review focused on intrinsic determinants of job satisfaction, such as stress, burnout, in contrast to extrinsic factors like salary and benefits, which have been shown to have limited long-term impact on retention.

Methods: A comprehensive search of ten databases, including Ovid MEDLINE, PubMed, Cochrane Library, and CINAHL, etc. was conducted in September 2024. The search focused on studies that involved nurses and interventions aimed at reducing stress and improving job satisfaction. Eligible studies were Randomized Controlled Trials (RCTs), quasi-experimental studies, or pre-post intervention studies. Studies that focused solely on COVID-19-related stress interventions or involved non-hospital settings were excluded. A total of 20 studies were included after screening 5,297 articles. Data from these studies were extracted and synthesized, and the risk of bias was assessed using the ROBVIS tool.

Results: The 20 included studies examined a variety of interventions aimed at reducing nurse stress and improving job satisfaction. Mindfulness-Based Interventions (MBIs) were the most commonly studied, implemented in 17 out of the 20 studies. These interventions varied in format, ranging from traditional 8-week Mindfulness-Based Stress Reduction (MBSR) programs to brief mindfulness sessions and web-based self-practice formats. The results consistently showed that MBIs led to significant reductions in stress, burnout, and anxiety, while improving resilience and job satisfaction. Shortened or brief MBSR programs were found to be more feasible for nurses due to their time constraints, with some studies reporting the

effectiveness of interventions as short as 5 minutes per session. Limited studies measured the direct effect of nurse retention. In addition to MBIs, interventions such as resilience training, career identity programs, and aromatherapy massage were also explored, with mixed results. Resilience training showed positive effects on stress reduction, while career identity training and aromatherapy demonstrated limited impact on nurse stress and job satisfaction.

Conclusions: This systematic review highlights the effectiveness of mindfulness-based interventions in reducing nurse stress and improving job satisfaction, ultimately contributing to nurse retention. The review also identifies the need for feasible, scalable interventions that can be integrated into nurses' busy work schedules. While MBIs are promising, further research is needed to explore the long-term sustainability of these effects and to develop interventions that address the intrinsic determinants of nurse retention and measure the outcomes on intention to stay. Further studies should also consider the direct effect on job satisfaction, intention to stay by reducing nurse stress.

Biography

Elaine Wong Wing Yee is studying for a Doctor of Nursing programme at the Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong. She is currently a Senior Nursing Officer in the Central Nursing Department at Grantham Hospital, Hospital Authority. She oversees the central nursing administration, Quality and Safety division, as well as the Patient Relations Unit. Her research focuses on enhancing nurses' well-being by reducing stress to improve job satisfaction and promote nurse retention.

Tu Xinyi[1]*, Shi Chenghao[2], Wang Lizhu[1]

[1]Department of Nursing, The Second Affiliated Hospital of Zhejiang University School of Medicine, Hangzhou, Zhejiang Province, China.
[2]School of Nursing, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China

Association between stress hyperglycemia and pneumonia in patients with stroke: A systematic review and meta-analysis

Pneumonia is a frequent complication post-stroke and Stress Hyperglycemia (SH) is a physiological response to stroke. Some researches found that patients with SH are more likely to develop pneumonia. To investigate whether patients with SH are at an increased risk of developing pneumonia following a stroke, we carried out a systematic review and meta-analysis.

A comprehensive literature search was conducted across PubMed, EBSCOhost, Web of Science, Embase, CNKI, and Wanfang databases from inception to July 10th, 2024, to identify observational studies comparing the incidence of pneumonia between stroke patients with and without SH. The methodological quality of the included studies was assessed using the Newcastle-Ottawa Scale (NOS), and pooled ORs for each comparison were estimated using a random-effects model proposed by DerSimonian and Kacker.

Twelve studies were included eventually and the pooled incidence rate of pneumonia was 14.5%. The overall incidence of pneumonia in patients with SH were significantly higher than those without SH (OR:1.80; 95%CI:1.56to2.07, $P<0.00001$). The heterogeneity was significant in meta-analysis ($P=0.03$, $I2=48\%$).Through meta-regression analysis, significant differences in effect size were observed across subgroups defined by study design ($P=0.045$) and the inclusion of diabetes ($P=0.038$). Although some publication bias was detected, the impact of SH on pneumonia remained significant after applying the Trim and Fill method ($OR=1.575$; 95% CI: 1.364 to 1.819; $P<0.00001$).

In conclusion, patients with SH in the acute phase of stroke are 57.5% more likely to develop pneumonia than those without SH.

Biography

Miss. Tu Xinyi completed her undergraduate studies in Nursing at the School of Nursing, Peking Union Medical College, China, and graduated with a Bachelor's degree in 2023. During her undergraduate years, she conducted research on diabetes and sarcopenia under the guidance of Associate Professor Jing Li. Then, she joined the Zhejiang University School of Medicine to pursue a Master's degree in Nursing, focusing on critical and intensive care nursing under the guidance of her advisor, Professor Lizhu Wang. Her Master's studies are currently ongoing.

Yahaya S S[1]*, Zarami B[2], Congdon C[3], Mswia R[3], Fasawe O[2], Sani A[1], Saleh M[1], Buba A[1], Sani NN[4], Sanda A[4], Usman Asmau[4], Lawal M[4], Lawal A M[4], Tukur J[4], Lawal N[4], Suleiman B[4], Suleiman K[1], Ahmad Z[2], Haliru A[2], Maude M[4], Shuaib A[4], Bello H[4]

[1]Katsina State Primary Health Care Agency, Nigeria
[2]Clinton Health Access Initiative, Nigeria
[3]Vital Strategies, USA
[4]Federal Teaching Hospital Katsina, Nigeria

Community-Based Health Management Information System (CBHMIS): Causes and distribution of maternal deaths in a high community death setting of Northern Nigeria

Nigeria accounts for 28.5% of global maternal deaths. Achieving the maternal health-related Sustainable Development Goals (SDGs) requires a clear understanding of the causes of maternal death, particularly in Northern Nigeria, where routine reporting systems are lacking. This study aimed to identify the causes and distribution of maternal deaths in Katsina State, Nigeria. The study was conducted in five Local Government Areas (LGAs), with an estimated population of 1,600,000. Maternal deaths were identified through the CBHMIS, which engaged trained community informants. A total of 1,151 verbal autopsies were conducted for maternal deaths reported between December 2023 and November 2024 using the WHO 2022 Verbal Autopsy tools and causes of death assigned to ICD-11 using the WHO DORIS tool by trained physicians. All data was analyzed using ANACOD-3. Descriptive statistics were used to determine the Maternal Mortality Ratio (MMR), and distribution of deaths. Ethical clearance was obtained from the Katsina State Ministry of Health. The mean maternal age was 31.4±6.9 years, with 62.2% of deaths occurring outside health facilities. A total of 83, 855 live births were reported, giving an MMR of 1,373 per 100,000 live births-more than double the national average of 512 per 100,000 live births. The leading causes of maternal deaths were obstetric hemorrhage (40.7%), hypertensive disorders of pregnancy (17.2%), maternal sepsis (10.1%), malaria in pregnancy (5.8%), prolonged or obstructed labor (5.6%), and abortion-related complications (4.6%). Collectively, the five leading causes accounted for about 80% of all maternal deaths. Given the high proportion of community-based births and deaths, relying solely on hospital-based interventions may not significantly reduce maternal mortality. Strengthening community-based interventions and addressing obstetric delays are critical for improving maternal survival. The study underscores the urgent need for grassroots maternal health policies prioritizing timely maternal interventions and community-level care strategies in Nigeria.

Keywords: Maternal Mortality Ratio (MMR), Community-Based Health Management Information System (CBHMIS), Verbal Autopsy, ICD-11.

Biography

Dr. Shamsuddeen Yahaya is a consultant Public Health Physician. He holds an MBBS from Ahmadu Bello University Zaria, Masters in Health Economics and PhD in Public Health. He is a fellow of West African College of Physicians in Community Health. He is the current Executive Secretary of Katsina State Primary Healthcare Agency. Under his leadership, the agency has made significant strides in improving healthcare delivery, strengthening Immunization, and increasing access to essential maternal Newborn and Child Health services in Katsina State. He is also a senior Lecturer at the Department of Community Medicine, Umar Musa Yar'adua University, Katsina State, Nigeria.

Yiwen Wang[1]*, Danny Li[2]

[1]School of Marxism, Tsinghua University, Beijing, China
[2]Keck School of Medicine, University of Southern California, Alhambra, California, United States

Exploitation of emotional value in workplace settings affects depression, anxiety, and overall mental health among Chinese adults: Evidence from a convenience sample of a cross-sectional survey in the post-COVID era

"Emotional value" is a concept that has gained significant traction on the Chinese Internet in the post-pandemic era, becoming one of China's "Top Ten Buzzwords" in 2023. It refers to an individual's ability to convey and influence others' emotional states through words, behaviors, and expressions in interpersonal interactions, thereby generating either positive or negative emotional experiences (The Editorial Department of Yaowenjiaozi, 2024). This study examines the extent of emotional value exploitation experienced by Chinese adults across different workplace environments and luxury brand exposure levels. It further explores the relationship between emotional value exploitation and respondents' levels of anxiety and depression. A cross-sectional survey comprising 31 questions was designed using the Tencent questionnaire platform. The survey included a depression scale (Kroenke et al., 2001), a generalized anxiety scale (Spitzer et al., 2006), demographic variables, luxury brand exposure, and self-reported assessments of depression and anxiety. The questionnaire was distributed online, offering a random reward ranging from RMB 0 to 3. A total of 2,852 responses were collected, with 2,285 valid questionnaires retained after removing missing, extreme, and suspected machine-generated data. The survey achieved a reliability coefficient of 0.91 and covered nearly all provinces in China (excluding Tibet and Taiwan). Descriptive statistics and regression modeling were employed to analyze the data. The results indicate that respondents' depression and anxiety levels were not significantly associated with the actual emotional value contributed but were strongly correlated with their perception of being "forced" to provide emotional labor. Additionally, while employment in the service industry did not show a significant correlation with mental health indicators, individuals working in media-related occupations exhibited higher levels of anxiety and depression compared to those in other professions. By providing empirical data from China, this study sheds light on the exploitation of workers' mental health by capital through the lens of emotional value. It offers a critical reference for understanding the intersection of emotional labor and mental health in career development.

Biography

Yiwen Wang earned her Bachelor of Arts in Journalism from the School of Journalism and Communication at Huazhong University of Science and Technology in 2016. She subsequently obtained a Master of Laws from Xi'an Jiaotong University and a Master of Social Policy from the Brown School of Social Work at Washington University in St. Louis in 2021. Currently, she is pursuing her Ph.D at the School of Marxism, Tsinghua University, with an expected graduation in 2025.
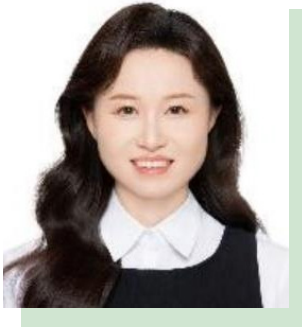
Dr. Yue Yuan Assistant Professor

Research Institute of Social Development, Southwestern University of Finance and Economics, Chengdu, Sichuan, 611130, China

From rural to urban: Conflicts and adaptation of multiple identities in migration

In developing countries such as China, internal migration poses significant challenges to public health and social integration, as migrants often experience profound intraindividual conflicts and transformations in identity. Despite its importance, the internal cognitive mechanisms behind identity integration remain underexplored, particularly regarding how migrants reconcile multiple identities within a cohesive self-concept. To address this gap, we developed a bidirectional and multidimensional framework to examine the dynamics and trajectories of identity changes among internal migrants in intercultural contexts. Drawing on data from a 2015-2016 survey of rural-urban migrants in Guangzhou, we used latent class analysis to identify four hybrid identity categories, alongside five subtypes of self-identity and four subtypes of social identity. Additionally, in-depth interviews revealed several developmental trajectories connecting new identities with preexisting ones, highlighting how migrants' perceptions of self-identity and social identity changes shape their hybrid identities. Our findings illuminate the cognitive and social underpinnings of identity transformation among migrants, offering insights into their mental health and social well-being. By validating our theoretical framework, this research contributes to understanding the interplay between migration, identity, and public health outcomes, providing a foundation for culturally sensitive health interventions and policy-making in diverse sociocultural settings.

Yuma Kajiwara

Graduate School of Comprehensive Human Sciences, University of Tsukuba, Tokyo, Japan

NTT Data Institute Of Management Consulting, Inc., Tokyo, Japan

The number of steps taken as a buffer factor for stress in working people

Introduction: It has been reported that there are diverse individual differences in how stressors are perceived and how psychological reactions are manifested. This cannot be resolved by a single causal relationship between stressors and psychological reactions. It has been reported that it is important to consider buffering factors, which are variables that intervene between the two. As a buffering factor, empirical rules for psychological pain and previous research have reported that physical activity can reduce work stress, improve psychological pain, and improve mood. Therefore, we focused on physical activity. In this study, we examined the effects and relationship of stressors on psychological pain or work engagement in employed people, and whether the number of steps, which is an easy and objective numerical value and allows easy goal setting, is effective as a buffering factor between stressors and psychological pain or work engagement.

Subjects and Methods: The subjects were 143 employees of IT venture companies who had self-administered questionnaire survey results in the FiNC database and who agreed to have their data extracted. IOS step count data was obtained from 92 of the 143 people mentioned above (64%). As for the survey method, a self-administered questionnaire survey was conducted for stressors, psychological distress, and work engagement, and data was stored in the database, while for the number of steps, average data for the week prior to the self-administered questionnaire survey was extracted from the database from iOS device users. The survey included socio-demographic indicators, number of steps, stressors (stressor section of the Occupational Stress Questionnaire (9 scales, 17 items/4-point method)), psychological distress (K6 questionnaire (6 items/5-point method)), and work engagement (work engagement section of the New Occupational Stress Questionnaire (2 items/4-point method)).

As for statistical analysis, a forced-entry multiple regression analysis was conducted with psychological distress and work engagement as dependent variables to see if there was an interaction between stressors and number of steps in relation to psychological distress and work engagement.

Results: A simple tabulation of the subjects' basic attributes showed that their ages ranged from 20 to 58 years (mean = 32.71, standard deviation = 8.26), and that there were 80 men (55.94%) and 63 women (44.06%). The overall mean number of steps was 7,334.69, the overall mean number of stressors was 28.06 points, the overall mean number of psychological distress was 5.21 points, and the overall mean number of work engagement was 2.99 points.

To examine whether the number of steps could be a buffering factor for psychological distress and work engagement, a multiple regression analysis was performed to examine whether an interaction was observed. As a result of the analysis, the interaction term between stressors and number of steps did not significantly regress on either the index of psychological distress or work engagement.

Conclusion: We were able to conclude that the number of steps alone may not be useful as a buffering factor between stressors and psychological distress or work engagement, and that other methods of dealing with this issue are necessary.

Biography

Yuma Kajiwara studied rehabilitation science and sports science at the graduate school of Waseda University and International University of Health and Welfare, and completed his master's degree. As a physical therapist, He has worked in clinical rehabilitation, development of nursing care robots, and planning and design of healthcare applications and alliances. Currently he works at NTT DATA INSTITUTE OF MANAGEMENT CONSULTING, Inc. in healthcare and wellness consulting for public and private sector projects. He is also enrolled in the Dr. program at the University of Tsukuba, where he conducts research on population approaches and behavior change.

Zirui Zhang*, Peng Wang

School of Nursing and Health, Zhengzhou University, Zhengzhou, Henan Province, China

A qualitative study of attitudes toward seeking psychological help among Chinese elderly patients with chronic diseases

Background: Older people with chronic illnesses have a high prevalence of mental health problems such as anxiety and depression, which require effective intervention and management. Yet the rate of mental health service visits for older adults with psychological problems is low, and this phenomenon is even more noticeable in China. Therefore, it is necessary to investigate the factors influencing the attitudes of Chinese elderly chronic disease patients seeking psychological help. Currently, most of the relevant studies are quantitative, which cannot deeply explore the formation mechanism of attitudes toward seeking psychological help among elderly patients with chronic diseases, and qualitative investigations are needed.

Objective: The aim of this study was to investigate the current situation and influencing factors of attitudes toward psychological help-seeking among Chinese elderly patients with chronic diseases based on The Health Belief Model, in order to provide a reference for improving the attitudes toward psychological help-seeking among elderly patients with chronic diseases.

Methods: Semi-structured interviews were conducted with elderly patients with chronic diseases using the maximum differentiated sampling method, and a total of 15 valid data were collected, and the texts were analyzed thematically using the content analysis method.

Results: A total of 3 themes and 11 sub-themes were categorized as (1) more negative attitudes toward help-seeking (self-help oriented; more informal psychological help; resistance to professional psychological help); (2) impediments to help-seeking attitudes (symptom normalization, stigma, lack of knowledge about help-seeking, and perceived risk of treatment); and (3) drivers of help-seeking attitudes (health beliefs, social support, history of exposure to people with mental illness).

Conclusion: Elderly patients with chronic illnesses tend to seek informal psychological help and have poor attitudes toward professional psychological help-seeking. In order to improve attitudes toward seeking psychological help and maintain the mental health of elderly patients with chronic diseases, primary health care units or communities can implement measures such as mental health education, improving social support, and reducing the stigma of mental illness in the future.

Biography

Zirui Zhang studying Nursing at Zhengzhou university, China and currently she is a second year graduate student.

5th Edition of

Singapore Nursing Research Conference &

4th Edition of

International Public Health Conference

MARCH
24-26

POSTER PRESENTATIONS

Amber Ross* MSN, RN, RNC-OB; Elizabeth Kadavil MSN, RN, RNC-MNN; Ashley Labay MSN, RN, RNC-MNN

Childbirth Center, Methodist Sugar Land, Sugar Land, Texas, United States

From missed to managed: Turning postpartum hemorrhage monitoring into proactive care!

Postpartum Hemorrhage (PPH) is a leading cause of maternal morbidity, and accurate blood loss monitoring is essential for early intervention. Our team identified a gap in tracking blood loss, leading to missed or delayed responses. Compliance was 21%, but after implementing a focused initiative, compliance increased to 68% over six months. Key lessons included the challenge of referencing CMQCC guidelines quickly in emergencies. We simplified the guidelines for easier use in high-pressure situations. We also identified underuse of mechanical devices and uterotonics in PPH management. Through meetings with doctors and sharing data, we raised awareness and improved the use of these interventions. By closely monitoring blood loss throughout the postpartum period and improving staff education and communication, we transitioned from reactive to proactive care, improving patient safety and outcomes. This experience reinforced the importance of clear guidelines, real-time feedback, and team collaboration.

Biography

Amber Ross is a nursing leader with over 10 years of experience in childbirth and postpartum care. She holds a Bachelor's in Nursing and a Master's in Nursing Administration from Texas Tech Health and Science Center. Amber has expertise in OB ED, OB ICU, high-risk antepartum, labor and delivery, postpartum, and neonatal care. A certified RNC-OB, she has presented quality improvement projects on postpartum care nationwide. Passionate about innovative healthcare delivery, Amber leads with a people-first approach, motivating her team and fostering their growth in Women's Services.

Ayumi Watanabe*, Eriko Mizuno

Graduate School of Health Care and Nursing, Juntendo University, Chiba, Japan

Interview survey of people with social withdrawal experiences regarding interpersonal difficulties they face during the job-hunting process

Introduction: In modern times, "hikikomori" is one of the serious social problems in Japan. The worsening 8050 problem, where parents in their 80s support their children in their 50s, is often rooted in the children's hikikomori. This issue has also garnered international attention under terms like Hikikomori and Social Withdrawal. Hikikomori sufferers tend to idealize and struggle with realistic thinking due to prolonged isolation in specific environments. By making support programs more realistic, these individuals can approach job hunting with a clearer, more realistic image, thereby reducing anxiety about job hunting and employment. This study aims to clarify the interpersonal difficulties hikikomori sufferers face during the job hunting process and explore how supporters can understand these difficulties to provide more effective, needs-based support.

Method: Semi-structured interviews were conducted with five individuals aged 20 to 60 who had experienced hikikomori and engaged in job hunting. The interviews focused on their interpersonal difficulties and related episodes in the following situations: visiting a company for the first time for an interview, working, during breaks or outside working hours, and other situations. The data were analyzed using qualitative descriptive analysis.

Results: When visiting a company for the first time for an interview, five subcategories and two categories were extracted from 17 contexts. When working, 11 subcategories and three categories were extracted from 31 contexts. During breaks or outside working hours, seven subcategories and three categories were extracted from 12 contexts. In other situations, 12 subcategories and four categories were extracted from 22 contexts.

Discussion: Interpersonal difficulties faced by hikikomori sufferers during job hunting include maladjustment to the work environment, lack of interpersonal experience, loss of confidence, and burden due to their characteristics. To support former hikikomori in the job-hunting process, it is essential to consider the following perspectives: providing gradual support and environmental adjustments to help them adapt to a new workplace, offering training to improve communication skills and interpersonal relationships, and giving counseling to help them regain self-esteem and confidence along with opportunities to experience success. Since new experiences often come with failures, it is crucial to create an environment where former hikikomori can build self-esteem and confidently approach job hunting through these supports.

Biography

Ayumi Watanabe studied nursing at Juntendo University and graduated with a bachelor's degree in 2019. After that, she worked as a nurse in the university hospital's emergency outpatient department, gastroenterology ward, general medicine ward, coronavirus ward, and emergency center. In 2023, she advanced to the master's program in mental health nursing at Juntendo University Graduate School. She is currently caring for adolescent and young adult patients with neurotic disorders at a psychiatric visiting nurse station.

Carl Mouzon[1]*, Katheryn Humbertson[2]

[1]University of Maryland School of Nursing, Baltimore, Maryland, United States
[2]University of Maryland, Baltimore, Maryland, United States

Implementing positive support behavior plans on an adult inpatient psychiatric unit

Problem & Purpose: In September 2023, the Department of Psychiatry at an urban northeastern hospital covered 4,200 hours of one-to-one constant observation for patients exhibiting disruptive behaviors, such as self-harm, suicidal ideation, or displaying aggression towards others. Disruptive behaviors in adult psychiatric settings pose significant risks for both staff and patients, potentially leading to physical and emotional harm to patients and staff. The purpose of this quality improvement project was to implement Positive Support Behavioral Plans (PSBPs), an evidence-based practice change for managing disruptive behaviors.

Methods: The project took place over 15 weeks in the fall of 2024. An interdisciplinary team of physicians, nurses, and occupational therapists underwent training on PSBP implementation. With staff input, PSBP templates with defined behavioral interventions and goals for developing patient-centered plans were created and stored on the department share drive. Patients who might benefit from a PSBP were identified after treatment team meetings, and nursing staff documented PSBPs in the electronic health record (EHR). Weekly data collection included the number of potential PSBPs and the number completed.

Results: Eight patients were designated appropriate for a PSBP due to displaying disruptive behaviors. Patients who were assigned one-to-one constant observation were for issues of fall risks or psychosis and deemed not appropriate for the intervention. Four PSBPs were documented in the patients' EHR.

Conclusion: Intervention was challenged by limited staff buy-in, turnover, and workload burden. Staff identified the need for PSBPs if disruptive behavior was frequent or resulted in severe consequences or harm. Simplified PSBP templates and implementation strategies such as positive incentives, project champions, and periodic reminders may increase adoption and consistency.

Biography

Carl Mouzon studied Nursing at the Towson University, United States and graduated as a BSN-Registered Nurse in 2016. He has worked in inpatient psychiatry for over sever years. He has worked as clinical adjunct faculty for Towson University for three years. He is currently completing a Doctoral in Nursing Practice at the University of Maryland School of Nursing.

Yi-Fang Luo, Chih Han Yang*

Graduate School of Human Sexuality, Shu-Te University, Kaohsiung, Taiwan

Exploring the impact of parental guidance strategies on the risk of online grooming in children and adolescents

The sexual abuse of children and adolescents is an increasingly severe social issue, with emerging internet technologies providing new opportunities for the proliferation of child pornography. Extensive research highlights the serious psychological impacts of online sexual abuse on minors. In this context, parents stand as the first line of defense in protecting children from danger. Despite experts and practitioners emphasizing the importance of parental supervision to protect children from the risks of digital technology-facilitated exploitation, current research on the correlation between parental oversight of children's internet use and the risk of sexual abuse remains insufficient.

This study categorizes parental strategies for guiding children's online activities into four types based on relevant literature: Restrictive Mediation, Active Mediation, Participatory Learning, and Technical Mediation. These categories form the basis of a five-point scale (always=5, never=1) to explore how different strategies predict the risk of children encountering online grooming. The questions about grooming risk reference standards provided by organizations such as the Internet Safety Brigade and the National Society for the Prevention of Cruelty to Children include signs such as children becoming secretive or defensive about their online behavior or being unable to explain money or gifts in their possession.

This study involved both online and field surveys, with 301 parents of children under 18 years of age as participants. The results indicated that the most common strategy used by parents is Active Mediation, which involves discussing online content with children, explaining its appropriateness or potential risks, and teaching online safety rules (M=3.801, SD=0.935). The second most common is Restrictive Mediation, which involves setting rules for technology use (M=3.608, SD=1.026). The third is Participatory Learning, in which parents engage with technology alongside their children (M=3.532, SD=0.902). The last is Technical Mediation, which uses parental controls to filter inappropriate content (M=3.032, SD=1.197). Parent reports indicate a low potential risk of children being groomed (M=1.517, SD=0.435).

Correlation analysis revealed a significant relationship between overall supervision strategies and grooming risk, $F_{(4,258)}=7.085$, $p<.001$, $R^2=.099$. Specifically, more frequent use of Restrictive Mediation ($\beta=-.201$, $t=-2.475$, $p=.014$) and Participatory Learning ($\beta=-.179$, $t=-2.194$, $p=.001$) correlates with lower risk, whereas increased use of Technical Mediation ($\beta=.247$, $t=3.104$, $p=.002$) correlates with higher risk. These results suggest that different supervision strategies have varied predictive effects on grooming risk. However, due to the cross-sectional

nature of this study, causation cannot be established. When parents notice signs of potential grooming, they might increase the frequency of Technical Mediation. The lack of a predictive effect of Active Mediation could be because it focuses on discussion and education, allowing more autonomy for children, which could lead to more diverse online behavior. Restrictive Mediation and Participatory Learning likely reduce the potential risk of grooming by limiting internet use and increasing parental involvement in children's online activities.

Biography

Chih-Han Yang is a graduate student at the Graduate Institute of Human Sexuality, Shu-Te University. She brings extensive professional experience in SPA therapy, essential oil aromatherapy, meridian massage, and sports massage. In addition, she is a certified PADI Advanced Open Water Diver (AOW), showcasing her passion and expertise in water-related activities. Her research focuses on sexual psychology, sexuality in society, sex education, sexual health, and topics related to sexual satisfaction. She is particularly interested in the principles of Sexual Attitude Reassessment (SAR), as well as the design and development of sexual products and advancements in sex therapy.

Cindy (Yixin) Chen[1]*, Qinghua (Candy) Yang[2]

[1]Department of Communication Studies, Sam Houston State University, Huntsville, Texas, USA

[2]Department of Communication Studies, Texas Christian University, Fort Worth, Texas, USA

How does trust in media with different political orientations influence college students' booster intention: The mediating roles of confidence and skepticism in COVID-19 vaccines

COVID-19 vaccines have effectively mitigated the pandemic's impact by reducing hospitalizations and deaths (Pfefferbaum & North, 2020; Polack et al., 2020). However, re-infection after full vaccination remains common, with the emergence of new variants (Levine-Tiefenbrun et al., 2021). The CDC recommends booster shots six months post-vaccination to strengthen immunity (CDC, 2024). Yet, many Americans remain reluctant due to low confidence (Tan et al., 2023) and high skepticism (Anas et al., 2023) toward COVID-19 vaccines.

Trust in media shapes public perceptions of vaccine safety and efficacy, influencing hesitancy (Latkin et al., 2023). Those trusting conservative media are more likely to be skeptical of vaccines, whereas those trusting liberal media tend to have favorable attitudes (Lasher et al., 2022). Additionally, individuals with low media trust are more likely to refuse vaccines (Ahmed et al., 2022). However, the role of media trust in shaping booster intentions remains underexplored. We focused on college students, as they are vulnerable to infection due to large gatherings (e.g., classrooms, dormitories), and proposed the following hypotheses:

H1: College students' (a) higher confidence and (b) lower skepticism in COVID-19 vaccines are associated with higher booster intentions.

H2: College students' trust in news media with different political orientations is associated with their (a) confidence and (b) skepticism in COVID-19 vaccines.

H3: (a) Confidence or (b) skepticism in COVID-19 vaccines mediates the relationship between trust in media and booster intentions.

Method: Data were collected from 264 undergraduate students at a U.S. public university via an online Qualtrics survey. Focal variables—trust in media, vaccine confidence, vaccine skepticism, and booster intention)—were measured using established scales. Path analyses were conducted to test the hypotheses with Not Trusting News Media (NoTM) as the reference group.

Results: Booster intention was predicted by confidence in vaccines (β=.373, p<.001) and marginally by skepticism in vaccines (β=-.141, p=0.054), supporting H1a but not H1b. Participants who trusted left- wing/left-leaning media and trusted centrist media had significantly higher confidence (βleft=.252, p<.001; βCentrist=.146, *p*=.045) and lower

skepticism (βleft=-0.145, p=.038; βCentrist=-0.182, p=.010) in vaccines than NoTM participants. Participants who trusted right-wing/right-leaning media or trusted other media did not differ from NoTM participants in their confidence and skepticism in vaccines. H2 was partially supported. Only the indirect effect of trust in left-wing/left-leaning media (compared to NoTM) on booster intention through confidence in vaccines (β=0.094, p=.002) was significant, addressing H3.

Discussion: Findings highlight the critical role of media trust, particularly in liberal/centrist outlets, in shaping college students' vaccine confidence and skepticism, which in turn affect their booster intentions. Vaccination campaigns for college students should target audiences with different media trust, especially right-wing or media-skeptical groups, to increase booster uptake. Strategies that build confidence and reduce skepticism, such as designing messages that address vaccine safety and efficacy directly and transparently, may be especially effective.

Biography

Dr. Cindy (Yixin) Chen is an Associate Professor in the Department of Communication Studies at Sam Houston State University in the United States. She holds a Ph.D. in Communication from the University at Buffalo. As a health and interpersonal communication researcher, Dr. Chen studies how interpersonal and mediated communication processes influence individuals' cognition and emotion. She also explores how cognition, emotion, and communication technology impact decision-making, health/risk behaviors, and personal well-being. Her work has been published in communication, psychology, public health, and social science journals. Her research on binge drinking among college students has been featured on National Public Radio.

Eiko Suzuki[1]*, Yukiko Kako[2], Michiko Harada[3], Kumiko Murayama[4]

[1]International University of Health and Welfare Graduate School, Tokyo, Japan
[2]Saitama Medical University, Saitama, Japan
[3]Tokyo Medical University, Tokyo, Japan
[4]International University of Health and Welfare Graduate School, Tokyo, Japan

Assertiveness of young nurses

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

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

Results: The participants were 805 female and 72 male nurses with a mean age of 22.60±3.07. Analysis of the scores of the NNAS showed the percentages of participants who met the following characteristics of assertiveness: 9.2% accept improper evaluations (undirected and passive attitudes, such as accepting improper evaluations of others); 66.7% suggested non-assertive attitudes (undirected and non-assertive attitudes with priority on others); and 24.2% were unresponsive or aggressive (inappropriate, unresponsive, and aggressive attitudes with priority on own rights). For correlations with other continuous variables by the NNAS subscales, acceptance of improper evaluations was inversely correlated with emotional intelligence, being suitable for being nurses, self-confidence in nursing practices, diligence, and team collaboration, and also correlated with burnout and neuroticism. A non-assertive attitude was inversely correlated with self-confidence in nursing practices, rapidness of judgment, and extroversion, and also correlated with burnout and neuroticism. Unresponsive or aggressive attitudes were only correlated with team collaboration.

Discussion: Young nurses who accept improper evaluations of others display low emotional intelligence, do not think of being suitable for being nurses, and lack self-confidence in nursing practices with poor diligence and team collaboration. They also display burnout tendencies and neuroticism. Those who are non-assertive lack self-confidence in nursing practices, display a lack of rapidness in judgments, slowness of judgments, introverted attitudes, burnout tendencies, and neuroticism. Respondents who are unresponsive or aggressive had no negative attitudes against themselves, but showed poor team cooperation. Nursing administrators need to support young nurses by identifying the characteristics and tendencies of assertiveness of staff nurses.

Key Words: Young Nurse, Assertiveness, Emotional Intelligence.

Biography

Eiko Suzuki, who holds a Ph.D. in nursing from Tokyo Medical and Dental University, has a strong background in nursing education. She is currently a faculty member at the International University of Health and Welfare.

Foluke Alejo*, Dr. Van de Castle, Dr. Elaine Tierney

University of Maryland, School of Nursing, Baltimore, Maryland, United States of America

Kennedy Krieger Institute, Maryland, United States of America

Promoting the use of "Ask Suicide Screening Questions" in a pediatric neurobehavioral unit

Background: Suicide is the second leading cause of death in children and adolescents with increasing rates over the past decade. Individuals living with Autism Spectrum Disorder (ASD), as well as other neurological or developmental conditions such as ADHD or learning disabilities, are nine times more likely to experience suicidal ideation and six times more likely to attempt suicide than their peers. S Suicide risk is often under-recognized in this population. The "Ask Suicide Questions" (ASQ) tool is a valid and reliable tool used in suicide screening in this population, aged eight years and older to detect risks better and prevent suicidal behavior. Previously, the pediatric Neurobehavioral Unit only administered suicide screening during the admission process with the parents.

Objectives: The aim of this quality improvement project is to integrate biweekly screenings using the validated "Ask Suicide Questions" (ASQ) tool with patients who have autism and other developmental disabilities within a pediatric inpatient Neurobehavioral Unit.

Method: Over a 15-week period. Registered Nurses (RNs) are screening all verbal patients who are 8 years and above, at the time of the admission process and, subsequently, on the second and fourth Tuesdays of each month. A referral is created within 30 minutes of screening to the psychiatrist for any positive response to any of the questions. The data is collected with weekly chart audits. and entered in a HIPPA protected database.

Results: Preliminary results show 100% (n=4) screenings since the commencement of implementation in patients who were able to answer the questions. There was one positive screen in which the patient stated "yes" to the question "in the past week have you wished you were dead?" The patient smiled widely and put both of her thumbs up to indicate "yes" when she answered. Upon additional questioning, she denied having thoughts of wanting to be dead or causing self-harm. Due to this patient having a high degree of attention-seeking behavior it was decided that she would not undergo further suicide screening. Feedback on improvement of documentation was provided to the RN and psychiatrist.

Conclusions: Preliminary findings suggest that biweekly screenings using the ASQ tool can be performed in the patient population of individuals with autism or other neurologic disabilities who have severe behavioral disturbances and are hospitalized on an inpatient unit. However, difficulty with understanding the language and the need to determine if an individual will make quasi-suicidal statements for attention needs to be considered clinically for each individual undergoing suicide screening. Continued adherence to this screening protocol is expected to

improve early intervention with the potential to reduce suicidal behavior within this vulnerable population. Feedback on documentation of the screening procedure and documentation by the RNs and psychiatrists should improve the use of the screening procedure.

Biography

Foluke Alejo earned her MSN in Nursing from Johns Hopkins University, Baltimore, in 2017. She currently works as a nurse at the Kennedy Krieger Institute in Baltimore and is pursuing a Doctor of Nursing Practice (DNP) with a specialization in Family Practice at the University of Maryland, Baltimore. Her presentation focuses on a quality improvement project conducted under the supervision of Dr. Van de Castle and Dr. Tierney as part of her DNP program.

Hiroko Kitajima[1]*, Seiko Sasaki[2], Kumiko Murayama[3], Michiyo Harada[4], Sachiyo Kanekuni[1], Akiko Shikizawa[1]

[1]Department of Nursing, Faculty of Nursing, Seitoku University, Matsudo, Chiba, Japan

[2]Showa University Karasuyama Hospital, Showa University, Setagaya, Tokyo, Japan

[3]International University of Health and Welfare Graduate School, International University of Health and Welfare, Minato, Tokyo, Japan

[4]Tokyo Medical University, Faculty of Medicine, School of Nursing, Sinjuku, Tokyo, Japan

Influence of time management behaviors of shift leader nurses on their shift leadership behaviors

Objective: This study aims to identify the influence of time management behaviors of shift leader nurses on their shift leadership behaviors.

Methods: In February 2020, this study conducted a self-administered questionnaire survey with 2,181 shift leadership nurses working in independent administrative institution hospitals with more than 300 beds in Japan. The question items were: 1) leadership behavior, 2) ward team cooperation, 3) emotional intelligence, 4) time management, 5) personal factors (age, gender, other), and 6) workplace environment factors (ward assigned, work system, other). A covariance structure analysis was performed using descriptive statistics.

Results: The analysis included a total of 905 responses (829 females, 76 males, the mean age of 38.5 ± 8.8 years). After setting up a hypothetical model, a covariance structure analysis was performed, and based on the modified index the model was modified. The result showed that the 'time management' which the authors focused on had a direct effect on shift leadership behavior (direct effect 0.24). The item that had the most direct effect on shift leadership behavior was ward team cooperation (direct effect 0.63). Further, emotional intelligence affected shift leadership behaviors through ward team cooperation and time management. The final model fit was GFI=0.897, AGFI=0.863, CFI=0.889, and RMSEA=0.083.

Discussion and Conclusions: The model fit was determined to be in the acceptable range. The hypothesis was verified, and the time management behaviors of shift leader nurses had an effect on their leadership behaviors, suggesting that shift leadership behavior can be improved if time management behaviors of shift leader nurses are improved, and that it can be improved through ward team cooperation and time management if emotional intelligence of shift leader nurses is improved.

Biography

Dr. Hiroko Kitajima obtained the master's and doctoral degrees from the International University of Health and Welfare Graduate School, and is currently in charge of basic nursing studies as an associate professor. She has been engaged in research on the mental health of nurses and time management when nurses perform their nursing duties.

Hiromi Yonezawa

Nursing, Ishikawa Prefectural Nursing University, Kahoku, Japan

Factors relating to the self-assessment of driving skill for members of silver human resource centers in rural areas

Background: Despite the decrease in the number of deaths caused by traffic accidents in Japan, the proportion of traffic accident deaths among the elderly is increasing. For the elderly, driving a car is indispensable not only as a means of transportation in daily life, but also as a means of accessing outpatient appointments and treatment activities associated with age-related health problems. The number of elderly driving out necessity despite their own reservations is expected to gradually increase in regions with limited public transport, due to the reduction and abolition of private sector bus routes brought on by population decline. Moreover, many elderly people are forced to drive in order to work. Factors relating to the self-assessment of driving skill by the elderly working in rural areas remain unclear. Studies on the prevention of traffic accidents among the elderly working in rural areas are needed.

Aim: To identify factors relating to self-assessment of driving skill for the elderly working at the Silver Human Resource Centers (SC) in rural areas.

Method: In May 2018, a self-report questionnaire survey was administered to all 293 SC members in Y-cho, a rural area of X Prefecture. Questionnaire items were the 1. Participant characteristics, 2. Motivation to Work, 3. Driving Status, and 4. score on the "Driving Cognitive Impairment Early Detection Checklist-30". The analysis method involved descriptive statistics followed by a binary logistic regression analysis, with self-evaluation of driving skill as the objective variable and other factors as the explanatory variables.

Results: There were 141 (48.1%) valid responses. The results of the binomial logistic regression analysis indicate significant associations between self-evaluation of driving skill and driving frequency, presence of regular doctor appointments, motivation to work, and desire to surrender the driving license.

Conclusion: The association with current driving frequency and motivation to work, rather than the screening checklist, suggests the necessity of support which provides due consideration to the purpose of driving.

Biography

Hiromi Yonezawa is a researcher in the Community Nursing Course at Ishikawa Prefectural Nursing University. My field of research is public health nursing, and my main research theme is proactive health promotion for retired elderly people.

Dr. Ifeoma Elizabeth Dan-Ogosi[1,2]*, Botticello J[2]

[1]University of West England, School of Social Well-being; Centre for Public Health and Wellbeing, Bristol, UK
[2]University of East London, School of Health, Sport and Bioscience; Department of Health Studies, London, UK

Health, communities and resilience: Lessons from a participatory budgeting programme

This paper investigates the impact of participatory budgeting on the health and well-being of individuals and communities in the reduction of inequalities in a community-based programme, as part of the Well London programme. Participatory budgeting allows local citizens to make decisions on a part of the public budget to pay for projects they believe will improve their lives and community. Many studies report the influence of participatory budgeting for improving democracy, governance, transparency and accountability (Cabannes, 2004; Reames, 2006; Shah, 2007; Boulding and Wampler, 2010; Cabannes and Lipietz, 2015; Brun-Martos and Lapsley, 2017; Godwin, 2018). Yet, less so of the impact on community health and Well- being (Campbell et al., 2018).

Participatory budgeting was perceived as a catalyst for empowering residents, through capacity building, by increasing self-esteem, self-confidence and self-worth, sense of belonging, including reducing isolation and unhealthy lifestyle behaviours-these in turn impact on community spirit and community participation. The insights from this London based case study reveal many participants increased their involvement in volunteering opportunities, furthering their education levels or employment prospects. These engagements which address the social determinants of health ultimately reduce inequalities and affirm circular benefits to individuals and the communities of which they are a part (O'Mara-Eves et al., 2013; Touchton and Wampler, 2014; Matosevic, 2013).

This study argues that if participatory budgeting influences the individual, then it has the potential to contribute positively to the health and well-being of the nation, which insights can be applied to broader, yet interconnected, challenges in our global community.

Biography

Dr. Ifeoma Elizabeth Dan-Ogosi earned her MSc in Public Health in 2010 and completed her PhD in Public Health and Community Development in 2023 at the University of East London, United Kingdom. She is currently a Senior Lecturer in Public Health at the University of the West of England, Bristol. Ifeoma leads the BSc Apprenticeship and MSc Leadership and Management modules while teaching across several others, including Epidemiology, Creating Sustainable Food Systems, and Public Health Policy, Politics, and Economics. She has developed a multicultural approach to teaching in higher education and is a published author.
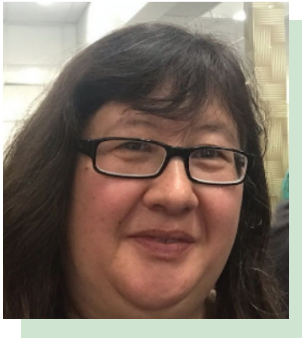
Irene Harrison (RN PGDipNurs, MProfPrac)

Te Pūkenga Centre for Health and Social Practice, Te Pūkenga, New Zealand

Exploring service delivery gaps in childhood otitis media: A focus on Māori and Pacific Tamariki (children) in Aotearoa

Introduction: Otitis media, commonly referred to as "glue ear," is a condition characterised by the presence of fluid in the middle ear, which can manifest in two primary forms. Acute Otitis Media (AOM) occurs when the fluid buildup is associated with symptoms of acute illness, such as ear pain, fever, upper respiratory tract infection, tinnitus, or vertigo (Auckland Regional Community Pathways, 2025). In contrast, Otitis Media with Effusion (OME) is the presence of fluid in the middle ear without evidence of acute inflammation (Auckland Regional Community Pathways, 2025).

Otitis media is a major global health issue, which affects approximately 250 million people and disproportionately affects socioeconomically disadvantaged populations (Bhutta, Leach & Brennan-Jones, 2024). In New Zealand, studies suggest that up to 80% of children experience at least one episode of Otitis media effusion by age 10 years old, and the duration is approximately 6 to 10 weeks (Auckland Regional Community Pathways, 2025). If left untreated, otitis media can lead to temporary or permanent hearing loss, adversely affecting a child's ability to learn, communicate, and engage socially. Surgical treatment of recurrent Otitis media effusion diagnosis is by ventilation tubes for children aged 0 to 4 years in Aotearoa (New Zealand). Large ethnic disparities exist in accessing ventilation tubes for children aged 0 to 4 years in New Zealand, with the greatest inequalities seen in Māori and Pacific children living in the most deprived areas (Te Whatu Ora, 2024).

This research aims to identify gaps in service delivery for childhood ear health, specifically Otitis Media, particularly for Māori and Pacific Tamariki (children), to enhance screening initiatives, accessibility, and timely intervention strategies.

Method: The methodology conducted was content analysis using Creswell's (2009) framework for qualitative data analysis. A step-by-step approach was undertaken to review the data. The data review included Practitioner's handbooks, research articles, and national reports were analysed to gain insight and understanding of the gaps within service delivery. Detailed analysis and coding were systematically coded to identify recurring trends, patterns, and key text. Interpretation of emerging themes was identified, and findings were interpreted to derive meaning from the data collection key themes.

Findings:

Earlier Detection: Timely identification and management of early childhood ear disease and hearing loss are essential to mitigate long-term impacts, such as developmental delays, educational challenges, and behavioural issues.

Need for More Equitable Hearing Health: Ethnic and socio-economic disparities in access to care are significant, particularly for Māori and Pacific Tamariki living in deprivation. Addressing these inequities is vital to meeting the community's high-risk Tamariki needs.

Improved Responsiveness is Needed: There is a need for better responsiveness in healthcare systems, including improving attendance rates at Ear Nose and Throat outpatient clinics and removing barriers such as cost, transport, and time off work for families. Research into these systemic barriers is essential for more effective intervention.

Biography

Irene Harrison is an academic lecturer teaching in the Bachelor of Nursing Programme. Specialising in Hauora Māori health papers. Irene is a Māori Success champion at Unitec School of Health Care. Irene Harrison holds nurse prescribing rights within the community health sector in New Zealand. Irene Harrison has published research articles on Rapid antigen detection testing for diagnosing group A streptococcus (GAS) in children.

Jaime Tomchik* BSN, RN; Kristen Rawlett PhD, FNP-BC, FAANP, CNE; Pei-Ying Chuang PhD, EMBA

University of Maryland, Baltimore School of Nursing, United States

Improving parental mental health in the neonatal intensive care unit through screening for post-traumatic stress symptoms

Introduction/Significance: Approximately 25% of parents with infants in a Level IIIB Neonatal Intensive Care Unit (NICU) at a mid-size community hospital in the United States are met face-to-face to assess their psychosocial and mental health needs. Objective observations of NICU parents revealed parents demonstrating physical signs of stress, tension, irritability, poor sleep, avoidance behaviors, and feelings of guilt, shame, and blame. Assessment of the organization revealed a lack of mental health screening for parents, and one Social Worker (SW) was designated to evaluate and address the complex needs of 200-300 NICU parents annually while covering three additional maternal-child health units.

Purpose: A Quality Improvement project (QI) was implemented to identify NICU parents experiencing Posttraumatic Stress Symptoms (PSS) as a result of having an infant in the NICU using a valid and reliable screening tool and providing resources or offering a referral to in-house behavioral health services for individualized mental health care, an evidence-based, research-supported practice change.

Methods: In consultation with key stakeholders of approximately four neonatologists, twenty-four Registered Nurses (RN), two SWs, one referral coordinator, and one psychiatrist, the Project Lead (PL) identified a valid and reliable screening measure, the Impact of Events Scale-Revised (IES-R), and eligible parents, integrated the screening into SW consultation with NICU parents and RN engagement during parent visitation, established RN incentives for implementation uptake, and methods of communication. Accessible QR codes for the IES-R, visual aids, educational materials, and mental health resources were generated to support voluntary and confidential parent participation, enhance knowledge, and provide mental health support to approximately 100 parents over 15 weeks. Data collection, tracking, and storage are maintained using REDCap® and monitored weekly by the PL. PL is set to engage weekly with key stakeholders to communicate benchmarks and assist SW in following up on positive screens and initiating referrals.

Preliminary Results: Screening rates, rates of PSS, and behavioral health referrals will be collected between September 1st, 2024, and December 13th, 2024. One hundred percent of eligible parents are expected to be screened for PSS using the IES-R. In line with current literature, approximately 30% of eligible parents screened are expected to identify as having clinically significant PSS and be offered a referral to behavioral health services.

Preliminary Conclusion: QI project implementation just began. Recommendations for implementing a routine mental health screening and referral process to identify PSS and improve the mental health of parents with infants in the NICU and considerations for future clinical endeavors will be discussed.

Biography

Jaime Tomchik is a psychiatric-mental health registered nurse with 10 years of nursing experience and 5 years of experience teaching undergraduate nursing students in the mental health setting. She is scheduled to graduate in May 2025 from the University of Maryland, Baltimore School of Nursing with a Doctor of Nursing Practice in psychiatric-mental health. Jaime spent 9 years of her career working with individuals with complex trauma-related and dissociative disorders at Sheppard Pratt in Towson, Maryland. She plans to expand upon this experience as a psychiatric-mental health nurse practitioner. As a life-long equestrian, she looks to become certified in equine-assisted therapy and incorporate it into her practice to help individuals heal from past trauma and improve their overall mental health and wellness.

Kristen L. Flint MD, Madeline Fiore MD, Angela Justice RN, Kawtar Wahman, Jarra Carney* NP, Caitlin A. Colling MD, Josephine H. Li MD, Deborah Wexler MD, Melissa S. Putman MD, MMSc

Massachusetts General Hospital, United States

Improving access to continuous glucose monitoring for patients with type 2 diabetes in primary care

Background: Use of Continuous Glucose Monitoring (CGM) improves glycemic control and is now standard of care in diabetes management. Due to recent changes in Medicare coverage requirements, a large cohort of patients with type 2 diabetes is newly eligible for CGM, with the majority receiving diabetes care in the primary care setting. Despite guideline recommendations to offer CGM to all patients with diabetes using insulin, prescription rates for CGM remain low in primary care.

Aim: This quality improvement project aimed to improve access to CGM in primary care for patients with type 2 diabetes on insulin.

Methods: A multidisciplinary endocrinology/primary care team at an academic primary care community health clinic used process mapping, driver diagrams, and Pareto charts to delineate the drivers of limited access to CGM in primary care. Interventions including the creation of a Durable Medical Equipment (DME) directory, nursing education with device company representatives, implementation of a new electronic ordering system for DME, and a nursing outreach program to patients eligible for CGM were trialed over a two- month period. The primary outcome measure was the percentage of eligible patients in the primary care clinic using CGM. Process measures included the number of CGM orders started weekly. Nursing comfort with CGM, knowledge of CGM, and perceptions of communication with DME suppliers were also measured.

Results: In this cohort of 130 patients with diabetes using insulin with Medicare coverage at the primary care clinic, the percentage of patients using CGM overall increased from 28% to 42% over the five- month intervention period, and the percentage of patients using CGM started by primary care increased from 8% to 14%. Weekly CGM orders increased from 0.3 per week to more than 2 per week. Nursing reported feeling more comfortable and knowledgeable about CGM after the interventions and reported improved communication with DME suppliers.

Conclusions: CGM is known to improve outcomes for patients with diabetes but is an underutilized tool in primary care. Collaborative quality improvement projects between endocrinology and primary care can rapidly build capacity within primary care clinics to prescribe CGM and expand access for patients with diabetes.

Biography

Jarra Finnegan Carney studied nursing and graduated from University Massachusetts, Dartmouth in 2002. She worked at Massachusetts General Hospital (MGH) and then obtained her MS, FNP degree at University Massachusetts, Boston in 2009. Upon obtaining her FNP degree she worked at a family primary care practice as well as MGH where she still practices today. She works closely with MGH Leadership establishing the role of the Advanced Practice Provider as PCP. She is also involved in clinical research at MGH with the goal of increasing access of care to the underserved population, her most current research specifically involving diabetes.

Jasmine Chan Pei Shan[1]*, Tina Xie Yu Kun[2], Chu Siow Chin[3], Dr. Shum Cheuk Fan[4], Jessica Chang Xiu Lan[5]

[1]Ambulatory Care (SOC), Perioperative Nursing, Woodlands Health, Singapore
[2]Ambulatory Care (SOC), Gastro and Hepatology kin Nursing, Woodlands Health, Singapore
[3]Ambulatory Care (SOC), Cardiology in Nursing, Woodlands Health, Singapore
[4]General Surgery, Urology, Senior Consultant, Woodlands Health, Singapore
[5]Ambulatory Care (SOC), Senior Nurse Clinician, Woodlands Health, Singapore

Cost-saving and manpower efficiency on disposable vs reusable cystoscopes: A systematic review

Introduction: At Woodlands Health Medical Centre, all reusable cystoscopes are pre-cleaned before sending to the Endoscopy Centre's AER processor for washing, necessitating additional manpower. This review evaluated the benefits and implications of substituting reusable cystoscopes with disposable ones, eliminating the requirement for the AER processor in outpatient settings.

Methodology: A systematic review of 10 articles sourced from PubMed databases and various journals, comparing the effects of disposable cystoscopes versus reusable ones. This review included articles that concluded on cost saving and manpower efficiency with disposable versus reusable cystoscopes. Non-English articles and those not related were excluded. Analysis involved reviewing the entire text and extracting relevant results aligned with the review's objectives.

Result: Three key themes, namely: cost efficiency, manpower efficiency and environmental impacts were identified. Despite the potentially higher initial costs of reusable cystoscopes, their long-term cost-effectiveness is favourable. Compared to reusable ones, disposable cystoscopes offer portability and efficiency, have lower initial cost, reduce manpower, procedural, operative time, and carbon footprint.

Discussion and Conclusion: The adoption of disposable cystoscopes offers several advantages that notably reduce manpower, maintenance, cleaning, and reprocessing costs. By eliminating the necessity for reprocessing, disposable cystoscopes can streamline workflow and alleviate the workload on nurses. Additionally, while the initial costs of purchasing single-use cystoscopes may be higher, these expenses could be balanced out by savings in maintenance and cleaning costs over time. Ultimately, integrating single-use cystoscopes can enhance efficiency, achieve cost savings, and elevate patient care. Future research should assess the ecological impacts of both reusable and disposable cystoscopes.

Biography

Chan Pei Shan Jasmine is a senior staff nurse at Woodlands Health in Singapore. With Over 20 years of experience. She has worked in various specialities, including cardiology, respiratory care, interventional radiology, gasteroenterology. Jasmine earned her nursing diploma in 2001 and holds a specialist certification in Radiology Nursing which was achieved in 2007. She also obtained a degree in nursing from Edinburgh University in 2012.

Julius Bouh*, Marilyn Miller

University of Maryland Baltimore School of Nursing, Baltimore, Maryland, USA

Telephone reminders to improve medication adherence in a community mental health clinic

Problem: Medication non-adherence is a significant problem in a mid-size outpatient psychiatric mental health rehabilitation clinic in a large metropolitan area. It is estimated that approximately 60% of adult patients at this clinic with serious mental illness do not adhere to prescribed psychotropic medication regimen with 25% of them citing forgetfulness as the primary reason.

Purpose: The purpose of this quality improvement project is to increase psychotropic medication adherence among adult patients with serious mental illness in this outpatient behavioral health services clinic by implementing and measuring the provision of telephone reminders, an evidence-based, research supported practice change.

Methods: A telephone reminder initiative is being implemented over 15 weeks in the fall of 2024. The clinic serves approximately 700 adult patients with serious mental illness. Patients included in the project are those who have opted to receive telephone reminders. The project involves educating all staff on the implementation of the telephone reminder project and training community support workers in the use of a telephone script to be used when making calls. Training took place in-person, virtually, or via email communication. Prior to implementation, staff completed a survey attesting to the completion of training. Stakeholders include one psychiatrist, four advanced practice registered nurses, five therapists, 55 community support workers, and 19 clinicians. Data on attempts made, reasons attempts were not made, calls completed, and reasons calls were not completed is being collected and analyzed weekly using run charts.

Preliminary Results: The initial data on the number of telephone reminder calls made is encouraging as patients are being called and reminded to take their medication. Of the 505 telephone reminder calls attempted, 359 (71%) were completed and 146 (29%) were not completed either because patients did not answer their phone or the number was unreachable (i.e., nonfunctional, defective, or inactive number). There is no available data on telephone reminder calls not attempted in these preliminary results.

Preliminary Conclusions: Initial results reveal that staff are making timid progress with making telephone reminder calls. Despite being supportive and expressing moderate satisfaction with the process, they indicate that making phone calls adds an extra burden to their workload.

Biography

Mr. Bouh, obtained his Associate Degree in Nursing from Howard Community College, Columbia, Maryland USA in 2010 and a Baccalaureate degree in nursing from Frostburg State University, Frostburg Maryland in 2016. Since earning his nursing degree, he have been working as an assertive community treatment registered nurse (ACT, RN) with patients diagnosed with psychiatric mental health. He is currently pursuing a graduate degree in nursing specializing in psychiatric mental health at the University of Maryland Baltimore School of Nursing.

Kamana Khanal RN

School of Nursing, University of Maryland, Baltimore, Maryland, United States of America

Implementation of I-pass handoff tool on a psychiatric inpatient unit

Communication failures during handoff processes present significant risks for medical errors and jeopardize patient safety. The Joint Commission and the Agency for Healthcare Research and Quality's (AHRQ) hospital survey on patient safety culture have consistently identified care transition communication as an area of concern. A mid-sized local psychiatric hospital is facing medication errors in both its young adult and adult units, particularly concerning missed signoffs, along with errors related to nursing and imaging orders. This issue not only reflects poor nursing practices but also raises serious concerns about patient safety. As part of the evidence-based TEAMSTEPPS framework, I-PASS helps nursing staff ensure that essential patient care tasks, like medication administration and pending procedures, are addressed during handoffs. Implementing the I-PASS handoff tool is crucial for improving communication and patient safety on the unit. This structured, checklist-based approach reduces the likelihood of overlooked details, directly addressing the unit's issues with reporting and follow-up on critical care tasks.

Purpose: The purpose of this quality improvement project is to increase communication quality by improving patient handoff practices and decrease medication, nursing and imaging orders errors among nurses in the psychiatric units by implementing an evidence-based, research supported I-PASS standardized handoff tool. Approximately 70 patients are expected to benefit from this project every week.

Methods: During the 15-week implementation period, the nurses will electronically complete the I-PASS handoff report sheet following their verbal handoffs at shift change. Using the "Action List" from the I-PASS acronym, nurses will highlight tasks to be completed by the incoming shift. The project leader will conduct weekly site visits and perform chart audits using a HIPAA-protected data collection tool to document information from the EHR (medical record numbers) and track any missed charting, and record data in REDCap. Data on medication errors, nursing errors, and imaging errors and compliance to I-PASS handoff tool will be collected.

Preliminary Results: Preliminary data shows that compliance with the I-PASS handoff tool has been 20% over the past four weeks. During this period, there have been 19 occurrences involving medication, imaging, or nursing order errors. Of these occurrences, 84.2% were medication-related, primarily due to medications not being properly documented as administered or refused.

Preliminary Conclusions: Preliminary findings suggest that compliance with the handoff tool has been low, likely due to barriers such as lack of EHR integration, nurse forgetfulness, increased workload, and reluctance to use personal cell phones to scan QR codes for survey access. To address these issues, the project leader has implemented several strategies, including placing reminders and informational materials throughout the nursing station, sending emails to highlight compliance rates and medication errors, and motivating staff to enhance their compliance. Additionally, the project leader explored methods to boost adherence with unit manager and CSR and explored using charge phone and unit tablets to access the QR codes. It is expected that compliance will increase to at least 80% in the coming weeks, resulting in a decrease in medication and nursing errors as I-PASS utilization improves.

Biography

Kamana Khanal is a DNP psychiatry student and psychiatric nurse dedicated to serving marginalized populations with a focus on thought disorders. By combining academic expertise with clinical experience, her aim is to provide compassionate, evidence-based care that addresses the unique challenges faced by underserved communities.

Kimberly Swartz*, Dr. Deborah Chapa

University of Maryland School of Nursing NDNP 812: DNP Project Implementation

Policy guidance in mental health support for federal healthcare disaster responders

Problem: Currently organizations for disaster response require policy analysis regarding support for the mental health of operational and deployment forces to ensure safety, resilience and retention as disaster response needs increase. This gap can result in decreased recruitment, increased attrition, and deployment team changes. Evidence also shows that repeated deployments are correlated with psychiatric consequences.

Purpose: The purpose of this policy development quality improvement project is to conduct a policy analysis of current mental health provisions among deployed disaster responders in accordance with the CDC Policy Process framework.

Methods: This policy project will gather an environmental scan of experts who provide support for disaster response including the best practice, most feasible, and most ethical policy advice for government organizations. In order to best support healthcare workers deployed in disaster scenarios, this project assembles the responses of 10-15 stakeholders in the mental health field who are directly responsible for force protection. Experts were identified in aligned and adjacent disaster response organizations and interview questions were developed based on existing evidence. Interviews were conducted via video and Research Electronic Data Capture (REDCap) was used to store the answers anonymously and securely. Data was collected on current mental health support policies and analyzed to identify common themes.

Preliminary Results: Initial data collection has demonstrated a diversity of approaches between organizations on best practice for mental health support. Consensus is not present on use of evidence-based tools.

Preliminary Conclusions: Preliminary findings suggest the need for policy creation or change.

Keywords: Force Health Protection, Disaster Response, Healthcare Worker, Resilience, Mental Health.

Biography

Kimberly Swartz studied Nursing at the University of Maryland School of Nursing in Baltimore, Maryland and will graduate as a Doctor of Nurse Practitioner in 2025. She currently works in clinical research at Sheppard Pratt's Institute of Advanced Diagnostics and Therapeutics in Baltimore facilitating research on Difficult to Treat Depression. She completed her Bachelor's degree in Nursing at Stevenson University in 2014. She has worked in many contexts including state hospital systems, emergency departments, and the National Institutes of Health.

Kumiko Murayama[1]*, Michiyo Harada[2], Hiroko Kitajima[3], Eiko Suzuki[1]

[1]International University of Health and Welfare Graduate School, Tokyo, Japan
[2]Tokyo Medical University, Tokyo, Japan
[3]Seitoku University, Faculty of Nursing, Department of Nursing Chiba, Japan

Factors related to excellence in the nursing practices of nurses working in hospitals in Japan

Purpose: This study aims to identify factors related to excellence in nursing practices among nurses working in hospitals in Japan.

Methods: From May to June 2020, a self-administered, anonymous questionnaire survey was administered to 661 nurses in the second year or later working in inpatient wards at two participating public hospitals in the Tohoku region and one public hospital in the Kanto region of Japan. Survey items were Self-assessment Scale for Excellence in Nursing Practice (NES) (35 items on 7 subscales), Career Commitment Scale (8 items), Emotional Organizational Commitment Scale (3 items), Individual Factors, and Work environment factors.

Ethics Considerations: This study was approved by the Ethics Review Committee of the International University of Health and Welfare.

Results: Responses were obtained from 453 participants, and responses with no blanks or duplications in age, gender, or NES (68.5%) were determined to be valid for analysis. The mean age and length of the nursing experience of these respondents were 38.0 ± 9.5 and 16.2 ± 9.1 years. The mean total scores for the NES, the JCCS, and the affective organizational commitment scale were 121.3 ± 19.2, 2.74 ± 0.8 (middle score range), and 3.01 ± 0.7, respectively. The results of multiple regression analysis (adjusted $R2 = 0.495$) showed that those who had compassion for their patients ($\beta = 0.221$), those who reflected on their nursing practice ($\beta = 0.179$), those who were confident in their clinical decisions ($\beta = 0.136$), those who were considering using research findings ($\beta = 0.129$), and those who had approval from their colleagues ($\beta = 0.128$), those who participate in conferences and trainings to obtain the latest information ($\beta = 0.115$), and those who have mentored new graduate nurses for one year ($\beta = 0.100$) were found to have high excellence in nursing practice. In this study, it was found that "caring" had the largest standardized partial regression coefficient β and the highest association with excellence in nursing practice.

Discussion and Conclusion: Nursing starts with having an interest in the patients, and understanding their situation through wishing to meet the patients' needs, then developing this into clinical decision and nursing practices. To improve the quality of nursing practices, it is necessary to develop a "caring" attitude and improve the clinical decision and reflection skills of nurses through continuing education. Further, it is also important to encourage nurses to participate in conferences and training courses and utilize research results. Improvements in the work environment are also needed so that nurses can experience educating junior colleagues and obtain positive feedback from peers.

Biography

Kumiko Murayama worked as a nurse in the intensive care unit of the National Center for Global Health and Medicine in Japan. She then became a member of the full-time faculty at the Tokyo Metropolitan College of Nursing, where she was involved in the education of students. She will receive her doctoral degrees from the International University of Health and Welfare, Graduate School. Her areas of specialization are nursing management and human resource development.

Małgorzata Szczuko[1]*, Maciej Ziętek[2]

[1]Department of Human Nutrition and Metabolomics, Pomeranian Medical University in Szczecin, Broniewskiego 24 St, 71-460 Szczecin, Poland
[2]Department of Perinatology, Obstetrics and Gynecology Pomeranian Medical University in Szczecin, Siedlecka 2 St, 72-010 Police, Poland

The interdisciplinary care for PCOS patients

PCOS (Polycystic Ovary Syndrome) is a disease whose progression and consequences are largely modifiable and dependent on the approach of the patients, although there are many genetic determinants. Disorders of various metabolic pathways leading to disturbances in lipid, carbohydrate, and hormonal metabolism in patients require the implementation of a comprehensive dietary strategy and medical care in this group. This patient group is characterized by chronic oxidative stress, inflammation, sleep disorders, and changes in mental health parameters, which consistently lead to the development of serious diseases. The coexistence of diabetes, visceral organ steatosis, infertility, atherosclerosis, and other cardiovascular diseases, including cancer, is often observed. We propose lifestyle modification education, including increased physical activity and appropriate diet selection, as well as the inclusion of natural herbal supplementation and pharmacological treatment.

Biography

Prof. Dr. Małgorzata Szczuko studied biology at the University of Szczecin, Poland, where she obtained her Master of Science degree in 2000. Due to her research interests, she completed her doctoral studies in the field of specialized nutrition in 2009. Since 2010, she has been a scientific and teaching staff member at the Pomeranian Medical University in Szczecin, where she focuses on comprehensive clinical nutrition in chronic diseases involving inflammation and activation of the arachidonic acid cascade from cell membranes. She obtained the title of professor of medical and health sciences in 2022. She is the author and co-author of over 100 scientific publications with a cumulative impact factor of 280 points, over 500 citations, and a Hirsch index of 20.
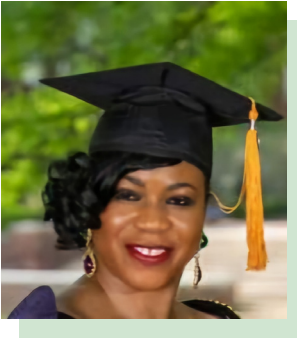
Marion Johnson

School of Nursing, University of Maryland
DNP Project Implementation Under Supervision of Taylor Melton Second Reader
Erica Alessandrini

Improving depression identification and treatment using PHQ-2 and PHQ-9 screening tools

Problem: Depression is a mental health concern in the United States (U.S), impacting 18.4% adults in 2020. In 2022, there were approximately 49,000 suicide-related fatalities underscoring the need for early diagnosis and treatment of depression to improve the quality of life and reduce suicide rates. An outpatient behavioral health clinic used semi-structured interviews to screen for depression, which is less sensitive and specific compared to evidence-based depression screening tools, increasing the likelihood of undiagnosed and untreated depression.

Purpose: The purpose of this Quality Improvement (QI) project is to improve the early detection and treatment of depression among adolescents and adults in a behavioral clinic by implementing the Patient Health Questionnaire (PHQ) PHQ-2 and PHQ-9 depression screening tools.

Methods: This QI project, implemented over 15 weeks, targets about 300 adolescent and adult patients. All 22 staff received training on the depression screening process prior to its implementation. New patients completed the PHQ-2 questionnaire at their initial visit, and those scoring two or higher proceeded to be screened with the PHQ-9. If the patient scored 10 or above on the PHQ-9, the provider was alerted, prompting further evaluation and treatment if deemed clinically necessary. Patients scoring five to nine will undergo annual screenings, following USPTF guidelines. Data results are shared with stakeholders during weekly meetings conducted by the Project Leader (PL). The monthly competition was held by the PL, and the staff who screened the most were awarded a certificate Motivational quotes were displayed throughout the clinic to foster staff engagement.

Preliminary Results: All eligible patients (72/89) were screened using the PHQ-2 and PHQ-9 over four weeks. Patients who scored 5-9 on the PHQ-9 (17.65%) were scheduled for annual screening, while 52.94% received further interventions.

Preliminary Conclusions: Preliminary results indicate that the PHQ-2 and PHQ-9 are feasible depression screening tools that aid in the timely diagnosis and treatment of depression. The adoption of these tools could yield positive effects, including earlier detection and treatment of depression, reduced suicide rates, improved patient outcomes, and decreased healthcare costs.

Biography

Marion Johnson is a DNP candidate in Psychiatric Mental Health Nursing at the University of Maryland School of Nursing in Baltimore. She received her ADN from Howard Community College in Maryland in 2009 and her BSN from Grand Canyon University in Arizona. For six years, Ms. Johnson has worked as a Psychiatric Nurse at St. Elizabeth Hospital in Washington, D.C., providing compassionate, patient-centered care and contributing to interdisciplinary treatment teams. Her career and academic background demonstrate her dedication to improving mental health care through evidence-based approaches, research, and quality improvement.

Mei-Hua Sun

Department of Nursing, College of Nursing, National Yang Ming Chiao Tung University / Taipei, Taiwan
Department of Nursing, Saint Paul's Hospital / Taoyuan, Taiwan

Development and validation of the Nurses' International Mobility Scale (NIMS)

In response to the sustainable trend of globalized health care talents, it is crucial to actively cultivate the cross-border capabilities of nurses. However, the ability of nurses to move internationally has yet to be clearly assessed. The aim of this study was to develop and verify the validity and reliability of a Nurses' International Mobility Scale [NIMS]. Data collected from 250 registered nurses working at medical center in the northern Taiwan. By the content validity index, item analysis, Exploratory Factor Analysis (EFA), internal consistency, and Confirmatory Factor Analysis (CFA) of NIMS were analyzed by items. The final NIMS comprised 18-item across four subscales: communication competencies, professional competencies, adapting competencies, and practice competencies. The explanatory variance of cumulative was 74.3%. The internal consistency coefficient was 0.93, the Cronbach's α of the subscales ranged from 0.87 to 0.94. The CFA were as following: GFI=.92, NNFI=.97, CFI=.98, RMSEA=.06, SRMR=.09, proved to have good construct validity. The NIMS with high reliability and validity, and suitable for measuring the international mobility competencies of nurses. The scale could as a reference for nursing manpower management, and an efficient strategy to cultivate the international capabilities of nurses.

Biography

Mei-Hua possess Master's degree in nursing and healthcare management, and she is a PhD Candidate of Nursing at National Yang Ming Chiao Tung University. She is currently a Specialist of the Superintendent's Office and a Director of the Department of Nursing, Saint Paul's Hospital, Taiwan.
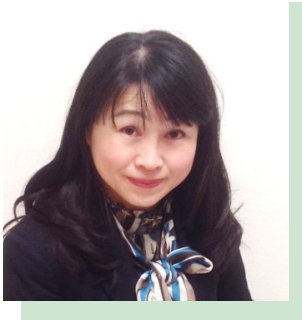
Michiyo Harada[1]*, Kumiko Murayama[2], Eiko Suzuki[2], Hiroko Kitajima[3], Satomi Nishii[1]

[1]Tokyo Medical University, Tokyo, Japan
[2]International University of Health and Welfare Graduate School, Tokyo, Japan
[3]Seitoku University, Faculty of Nursing, Department of Nursing

Study of midwives' perceptions of stress during the COVID-19 pandemic

The coronavirus disease 2019 (COVID-19) pandemic has increased the mental burden on midwives and nurses. During this period, excessive workload, caring for critical patients with COVID-19, the high risk of infection, uncertainty and stigmatization, lack of Personal Protective Equipment (PPE) and critical medicines, and overcapacity have caused psychological pressure on healthcare professionals.

Objective: This study aimed to identify midwives' perceptions of stress in response to the coronavirus disease 2019 (COVID-19) pandemic and to provide basic data for reducing stress in midwifery.

Methods:

Research period: December 2022 to February 2023.

Subjects was The study population comprised 75 midwives working in maternity wards of perinatal maternity centers, general hospitals, and bedded clinics in the Kanto-Koshinetsu region. Survey method was Open- ended questionnaire survey.

Research Procedures: A questionnaire survey was conducted by requesting research from hospital facility and nursing directors.

Method of Analysis: Qualitative narrative research techniques.

Ethical consideration: We explained in writing that participation in the research was voluntary, that there would be no disadvantage if the subjects did not participate in or declined to cooperate during the research, that personal information would be protected, and that data would not be used for any purpose other than the research. After providing the explanation, we obtained the consent of participants. The research was conducted after obtaining approval of the research ethics review committee of our institution.

Results: The method of analysis was qualitative descriptive analysis using open-ended data as one unit of context and focusing on and categorizing the stress of midwives during the COVID-19 pandemic. As a result, 6 categories and 10 subcategories were extracted.6 categories was Feeling of burden in dealing with pregnant women with COVID-19、Feeling of burden in responding to Cesarean section, Limitations to continuing nursing care, Breast care difficulties, Difficulty in fully engaging with the subject, Challenges to attendance.

Discussion: Midwives working in clinical practice felt the stress of being constantly asked to respond to tense situations in order to prevent mother-to-child transmission. Moreover, during

the COVID-19 pandemic, midwives felt a sense of inadequacy in their work due to a sense of difficulty and care limitations, as well as being unable to continue health guidance, breast care, and midwifery care.In addition, they sought support from the hospital and their supervisors when they had difficulty in making decisions to go to work, including managing their own physical condition. With regard to the presence of stress, Rassin et al., and Yamazaki et al., indicated that multiple workloads and tasks, fatigue, and lack of concentration can lead to medical accidents and stressful conditions in the workplace. In a survey by Meurier et al., 79% of subjects indicated that a stressful ward atmosphere was a factor in their errors. Therefore, a sense of inadequacy regarding work during the COVID-19 pandemic, the work environment, and limitations of midwifery and nursing care may lead to errors, and measures to reduce stress are needed.

Key Words: COVID-19, Midwives, Stress.

Biography

Michiyo Harada worked as a midwife in a perinatal centre at a university hospital in Japan. She went on to earn a postgraduate degree at Tokyo Women's Medical University. After working as a midwife at the Graduate School of Tokyo Women's Medical University and as a faculty member at Keio University, She is currently a faculty member at Tokyo Medical University.
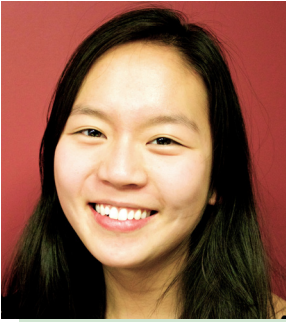
Minna Song[1]* MPH; Samantha Harris[1] PhD, MPA; Lauren Byrne[1] MPH; Omeid Heidari[2] PhD, MPH, ANP-C; Hridika Shah[1] BA; Isha Desai[1] MPH; Sara Whaley[1] MPH, MSW, MA; Susan Sherman[1] PhD; Brendan Saloner[1] PhD

[1]Johns Hopkins Bloomberg School of Public Health, Baltimore, MD,
[2]University of Washington, Seattle, WA

Person, drugs, and place: Developing a survey tool to measure overdose risk using a reddit survey panel

Research Objective: One of the most difficult overdose-related issues to disentangle empirically has been the independent contribution of person-level factors from drug or environmental characteristics. This study's purpose was to develop and validate an instrument to measure overdose risk factors.

Study Design: We conducted an online Reddit survey to empirically compare factors surrounding (1) a recent overdose, (2) a non-overdose involved drug use event among overdose survivors, and (3) a drug use event among those with no recent overdose history. We developed a set of conceptually grounded items related to drugs used, the context in which drugs were used, and individual susceptibility to harmful outcomes from drug use based on findings from qualitative interviews conducted in a prior phase of the present study. We tested and refined survey questions through cognitive interviews before fielding the survey on Reddit. Following data collection, we examined the psychometric properties of survey items and contrasted differences in survey responses to questions about drugs used, the environment, and person-level risk factors across these three conditions.

Population Studied: Our sample included 458 US-based respondents who were engaged with Reddit forums related to drug use, harm reduction, and substance use treatment. Participants were eligible if they experienced an overdose within the past 12 months and/or a non-overdose related drug use event within the past 30 days.

Principal Findings: Over a third reported a past-year overdose (n=175). The sample was predominantly White (91.5%) and male (62.7%). Most respondents resided in metropolitan areas (91.4%). Opioid use and injection drug use were most common among overdose survivors. Half of overdose survivors noted drugs were stronger than expected at the time of their most recent overdose compared to very few reporting as such at their most recent drug use. All respondents mostly used drugs at home, but overdose survivors were more likely to report using drugs in a car, hotel, or other public space at the time of overdose.

People without recent overdose history were more likely to report using drugs alone at the time of last drug use. Compared to people with no overdose history, overdose survivors at both the time of the recent overdose and last drug use were more likely to be engaged with services, and to report employment, financial, interpersonal, criminal-legal system, and mental health challenges.

Conclusions: Findings suggest opioid use, changes in the drug supply, contextual factors, and life challenges are interrelated contributors to overdose.

Implications for Policy or Practice: Targeted strategies should focus on reducing overdose risk in specific places and contexts, such as at motels. This survey tool could be used to assess overdose risk in clinical settings.

Biography

Minna Song is a Research Associate in the Department of Health Policy and Management. She completed her BA in Women's and Gender Studies at Georgetown University and received her MPH in Behavioral Sciences and Health Education from Emory University. Her work focuses on access and quality of care for people with substance use disorders and healthcare for people in the criminal legal system. She works primarily with Dr. Brendan Saloner on projects including: evaluating policies impacting access to treatment for substance use disorders; identifying risk factors for overdose; exploring bioethical dilemmas in carceral settings; assessing the impact of housing policies on substance use disorder; and eliciting first-hand accounts of drug use, overdose, and incarceration. Prior to Hopkins, she worked at the Lombardi Comprehensive Cancer Center at Georgetown University researching cognition among older breast cancer patients and racial disparities in cancer screening and outcomes.

Neeraj Wadhwa

Los Angeles County, Department of Public Health, Los Angeles, CA, USA

Fentanyl overdose harm reduction intervention: A quasi-experimental study in Southern California

Fentanyl related deaths due to opioid overdoses amongst adolescents have been contributing to large increases in mortality rates within Los Angeles County. Based on the Theory of Planned Behavior, this study is designed to evaluate knowledge and attitudes that contribute to substance use behaviors. The purpose of the study is to evaluate the effectiveness of two harm reduction videos developed by the Los Angeles County Department of Public Health by measuring the changes in the level of knowledge and attitudes among high school students. The study participants (N=75) consist of high school students recruited from two local schools. The study is a quasi-experimental pre-post design. The data is analyzed using a paired t-test to measure a change in attitude and level of knowledge pre-and post-test. The R statistical software version 4.3.3 and SPSS 29.0 have been used. The results of the study demonstrate a statistically significant ($P \leq .05$) and moderate increase in the level of knowledge associated with fentanyl usage prevention and administration of Naloxone and fentanyl testing strips. Additionally, the videos led to a positive change in attitudes toward the use of opioids among adolescents. The study recommends that the Los Angeles County Department of Public Health incorporate a pre-and post-evaluation component while improving the contents of its existing prevention education to account for current knowledge and attitudes of adolescents towards opioids.

Keywords: Opioid Overdose, Harm Reduction, Adolescents, Knowledge, Attitude.

Biography

Neeraj Wadhwa, MBA, MPH, is a Health Educator at the Los Angeles County, Department of Public Health since 2019 working to improve health outcomes among adolescents in areas of substance use, mental health, and sexual health. He has led several key initiatives to further the work of adolescent wellbeing within the department including a qualitative research methodology and data analysis strategy. He is also pursuing a doctoral in public health degree as a third-year student at Loma Linda University and focusing his research on promoting harm reduction strategies to help reduce the incidents of fentanyl-related overdoses amongst adolescents in Los Angeles County. His prior work experience in corporate marketing, business management, and retail has instilled in him a strong business acumen that enables him to contribute positively to the field of public health in areas such as organizational communications, financial analysis, and relationship management. Neeraj holds a master's degree in public health from the University of California, Los Angeles, and a master's degree in international management from Thunderbird School of Global Management.

Shiho Akihara¹*, Hiromi Yonezawa²

¹Department of Nursing, School of Health Science, Sapporo Medical University, Sapporo, Hokkaido, Japan

²Ishikawa Prefectural Nursing University, Kahoku, Ishikawa, Japan

Nursing interventions for stress in patients with isolated pulmonary tuberculosis

Background: The incidence of Tuberculosis (TB) in Japan in 2023 was 8.1 cases per 100,000 persons. Patients with active TB require hospitalization in isolation with an average length of hospital stay of 42.1 days. This makes inpatient treatment extremely stressful for the patient. Furthermore, although patients experience stress due to the disease itself, nursing interventions to address patient stress have not been adequately studied.

Objective: To elucidate nursing interventions to address the stress of patients with pulmonary TB in isolation.

Methods: The research design was qualitative using an inductive approach. Semi-structured interviews were conducted with three nurses working in the TB ward at Hospital X. In the interviews, the subjects were asked to speak freely about the "characteristic stresses that hospitalized pulmonary TB patients experience" and the "nursing interventions performed in response to the stress experienced by patients."

In the analysis, portions of the verbatim transcripts that mentioned "patient stress" and "nursing interventions for stress" were extracted. Code names that faithfully represented the meanings were assigned, and multiple codes were classified and categorized by examining similarities and differences. Throughout the process, discussions were held with researchers who were experienced in qualitative research to improve validity.

This study was approved by the Ethics Review Board of the Osaka City University Graduate School of Nursing.

Results:

1. **Stress in Patients with Pulmonary TB in Isolation:** The analysis of nurses' perspectives on the stress experienced by pulmonary TB patients in isolation revealed 35 subcategories and 6 categories: having TB, isolation, long-term hospitalization, social reintegration, infecting others, and prejudice.

2. **Nursing Interventions to Treat Stress in Patients with Pulmonary TB:** Nursing interventions to address the stress of patients with pulmonary TB in isolation led to the extraction of 31 subcategories and 5 categories: communication, environmental efforts, providing correct knowledge, multidisciplinary cooperation, and intervention difficulties.

Discussion: The nurses communicated with the patients, and by building trusting relationships, they empathized with the patients' pain and dealt with their stress, such as by taking the time to listen.

To address the stress of isolation, the nurses attempted to improve the treatment environment as part of their environmental interventions. These efforts may help support patients with TB who experience high stress due to long hospital stays and closed environments. However, difficulties and limitations were also noted, as nurses found it challenging to intervene in social issues such as social reintegration and prejudice.

Conclusion: The nurses in the TB ward were attuned to the patients' concerns through communication and worked to improve the environment to ensure that patients were comfortable, even in isolation. Pulmonary TB patients in isolation are unable to go outside, making it difficult for them to release stress. Nurses also found it difficult to intervene in social issues such as social reintegration.

Biography

Shiho Akihara completed her master's degree from the School of International Health, Graduate School of Medicine, The University of Tokyo, in 1998, and her doctorate from the same graduate school in 2001. Her specialties include infectious disease nursing, with research focusing on the molecular epidemiology of norovirus, nursing care for pediatric infectious diseases, and tuberculosis nursing.

Sylvia Anasi DNP, RN

Assistant Professor, Department of Undergraduate Studies, Cizik School of Nursing, UTHealth

Quality improvement project to enhance the knowledge and confidence of nursing students' therapeutic engagement with patients in mental health care

Background/Introduction: Problem: The psychiatric mental nursing curriculum does not teach Therapeutic Communication (TC) techniques before students begin clinical practice; the didactic content and the clinical practice co-occur. Hence students need more confidence in using therapeutic communication techniques during patient engagement.

Specific Aims: To investigate whether an educational intervention on therapeutic communication techniques before clinical practice enhances the confidence of nursing students' engagement with patients to improve the mental health nursing curriculum.

Methods/Project Description/Design: Before nursing students begin clinical engagement with patients with mental health during the Fall of 2022, Spring of 2023, and Summer of 2023:

- Teach therapeutic communication techniques: PowerPoint via WebEx-synchronous.
- Show and discuss a video depicting a role play of nurse use of therapeutic communication techniques in patient engagement in a mental health setting.
- Rate students' pre-confidence level on the 'My Confidence Rating Scale' on using TC techniques to engage with patients with mental illness.
- Administer quizzes to assess knowledge of therapeutic communication.
- Rate students' post-confidence level on the 'My Confidence Rating Scale' on using TC techniques to engage with patients with mental illness.
- Collect students' subjective feedback and identify significant themes in their experience using therapeutic techniques.

Results/Outcomes Discussion: As of May 2023, students enrolled in the undergraduate Psychiatric and Mental Health Nursing Course in Fall 2022 and Spring 2023 completed the didactic part of the curriculum. Their clinical practice will begin in Fall 2023 and Spring 2024, respectively. Pre- and post-lesson quiz results show improvement in knowledge skills. The comparison of pre-test and post-test on students' confidence and subjective feedback in applying therapeutic techniques will be analyzed after the clinical practice engagement.

Conclusion: Pre-knowledge of therapeutic communication techniques may positively affect nursing students' confidence in effective patient engagement in psychiatric clinical settings. Hence, an improvement of the nursing curriculum to allow the teaching of therapeutic communication techniques before clinical practice begins may be warranted.

Future Research: The collection of data for this quality improvement project is still ongoing. The need for research on analyzing students' confidence in patient engagement using the knowledge of therapeutic communication techniques may be necessary for other nursing courses.

Biography

Dr. Sylvia Anasi has extensive experience with the management of patient populations in various clinical settings. She joined Cizik School of Nursing at University of Texas Health Science Center at Houston (UTHealth) as an assistant professor in February 2019. She received her Doctor of Nursing Practice (DNP) from Loyola University Chicago in 2016, and her MSN from Loyola University New Orleans in 2011. Through her DNP capstone project "Using the arthritis self-management program toolkit to improve care planning for patients with osteoarthritis" and other scholastic work, she has demonstrated her believe that outcome improvements are best achieved through careful application of high-level evidence.

Dr. Vijay Kumar Singh[1]*, Dr. Aqsa Arif[2]

[1]Professor, Department of Community Medicine and Public Health, King George's Medical University UP, Lucknow, Uttar Pradesh, India
[2]Junior Resident, Department of Community Medicine and Public Health, King George's Medical University UP, Lucknow, Uttar Pradesh, India

Empowered still enduring: The paradox of continuing domestic violence through lens of NHFS 5

Introduction: The National Family Health Survey (NFHS-5) reveals a complex picture of women's lives in India, highlighting both strides in empowerment and persistent challenges. While a significant number of women are now participating in household decisions and gaining access to education and employment, the shadow of domestic violence still looms large.

Materials and Methods: This is a cross- sectional analysis of fact sheets of NHFS 5, from Ministry of Health and Family Welfare (MOHFW), were retrieved for secondary data analysis (2019-2020). The focus was on assessing empowerment indicators and prevalence of domestic violence in all the strata.

Results: Employment rate in currently married women age 15-49 years was 32%. 85% women participate in decision making about their own earnings. 71% women made decision jointly with their husband about the use of his earnings. Women participation in decision making is 80%. 11% women make use of microcredit programme. 42% women have freedom of movement in all three specified places. 35.8% of women employed for cash have ever experienced physical violence. Yet 45% give justification for beating by their husband.

Conclusion: Even though women are now more involved in household decision-making and have greater access to education and employment opportunities, the prevalence of domestic violence remains alarmingly high. By addressing both empowerment and violence, we can work towards a future where every woman can live a life with dignity, free from fear and full of opportunities.

Keywords: Domestic Violence, Empowerment.

Biography

Dr. Vijay Kumar Singh professor of Statistics in the Department of Community Medicine and Public Health, King George's Medical University UP, Lucknow, Uttar Pradesh, India. Before this He was Assistant Professor at Government Medical College Haldwani, Nainital, Uttarakhand, India. He received the Ph D degree in 2003 from MJP Rohilkhand University, Bareilly, UP, India He has published more than 50 research papers and guidedmore than 50 MD/MS/MCh students.

Xiaorong Hong

Department of Orthopaedic and Joint Surgery, Chongqing Orthopedic Hospital of Traditional Chinese Medicine, Chongqing, China

Evaluation of the quality of Chinese guidelines and expert consensuses on nursing published in 2024

Objective: To evaluate the scientificity, transparency and applicability of Chinese guidelines and expert consensuses on nursing published in 2024, in order to improve the quality of guidelines and consensuses.

Methods: Databases including Medline, Embase, Web of Science, CBM, CNKI, WanFang database, Chinese Medical Journal, and related websites were electronically searched, as well as China Hong Kong, Macao and Taiwan medical journals, to collect Chinese guidelines and expert consensuses on nursing from January to December 2024. The STAR tool was used to evaluate the quality of each guidelines and consensuses by 3 assessors independently. Total score, scoring rate of each domain and item were adopted to analyze the outcomes.

Results: A total of 3 guidelines and 33 expert consensuses were included. The total guidelines and expert consensuses STAR score (33.5±14.3). The quality of guidelines and consensuses was low. The quality of guidelines was moderate with average score of 55.1 point, and the quality of consensuses was low with average score of 31.5 points. The included guidelines and consensuses had a highest score rate (52.4%) in the domain of recommendation. Among 39 items of STAR tool, the top 4 items including listing participants and institutions, explaining additional instructions for implementation, describing consensus method, and listing references for recommendations had a high score rate of 100%, 83.3%, 77.8%, 75.0% respectively. However, the items of registration, providing registration information, protocols being searched on public platforms and explaining the role of funding had a low score rate, urgent need for attention and upgrading.

Conclusion: The overall quality of the Chinese guidelines and expert consensuses on nursing published in 2024 was low. As a medical and nursing practice guidance document, the quality of guidelines and expert consensuses should be improved by encouraging registration, strengthening management of interest conflict, enhancing the rigor of guideline developing process, and expanding the dissemination.

Theo Keating

DNP Proposal, Creighton University, United States

Obesity screening and prevention in a primary care setting

Obesity has reached pandemic levels in the United States, affecting diverse populations and imposing significant health and economic burdens. This paper examines the multifaceted causes of obesity, including dietary shifts, sedentary lifestyles, and socio-economic factors, which have contributed to a tripling of obesity rates since 1975. Obesity is linked to numerous comorbidities, increasing all-cause mortality risks and creating a pressing need for effective screening and prevention strategies in primary care settings. Despite the role of primary care providers as frontline responders, there is a notable gap in addressing obesity due to inadequate training and lingering stigmas. Current initiatives, including the Healthy People 2030 goals and CDC resources, aim to enhance obesity management through improved counseling and treatment protocols. By fostering a comprehensive understanding of obesity's complexities, this paper advocates for a proactive approach in primary care to mitigate its prevalence and promote healthier lifestyles. Enhanced provider engagement and adherence to updated guidelines are essential for addressing this critical public health issue.

Yasuko Oshima[1]*, Akiko Otaki[2], Eriko Mizuno[1]

[1]Juntendo University, Faculty of Health Care and Nursing, Urayasu City, Chiba Prefecture, Japan
[2]Kaori Visiting Nursing, Otsu City, Shiga Prefecture, Japan

Development of self-assessment scale of difficulties in nursing practice of individuals with major depressive disorder: Process of developing scale item proposal

Background: Recently, the number of individuals with depression has increased (WHO, 2023). Although there are many guidelines for the management of Major Depressive Disorder (MDD) (Lee et al., 2020), the medical treatment of depression has become more complex because of the ineffectiveness of standard therapeutic interventions and large number of recurrent cases (Rush et al., 2004) (Walter, 2023) (McAllister, 2022). According to the results of a scoping review, the symptoms of MDD and their psychological reactions made it difficult for nurses to consider daily life support and intervention methods and nurses felt negative emotions, helplessness, and guilt. These results suggest that nurses involved in the nursing practice of individuals with MDD need educational support to understand the symptoms, psychological reactions, and mental health support for nurses' psychological responses to interventions. Difficulties in the nursing practice of individuals with MDD were predominantly based on qualitative data. Therefore, it is necessary to quantitatively investigate the difficulties in the nursing practice of individuals with MDD (Oshima et al., *in preparation*).

Objective: This study aimed to examine the constructs and frameworks and develop item proposals of a self-assessment scale of difficulties in the nursing practice of individuals with MDD.

Methods: This mixed-methods study used an exploratory sequential design. In the first phase of qualitative data collection and analysis, the results of interviews with nurses (Oshima et al., 2024) and a scoping review (Oshima et al., in preparation) were used to develop an item proposal scale using the KJ method. The item proposal was revised by evaluating face and content validity of four nurses and two Certified Nurse Specialists in Psychiatric Mental Health Nursing. In the second phase, the scale will be developed by quantitative data collection and analyses. Third, the measurement scale will be verified. In this presentation, we report on the first phase.

Results: Thirty proposed items were determined in the study, comprising 11 items based on interviews, 17 items based on the scoping review, and two items added based on the validity evaluation. The proposed items included the difficulty of communicating with individuals with MDD, providing necessary care while listening to their feelings, providing care with a futuristic view, improving and preventing declined self-esteem, maintaining important beliefs

in interacting with them, conflicts faced by nurses in interacting with them, refusal of diagnosis and treatment, providing suicide prevention support, coordinating with medical teams in supporting community living, and lack of specialized support.

Conclusion: Thirty items were extracted as a draft self-assessment scale for difficulties in the nursing practice of individuals with MDD. Therefore, a pilot survey will be conducted eventually.

Biography

Ms. Oshima studied nursing at Kitasato University, Japan, and graduated with an MS degree in 2005. She is a faculty member of the Department of Nursing at Juntendo University, Japan. She works in the field of psychiatric and mental health nursing and is in the second year of Ph.D. program at Juntendo University. Her major was mental health nursing and research topic was difficulties in the nursing practice of patients with MDD. She believed that this would help build educational support for effective mental health support in nurses.

5th Edition of

**Singapore Nursing
Research Conference &**

4th Edition of

**International
Public Health Conference**

MARCH
24-26

WORKSHOPS

Garry Goh

Paediatric Ward, Dunedin Hospital, Health New Zealand Southern, Dunedin, Otago, New Zealand

TOPICC – Framework for non-pharmacological interventions to manage medical procedure-induced anxiety in children

Medical Procedure-Induced Anxiety (MPIA) has significant short- and long-term negative effects on children, with implications for treatment, recovery, patient satisfaction and cost. Research shows that non- pharmacological interventions can be effective in managing children's anxiety leading to better outcomes and reduce the need for medicine to control children's anxiety, thereby mitigating potential side effects and healthcare costs. However, numerous studies have shown that non- pharmacological interventions can be complex and challenging for healthcare professionals. Factors to consider include the individual characteristics and circumstances of the child, available resources, expertise of the healthcare professional, diversity of techniques, time and costs. Complications can also arise in the interactions between adults, including healthcare professionals, and anxious children. Healthcare professionals have a significant role in managing children's anxiety, but healthcare professionals' workload and lack of expertise or experience can be significant hindrances. Strategies to guide best practice could help to overcome some of these complexities. This presentation draws on an extensive review of extant literature to present a framework comprising six strategies to guide best practice for healthcare professionals: 1) building trust; 2) giving the child appropriate decisional control; 3) providing procedural and sensory information; 4) applying an individualized age-appropriate approach; 5) employing efficacious coping techniques; and 6) adopting

Biography

Garry Goh is a registered Hospital Play Specialist (HPS) working in New Zealand tertiary hospital since 2016. He has a master's degree in early childhood education from the Boston University Wheelock College of Education and Human Development and a graduate diploma in primary teaching from the University of Otago College of Education. He is the lead author in two peer-reviewed publications. Prior to working in New Zealand, he was a proprietor and teacher of his own Montessori kindergarten, an award-winning industrial designer, and a horticulturist in Singapore.

coping-promoting behavior. Non- pharmacological interventions will be used to demonstrate the management of MPIA due to anesthetic gas induction and cannulation. The framework could help overcome the issues and challenges experienced by healthcare professionals when implementing non- pharmacological interventions. Complex skills and experience are necessary for the effective use of non- pharmacological interventions to manage children's anxiety. The proposed framework could serve as a focal point for the development of training for healthcare professionals. Details of the literature review, on which this presentation is based, are published in the peer-reviewed journal article "Using non- pharmacological interventions to manage medical procedure-induced anxiety in children: a framework to guide best practice" (Goh & Edmonds, 2024).

Dr. Stephen-Claude Hyatt

Clinical Health Psychologist & Traumatologist, CALM International, Singapore

Trauma and infidelity: How infidelity may create trauma

This presentation, titled "Trauma and Infidelity: How Infidelity May Create Trauma," explores the intersection of infidelity and trauma, focusing on the traumatic impact that infidelity can have on women.

The presentation begins by defining trauma and its various manifestations, including emotional, physical, and spiritual effects. It then delves into the specific causes of trauma for women experiencing infidelity, highlighting the role of gaslighting and denial by their partners. The presentation emphasizes that the act of infidelity itself is often less damaging than the subsequent gaslighting and denial, which can lead toself-doubt and feelings of "craziness" in the betrayed partner.

The presentation also provides guidance for clinicians working with couples dealing with infidelity and trauma. It offers a set of "dos and don'ts" for therapists to share with their clients, aimed at facilitating a healthier recovery process. The presentation emphasizes the importance of narrative work in trauma therapy, helping the betrayed partner to separate facts from fiction and develop a clear understanding of their experience.

In addition, the presentation includes practical advice for women who have discovered their partner's infidelity, such as preserving evidence, giving themselves time to process the discovery, and seeking professional help. It also stresses the importance of having a support system in place and ensuring transparency in the early stages of rebuilding trust.

Biography

Dr. Stephen-Claude HYATT, a clinical health psychologist and trauma expert, has worked with patients worldwide, including those impacted by the Tianjin chemical explosion and families of those on Malaysian Airlines MH370. He served as the former head of the Mental Health Department at International SOS and was part of the trauma response team at the Jamaican Ministry of Education. Dr. Hyatt is a member of the Jamaican Psychological Society (JPS) and the American Psychological Association (APA). His abstract is from a chapter of his latest book, "Trauma, Grief & Recovery: Trauma is More Than PTSD."

The presentation concludes by underscoring the importance of self-care and empowerment for women who have experienced infidelity-related trauma. It encourages women to focus on their own well-being, embrace their support systems, and seek legal advice to understand their rights and options. Overall, the presentation aims to shed light on the complex dynamics of infidelity and trauma, offering guidance and support for both individuals and clinicians navigating this challenging experience.

Notes:

We wish to meet you again at our upcoming events

6th Edition of
Singapore Nursing Research Conference
March | Singapore | Hybrid Event
https://nursingresearchconference.com/

5th Edition of
International Public Health Conference
March | Singapore | Hybrid Event
https://public-health.magnusconferences.com/

Questions? Contact
Phone: +1 (702) 988 2320 | Whatsapp: +1 434 264 7183
Email: secretary@magnusconference.com