

2nd WORLD CONFERENCE ON

NURSING, HEALTHCARE AND HOSPITAL MANAGEMENT

Book of Abstracts

2024
MAY 16

VIENNA, AUSTRIA

Hosting Organization:

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2nd World Conference on

NURSING, HEALTHCARE AND HOSPITAL MANAGEMENT

May 16, 2024 | Vienna, Austria

BOOK OF ABSTRACTS

Abstracts of the 2nd World Conference on Nursing, Healthcare and Hospital Management

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ABOUT EURASIA CONFERENCES

Established in 2022, Eurasia Conferences has rapidly gained recognition for organizing high-quality conferences across a diverse range of fields including science, technology, social sciences, humanities, business and economics, life sciences, medicine, and healthcare. Our mission is to drive progress and innovation through dialogue and collaboration among professionals worldwide.

Since our inception, we have successfully hosted over 50 conferences, providing platforms for scholars, researchers, professionals, and students to exchange knowledge and cultivate new ideas. Our events are strategically designed to foster networking, stimulate in-depth discussions, and facilitate the sharing of cutting-edge research and practical solutions to address contemporary challenges.

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SCIENTIFIC PROGRAM

08:50-09:00 @ Introduction,
Welcome note and Conference
Inauguration
Conference Room: "Lohengrin"

MAY 16, 2024

Speaker Sessions

- 09:00-09:30**
Title: No Visitors: Mental Health Impacts of Separation from Hospitalized Loved Ones
Dr. Stacey L. Knight, Dr. J.T. Seaman & Judson La Grone, JoAnne Gay Dishman School of Nursing, Lamar University, Beaumont, TX, USA
- 09:30-10:00**
Title: Discover Trauma Clearance Concept of PTSD From the Victims Involving in Volunteers ~ Help Disaster Victims Avoid From PTSD by Volunteering
Dr. Fang Tsuang Lu, Tzu Chi Charity Foundation / Tzu Chi University, Taiwan
- 10:00-10:30**
Title: Effects of Service Quality on Perceived Value, Customer Loyalty, and In-Patient Satisfaction: A Mixed-Methods Study from a Developing Country
Agus Fitriangga, Eka Ardiani Putri, Department of Community Medicine, Tanjungpura University, West Kalimantan Province, Indonesia

(Virtual Sessions via Zoom) UTC/GMT +2

Keynote Session

- 10:30-11:00**
Title: Managing Health Transformation Towards Personalized, Participative, Preventive, Predictive Precision Medicine
Prof. Dr. habil. Bernd Blobel, Medical Faculty, University of Regensburg, Regensburg, Germany

Tea and Refreshments Break 11:00-11:30

Speaker Sessions

- 11:30-11:50**
Title: Exploring the Factors That Influence Interprofessional Collaboration in Primary Health Care in Oman Among Physicians, Medical Students, Nurses and Nursing Students a Mixed Method Approach
Imad Abdul Rahim AL Husami, Higher Institute of Health Specialties , Muscat,Oman
- 11:50-12:10**
Title: Assessing Nurses Preparation of Using Nursing Process Kardex Based on Adkar Model in Iran University of Medical Sciences's Hospitals
Dr. Alice Khachian and Sona Elyasi, Tehran, Iran
- 12:10-12:30**
Title: The Presence of Moral Distress among Critical Care Nurses in Saudi Arabia
Hawazen Rawas, College of Nursing-Jeddah, King Saud bin Abdulaziz University for Health Sciences,, Jeddah, Kingdom of Saudi Arabia

Poster Session

- 12:30-12:50** **Title: Analysis of Intervention Effect of Roy-Newman Comprehensive Nursing Mode on Patients After Endoscopic Thyroid Surgery**
Liu Houli, Chongqing Jiulongpo District Hospital of Traditional Chinese Medicine, China

Lunch Break 13:00-14:00

Speaker Sessions

- 14:00-14:20** **Title: Exploration of Critical Care Nurses' Challenges in Caring for Enterocutaneous Fistula as a Complication for an Open Abdomen: A Qualitative Study**
Mpho Chipu, University of Free State, Faculty of Health Sciences, School of Nursing, Bloemfontein, South Africa
- 14:20-14:40** **Title: Acute Kidney Injury and Its Predictors Among HIV-Positive Patients in Africa: Systematic Review and Meta-Analysis**
Abere Woretaw Azagew, Department of Medical Nursing, School of Nursing, College of Medicine and Health Sciences, University of Gondar, Gondar, Amhara Region, Ethiopia
- 14:40-15:00** **Title: High Performing Healthcare Marketing Strategies**
Michael Guberti, Marketing That Clicks, Greenwich, Connecticut, USA

Tea and Refreshments Break 15:00-15:20

- 15:20-15:40** **Title: International Nurse Consulting: Supporting Nursing Optimization Across the Globe**
Lisa Thoe, Holly Burkhartzmeyer, April Bursiek, Department of Nursing, Mayo Clinic, Rochester Minnesota, USA
- 15:40-16:00** **Title: Caring for Veterans and Their Families**
Augustina Mushale, University of California, Davis -Alumni, California USA
- 16:00-16:30** **Title: Collaboration across Continents: Integration and Localization in a Multisite Healthcare Organization**
Holly Burkhartzmeyer, Lisa Thoe, and April Bursiek, Department of Nursing, Mayo Clinic, Rochester Minnesota, USA
- 16:30-16:50** **Title: Non-Divulgence by Patients Who Used Traditional Medicine in the Critical Care Units of A Westrand Mine Hospital In South Africa**
Dr. Sidwell Matlala, Lecturer, University of Johannesburg, South Africa

Closing Ceremony @ 16:50-17:00







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KEYNOTE PRESENTATION

Managing Health Transformation Towards Personalized, Participative, Preventive, Predictive Precision Medicine



Prof. Dr. habil. Bernd Blobel, AFCMI, FACHI, FHL7, FEFMI, FIAHSI
Medical Faculty, University of Regensburg, Regensburg, Germany

For realizing pervasive and ubiquitous health and social care services, health and social care system have to undergo an organizational, methodological and technological transformation towards personalized, participative, preventive, predictive precision medicine. For designing and managing the resulting highly complex, distributed and dynamic ecosystem, we must consistently and formally represent the system and its components 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. This must be done, using a system-theoretical, architecture-centered, ontology-based and policy-driven approach. Over the last 30 years, the author developed the necessary model and framework, which is 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 presented approach enables design, implementation and management of any health and social care systems as well as knowledge-based communication and cooperation of all actors involved. The Keynote introduces necessary standards and methodologies for designing and managing 5P medicine ecosystems as well as practical examples.

Biography:

Dr. Bernd Blobel studied Mathematics, Technical Cybernetics and Electronics, Bio-Cybernetics, Physics, Medicine and Informatics at the University of Magdeburg and other universities in the former GDR. He received his PhD in Physics with a neurophysiological study. Furthermore, he performed the Habilitation (qualification as university professor) 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 published more than 600 papers, published/edited many books and supervised a big number of PhD student from all around the world. He was German Representative to many SDOs such as HL7, ISO, CEN, OMG, IEEE, ASTM, SNOMED, etc., also chairing the national mirror groups. He is Fellow of several international academies.



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SPEAKER PRESENTATIONS

No Visitors: Mental Health Impacts of Separation from Hospitalized Loved Ones



Dr. Stacey L. Knight¹, Dr. J.T. Seaman², & Judson La Grone³

¹JoAnne Gay Dishman School of Nursing, Lamar University, Beaumont, TX, USA

²JoAnne Gay Dishman School of Nursing, Lamar University, Beaumont, TX, USA

³JoAnne Gay Dishman School of Nursing, Lamar University, Beaumont, TX, USA

Background/Introduction

Restrictions on visitors during the COVID-19 pandemic had major implications for patients and families, impacting health care outcomes. Eden, et al., (2021) found emotional anguish for family members who were not allowed to physically visit their loved ones or received limited information on the patient's status. The lack of visitation added to the impact of the pandemic on the mental and social health of society.

Methods

Individuals who experienced separation from hospitalized family members due to the “no visitor policies” during the COVID-19 pandemic were asked to participate in a qualitative study to elicit their perceptions. Participants were recruited using social media, the Sigma platform, and through personal contacts and referrals. Audiotaped and transcribed interviews were conducted in person, via telephone, or virtually using a Primary Investigator (PI) developed interview guide. Using the Colaizzi method of analysis, themes were derived.

Results

Interviews were completed for those who had loved ones admitted to acute care facilities only. Of the eleven completed interviews, one hundred percent of participants were female, and all were residents of Texas. Themes derived from this pilot project were of advocacy, communication, emotional upheaval, isolation and abandonment.

Discussion/Conclusions

Findings from patient interviews support previous published studies. “Patients, families and healthcare professionals were impacted by restrictive visitation policies in acute care settings during COVID-19” (Moss, et al., 2021) and severe mental health problems for those who have experienced quarantine and isolation were identified (Hossain, et al., 2020). Ideas for improved patient and family experience discussed by the authors.

Biography:

Stacey Knight is an Associate Professor at the JoAnne Gay Dishman School of Nursing in Beaumont, TX, USA. She has a Doctor of Nursing Practice (DNP) from Loyola University with focus on Executive Leadership, is a Certified Nurse Educator (CNE), and former Robert Wood Johnson DNP mentor. Her interests include cultural awareness, global health, and comparative health care studies. Realizing the importance of increasing cultural awareness and knowledge of global health initiatives, she developed and led faculty for student focused culturally immersive study abroad experiences and has partnered with universities internationally studying the differences in healthcare systems.

JT Seaman is a Psychiatric Mental Health Nurse Practitioner with experience in inpatient and outpatient mental health. He is also an experienced educator who has taught in undergraduate and graduate mental health programs. He holds a Doctor of Nursing from Vanderbilt University and maintains two certifications in mental health. JT's research interest includes childhood trauma, the personality types of university faculty, and immersive learning.

Judson LaGrone is an experienced emergency and certified cardiac/electrophysiology nurse, educator, and leader. He recently graduated from the University of Texas Medical Branch nursing Ph.D. program and is an Assistant Professor at Lamar University in Beaumont, Texas, USA. He actively teaches and mentors students in leading and managing, evidence-based practice, integration to professional practice, and research courses. Judson's research background focuses on self-identified traumatic events among critical care nurses and the effects of the work culture.

Discover Trauma Clearance Concept of PTSD From the Victims Involving in Volunteers ~ Help Disaster Victims Avoid From PTSD by Volunteering



Dr. Fang Tsuang Lu

Tzu Chi Charity Foundation / Tzu Chi University, Taiwan

As we know that trauma means experience that cause intense physical and psychological stress reaction in a big disaster or unfortunate encounter. After disaster, the victims engage in volunteer will get more opportunities to take part in the society and interact with more people. Especially the victims will get a new valuable experience with delight. These experiences will cover-up and clear the trauma experience. Actually through inviting victims involved in volunteer, we can find they re-get the value of life and start a new life career. This article practically shares diverse experiences regarding a lot victims Tzu Chi domestic and international disaster relief activities which include 921 Taiwan Chi-Chi earthquake in 1999, Indian Ocean earthquake and tsunami in 2004, Sichuan (Wenchuan) earthquake of Mainland China in 2008, Morake typhoon of southern Taiwan in 2009, Typhoon Haiyan of Philippine in 2013. We accumulated some examples of victim volunteers how did they quit the invasion of PTSD through the involve of volunteering, Thousands of the victims get a lot of valuable and delightful experiences will invite the other victims to participate the volunteer. This positive action will gradually be spread by victims and set into impetus to the whole disaster area. Except the group type example of disaster victims' volunteer, there is also the example that a lady who lost husband and two children. How she walked out from the biggest tragedy of her life through volunteering as the interpreter.

Keywords: Post-traumatic Stress Disorder (PTSD), disaster trauma, volunteer, trauma clearance theory

Effects of Service Quality on Perceived Value, Customer Loyalty, and In-Patient Satisfaction: A Mixed-Methods Study from a Developing Country



Agus Fitriangga, Eka Ardiani Putri

Department of Community Medicine, Tanjungpura University, West Kalimantan Province, Indonesia

Purpose: Since developed-country models are inapplicable to developing-country contexts, more contextualised and patient-perspective research is needed in light of recent literature on healthcare quality. This study investigates the elements of service quality in private healthcare and their effects on customer loyalty, perceived value, and in-patient satisfaction in West Kalimantan Province, Indonesia.

Methods: The sample sizes for this mixed-method study were 5 inpatients from West Kalimantan private hospitals for the qualitative phase and 128 inpatients for the quantitative phase. In order to create a conceptual model, the qualitative analysis investigates aspects of service quality in private healthcare and integrates them with existing research. The quantitative stage examines the connection using structural equation modelling, between every construct in the conceptual model.

Results: Emotion, function, social influence, and trust were the four aspects of service quality. Customer happiness and perceived value are significantly impacted by most of these factors. The quantitative findings further support the notion that while customer perceived value has little effect on customer satisfaction, customer satisfaction and customer perceived value have a large impact on customer loyalty (word-of-mouth and desire to return).

Conclusion: The study recommends that resources be allocated by the West Kalimantan Province government and private healthcare providers to enhance the quality of services. To connect with their clientele, practitioners ought to spend money on e-services and social media branding. Future studies should compare the impact of service quality factors on customer behavioural intention and concentrate on cost-benefit analysis.

Biography:

Agus Fitriangga, MKM. Born in Pontianak, 26 August 1979. Graduated with Masters in the Public Health Science Study Program, Faculty of Public Health, University of Indonesia in 2007. Currently a Lecturer at Tanjungpura University, Pontianak, West Kalimantan in the Medical Study Program, Faculty of Medicine. Currently pursuing a doctoral degree in the Epidemiology Study Program at Prince Songkla University in Thailand.

Dr. Eka Ardiani Putri, MARS, Born in Pontianak, 25 September 1981. Graduated with Masters in the Masters Study Program at the Hospital, Faculty of Public Health, University of Indonesia in 2010. Currently a Lecturer at Tanjungpura University, Pontianak, West Kalimantan in the Medical Study Program, Faculty of Medicine.

Exploring the Factors That Influence Interprofessional Collaboration in Primary Health Care in Oman Among Physicians, Medical Students, Nurses and Nursing Students a Mixed Method Approach



Imad Abdul Rahim AL Husami¹ and Dr. Suhaila Binti Sanip²

¹Higher Institute of Health Specialties , Muscat, Oman

²Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, Nilai, Negeri Sembilan, Malaysia

This study aimed to explore the factors that influence Interprofessional Collaboration in Primary Health Care among physicians, medical students, nurses, and nursing students in Oman. The objectives include exploring health practitioners' attitudes toward Interprofessional collaboration, differences in attitudes among nursing and medical students, and differences among physicians and nurses in PHC settings. Additionally, the study seeks to examine the relationship between Interprofessional identity, readiness for Interprofessional learning, attitudes toward IPC, and barriers to IPC affecting readiness for change among healthcare professionals. Using a sequential explanatory mixed methods design, data was collected from medical students, nursing students, PHC physicians, and PHC nurses using multiple scales. The quantitative analysis revealed no significant difference in Interprofessional identity scores between medical and nursing students. The readiness for Interprofessional collaboration was weakly correlated with Interprofessional identity, with readiness scores also not differing significantly between the two groups. Socio-demographic factors did not show a significant association with Interprofessional identity, while multivariate analysis highlighted Interprofessional identity and marital status as significant factors affecting readiness for Interprofessional collaboration. Findings related to PHC physicians and nurses showed no significant difference in attitude scores between the two groups, with age and attitude toward IPC displaying significant associations with readiness for IPC. In conclusion, creating a supportive environment that encourages readiness for change towards IPC, in addition to addressing the barriers to IPC will be able to promote Interprofessional education, enhance interprofessional identity and bridging the difference in attitudes towards IPC.

Biography:

I am currently the Head of Core Courses and responsible for teaching Research Methodology Courses at Higher Institute of Health Specialties (HIHS) in Oman. I hold a master's degree in Clinical Nursing (Critical Care), a postgraduate diploma in Strategic Leadership and Management, Nurse Tutor Training and a PhD candidate at University Sains Islam Malaysia (USIM). Additionally, I am a Chartered Manager and Fellow of the Chartered Management Institute UK, a Certified Professional Trainer at the Canadian Global Centre, Canada, and have 30 years of teaching experience in higher education. I am particularly interested in Interprofessional Education and Collaboration..

Assessing Nurses Preparation of Using Nursing Process Kardex Based on Adkar Model in Iran University of Medical Sciences's Hospitals

Dr. Alice Khachian BSN, MScN, MME, Ph.D

Sona Elyasi BSN, MScN Tehran, Iran

Background and Aim: The world is changing and one of the most prominent features of the present era is the dramatic and lasting changes. Changes in the health care industry, especially in hospitals, have often been unsuccessful, due to lack of staff readiness and lack of necessary conditions for change. The purpose of this study was to determine the readiness of nursing employing on nursing process kardex using ADKAR model in hospitals of Iran University of Medical Sciences.

Method: This descriptive-analytic cross-sectional study was conducted among 320 nurses working in the educational and non educational hospitals of Iran University of Medical Sciences. Sampling was done by convenient sampling method and in each hospital, the number of samples was selected based on a proportion to the total number of nurses of that center. In this study, Demographic questionnaire and ADKAR's questionnaire were used. The validity and Reliability of the tools were measured (using the Cronbach's alpha and general score was 0.927). Data were analyzed by SPSS software version 16.

Results: Based on the results, 95% of participants were female. The average age was 31.86 and the work record was 8.21 years. Most participants had undergraduate and formal education. 67.2% of nurses were in educational centers. The results showed that according to the required score (score above 3) by the majority of samples in all components of ADKAR's model, nurses working in hospitals of Iran University of Medical Sciences have readiness to use nursing process Kardex.

Conclusion: The purpose of this study was to determine the readiness of nursing employing on nursing process kardex using ADKAR model in hospitals. The results showed that more than half of the nurses have readiness and ADKAR model was suitable to assess their readiness. Preparedness can lead to a positive attitude towards change, and given the role of positive attitude in the process of implementing changes, one can reduce potential resistances to changes and the duration of implementation, as well as the cost of change projects.

Keywords: Change Management, Readiness for Change, ADKAR Model, Nursing Process

The Presence of Moral Distress among Critical Care Nurses in Saudi Arabia

Hawazen Rawas

College of Nursing-Jeddah, King Saud bin Abdulaziz University for Health Sciences,, Jeddah,
Kingdom of Saudi Arabia

Background: Moral distress (MD) was first defined as a situation in which one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action. This can be even more challenging within the critical care context as critical the care context imposes physical, emotional, and cognitive stressors on critical care nurses. **Methodology:** A descriptive quantitative approach was followed, and the critical care units of two tertiary hospitals in two provinces in Saudi Arabia were included in the study, yielding a cluster sample size of 361 critical care nurses. Data were collected using the MD Scale-Revised, for which reliability and validity have been established. **Results:** The mean total MD experienced by respondents was 77.15 ± 58.32 , representing a low level of MD. The statement that nurses indicated as causing the most distress was “follow the family’s wishes to continue life support even though I believe it is not in the best interest of the patient” with 5.98 ± 5.04 . Furthermore, 17.5% (n = 63) of nurses had considered leaving their positions because of MD. MD was the highest in the Emergency department with 102.12 ± 70.59 ; as experience increased by 1 year, the MD score increased by 11.56. **Conclusion:** When dealing with issues related to futile care, critical care nurses experience MD. Therefore, future research is required to develop appropriate interventions with which to address critical care-related MD.

Keywords: Critical care, ethical dilemmas, moral distress, moral stress

Exploration of Critical Care Nurses' Challenges in Caring for Enterocutaneous Fistula as a Complication for an Open Abdomen: A Qualitative Study



Mpho Chipu

University of Free State, Faculty of Health Sciences, School of Nursing, Bloemfontein, South Africa

Enterocutaneous fistula is a severe complication of an open abdomen, which poses devastating challenges for critical care nurses. The study aimed to explore and describe the challenges faced by critical care nurses caring for patients with enterocutaneous fistulas in a tertiary public hospital in Gauteng, South Africa. A qualitative, exploratory, descriptive, and contextual design was conducted to understand the challenges experienced by the critical care nurses caring for patients with enterocutaneous fistulas. The standards for reporting qualitative research checklists are utilized. The study conducted four semi-structured focus group interviews with six members in each group. Critical care nurses revealed two overarching themes: the challenges regarding difficult nursing care and the lack of resources to provide quality patient care. Care of patients with ECF highlighted that nurses were not coping with the care of such patients. Collaboration of a multi-disciplinary team involving dietitians, surgeons, and enterostomal therapy nurses could improve the management of ECF without surgical intervention, increase the knowledge and skills of nurses, alleviate their challenges, and yield safe patient outcomes. Standardized and updated protocols will ensure the best practices towards quality patient care that facilitate healing, closure, and reducing mortality and morbidity rates. The key principles for caring for patients with open abdomen, presenting with enterocutaneous fistulas, are based on correcting fluids and electrolytes, nutritional optimization and support, control of abdominal sepsis, wound care management, pain control, and emotional support to critical care nurses and ward nurses.

Biography:

Dr. Mpho Chipu is a nursing lecturer at the University of Free State. She teaches both undergraduate and postgraduate nursing students. Her PhD study was about a model to facilitate self-care of professional nurses caring for critically ill patients. She has a passion in working in the critical care units. She focuses on the health and well-being of critical care nurses and has expertise in managing ICU patients. She has published national and international articles.

Acute Kidney Injury and Its Predictors Among HIV-Positive Patients in Africa: Systematic Review and Meta-Analysis



**Abere Woretaw Azagew¹, Hailemichael Kindie², Chilot Kassa²,
Yohannes Mulu²**

¹Department of Medical Nursing, School of Nursing, College of Medicine and Health Sciences, University of Gondar, Gondar, Amhara Region, Ethiopia

²Department of Medical Nursing, School of Nursing, College of Medicine and Health Sciences, University of Gondar, Gondar, Amhara Region, Ethiopia

Background: Acute kidney injury (AKI) is a rapid loss of the kidney's excretory function, resulting in an accumulation of end products of nitrogen metabolism. The prevalence and predictors of AKI among HIV-positive patients were inconsistent among studies reported in Africa. Therefore, this study aimed to generate robust and up-to-date evidence on the prevalence and identify predictors of AKI among HIV-positive patients in Africa.

Methods: We searched on PubMed, Embas, Ebsco, OVID, Cochrane Library, and other supplementary search engines (Google and Google Scholar). The quality of the study was assessed using the Newcastle-Ottawa Scale. The data were extracted using a Microsoft Excel spreadsheet and exported to Stata version 14 for analysis. A random effect meta-analysis model was used to estimate the pooled prevalence of AKI. Heterogeneity was evaluated using Cochrane Q statistics and I squared (I²). Furthermore, the graphic asymmetric test of the funnel plot and/or Egger's tests were computed to detect publication bias. To treat the publication bias, a trim and fill analysis was carried out. PROSPERO reference number: CRD42023446078.

Results: In total, twenty-four original articles comprising 7913 HIV-positive patients were included in the study. The pooled prevalence of AKI was found to be 23.35% (95% CI: 18.14-28.56%, I² = 97.7%, p-value <0.001). Low hemoglobin (Hgb <8 mg/dl) was found to be the determinant factor for AKI (AOR = 2.4; 95% CI: 1.69-3.4, I² = 0.0%, p-value = 0.40).

Conclusions: The pooled prevalence of AKI among HIV-positive patients was high. HIV-positive patients with low hemoglobin levels are at risk of developing AKI

Biography:

My name is Abere Woretaw Azagew. I was born in Ethiopia. I grew up with my lovely families. When I grew up, I joined the nearby primary and secondary schools. Then after, I joined to the University of Gondar, earned a BSc in nursing in 2010, and was worked as a clinical nurse. In 2013, I joined to the University of Gondar as academic instructor. Then, in 2016, I graduated my master's degree in nursing. I have ample clinical, academic research, and leadership experience. Now, I work as an assistant professor of medical nursing and PhD fellow.

High Performing Healthcare Marketing Strategies



Michael Guberti

Marketing That Clicks, Greenwich, Connecticut, USA

With dozens of features that healthcare organizations can use on each social media platform, what are the top 5 - 10 most important activities they should be doing on social media every day to drive real business growth and branding impact? Should you prioritize videos over stories, posts over ads, Messenger marketing over friend connections? And where does email marketing fit into your digital marketing game-plan? That's what this presentation is all about. Digital marketing is vital for the healthcare industry. This presentation will add value to your event and empower your audience.

Biography:

Michael Guberti writes for the National Institutes of Health and the Plastic and Aesthetic Nursing Journal. He is a marketing professional who has spoken at the International Society of Plastic and Aesthetic Nurses (ISPAN) Conference, the Vegas Cosmetic Surgery Conference, Microsoft, Gensler and Associates' NYC headquarters, the Society for Marketing Professional Services, and "An Evening with the Media" panel at the Westchester Magazine Headquarters in Rye, NY. He services medical aesthetics practices, doctors, orthodontists, surgeons, nurses, APRNs, and other industries.

International Nurse Consulting: Supporting Nursing Optimization Across the Globe



Lisa Thoe, MSN, RN, Holly Burkhartzmeyer, MAN, RN and April Bursiek, MSN, RN
Department of Nursing, Mayo Clinic, Rochester Minnesota, USA

Mayo Clinic has a long history of bi-directional sharing of expertise with physicians and health care organizations across the globe. Until recently these international relationships rarely included nursing formally, however in 2019 nursing was added as a partner and member of Mayo Clinic International. This addition promoted significant consulting activity through a partnership between Mayo Clinic Global Consulting and Mayo Clinic International Nursing (MCI-N). Very early on in this work, the following mission and vision statements were established:

Vision: To transform and positively impact nursing care internationally

Mission: To share the collective expertise of Mayo Clinic nursing through culturally agile consultation, advisement, and education. We will work in partnership and collaboration to advance the profession of nursing across the globe with respect to cultural values, customs and spiritual beliefs.

This presentation will explore how international nurse consulting has evolved over time from a full partnership with physicians and members of Mayo Clinic Operations to a recently established nurse-only consulting offering. Discussion will include this group's trial and error in consulting and establishing relationships with healthcare, nursing, and other executive leaders across the globe while overcoming language, cultural and time-zone differences. Details around identifying strengths and opportunities through virtual and onsite assessment followed up by mutual recommendations and prioritization with MCI-N support in implementation will be reviewed. Highlights will include the importance of engaging not only nursing but other executive leaders in these exercises to maximize desired outcomes.

Biography:

Lisa Thoe is a Senior Nurse Administrator in the International Nursing Division within the Mayo Clinic Department of Nursing and an Instructor in Nursing in the Mayo Clinic College of Medicine and Science.

Holly Burkhartzmeyer is a Nursing Education Specialist in the International Nursing Division within the Mayo Clinic Department of Nursing and an Assistant Professor of Nursing in the Mayo Clinic College of Medicine and Science.

April Bursiek is a Manager in the International Nursing Division within the Mayo Clinic Department of Nursing and an Assistant Professor of Nursing in the Mayo Clinic College of Medicine and Science.

Caring for Veterans and Their Families



Augustina Mushale

University of California, Davis - Alumni, California USA

In Fiscal Year (FY) 2021, about \$88 Million was spent on veteran medical care alone, apart from other civilian costs (U.S. Department of Veterans Affairs, 2021), but some veterans state that their health care providers do not understand the military culture, which makes them uncomfortable in seeking care in the private sector (Kiernan et al., 2016). The myriad of veterans' health concerns supports the need to increase awareness among civilian healthcare providers since they are routinely cared for in the civilian, military and VA healthcare system. Veterans come from a unique culture that teaches soldiers to be tough. Being a member of the military training can result in hidden barriers when veterans seek health care (Redmond et al., 2015). Veterans battle with invisible wounds and the hidden barriers of the military culture. While in service, members have been trained to embrace core values that have equipped them to be tough in the face of adversity. Some of these same values that are now embedded in them can result in hidden barriers when they seek health care. Caring for veterans as a unique population is paramount in enhancing veterans' health care. The steps to provide the identified nurse education about veteran care can enhance nurses' knowledge about the military culture in caring for veterans and their families. The purpose of this presentation is to give a brief report of the lessons learned from a previous research study and simple applications for health care professionals.

Biography:

Augustina Mushale is a retired Air Force Nurse who enlisted into the Air Force in 2002. One of her success stories happened when she signed up to serve our nation in November 2002 and was deployed with 386th Air Evacuation Wing in support of Operation Iraqi/Enduring Freedom from May-Sept 2007. She was selected to join the Air Enlisted Commissioning Program (AECP), which allowed her to be commissioned as an officer in the Nurse Corps. She currently works as a triage nurse and an independent consultant. She is a published author and an international speaker who hails from Delta State, Nigeria.

Collaboration across Continents: Integration and Localization in a Multisite Healthcare Organization



Holly Burkhartzmeyer, MAN, RN, Lisa Thoe, MS, RN, and April Bursiek, MSN, RN

Department of Nursing, International Nursing Division, Mayo Clinic, Rochester, Minnesota, United States of America

Promoting nursing best practices across a multisite, international healthcare organization is optimized through collaboration. Of additional importance is the acknowledgement of local and regional standards and customs, localization to promote applicability, and a high level of trust and teamwork among leaders. In 2019, Mayo Clinic, a large, academic medical center with campuses in three regions of the United States, created an independent business subsidiary and entered the UK healthcare market, opening an outpatient clinic in London, England. While the endeavor initially began as a joint venture in partnership with a UK healthcare organization, Mayo Clinic became the sole owner in 2020. This presentation will explore ways in which nurse leaders worked to incorporate nursing practices from Mayo Clinic US to Mayo Clinic Healthcare, located in London, while continuing to foster organizational culture, practices, and values from the UK healthcare system. The leaders were expected to be culture carriers and ensure that efforts consistently aligned with Mayo Clinic values. Nursing quality, orientation and onboarding, continuing education, competency development, patient education, policies, procedures, guidelines, and leadership mentoring were localized to meet the needs of the staff and clinic. Supportive relationships and innovative connection models promoted success of localization efforts.

Biography:

Holly Burkhartzmeyer is a Nursing Education Specialist in the International Nursing Division within the Mayo Clinic Department of Nursing and an Assistant Professor of Nursing in the Mayo Clinic College of Medicine and Science.

Lisa Thoe is a Senior Nurse Administrator in the International Nursing Division within the Mayo Clinic Department of Nursing and an Instructor in Nursing in the Mayo Clinic College of Medicine and Science.

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Non-Divulgence by Patients Who Used Traditional Medicine In The Critical Care Units Of A Westrand Mine Hospital In South Africa

Dr. Sidwell Matlala

Lecturer, University of Johannesburg, South Africa

Majority of Africans use traditional medicine, but they do not divulge the information to the nurses and doctors when admitted in critical care units. For this reason, patients develop complications which become difficult for nurses and medical doctors in critical care units to assess and provide a comprehensive quality care, as they only treat the visible clinical manifestations.

The purpose of this study was to explore and describe factors leading to non-divulgence by patients who used traditional medicines in critical care units of a Westrand Mine hospital in South Africa, and to describe strategies to facilitate divulgence in order to provide a comprehensive approach to care.

The contextual, exploratory, descriptive qualitative research design was used. The population constituted the patients who were envisaged to have used traditional medicines in the Westrand Mine hospital critical care unit. 12 participants were purposively selected from the critical care unit register because these patients displayed the symptoms of a person that had used traditional medicine.

Semi-structured individual interviews were conducted. Ethical principles were adhered. Trustworthiness was ensured by using the four strategies of Lincoln and Guba namely, credibility, transferability, dependability, and confirmability. Qualitative open coding method of data analysis was used according to Tesch's protocol.

The following theme and subthemes emerged: Fear and anxiety as the main theme. Subthemes were 1. Fear to divulge secrets. 2. Fear of negative attitudes from nurses and 3. Fear to lose norms and values. It is recommended that strategies described be used in clinical practice, nursing education and for further research about divulgence of the use of traditional medicine to the nurses and doctors, to provide a comprehensive treatment of the patients in critical care units.



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POSTER PRESENTATION

Analysis of intervention effect of Roy-Newman comprehensive nursing mode on patients after endoscopic thyroid surgery

Liu Houli

Chongqing Jiulongpo District Hospital of Traditional Chinese Medicine, China

Objective: To investigate the intervention effect of Roy-Newman comprehensive nursing on patients after endoscopic thyroid surgery. **Methods:** A total of 90 patients undergoing endoscopic thyroid surgery in our hospital from June 2022 to June 2023 were selected and divided into control group and observation group according to random number table method, with 45 patients in each group. The control group was given routine nursing intervention, and the observation group was given Roy-Newman comprehensive nursing for 3 weeks. Visual analogue scale (VAS) and the number of the analgesic pump compressions 48 hours after surgery were used to compare the postoperative pain of the two groups. The differences of Quality of Life scale (SF-36) score, nursing satisfaction (Nursing satisfaction questionnaire) and the probability of complications (postoperative drinking water choking, hoarse voice, incision infection, etc.) were compared between the two groups. **Results:** After nursing, VAS scores in both groups were lower than before nursing, and observation group was lower than control group (4.47 ± 1.43 vs 5.49 ± 1.37) ($P < 0.05$). The number of patients pressing analgesic pump in observation group was significantly lower than that in control group (3.76 ± 1.15 vs 4.75 ± 1.23) ($P < 0.05$). The scores of emotion (70.26 ± 7.19 vs 84.29 ± 8.31), role (80.24 ± 6.97 vs 86.14 ± 7.27), cognition (79.37 ± 4.28 vs 84.68 ± 5.12), body (73.78 ± 8.13 vs 79.29 ± 7.15) and social function (72.27 ± 5.25 vs 78.69 ± 6.35) in the observation group were higher than those in the control group ($P < 0.05$). The nursing satisfaction of the observation group was 97.78%, higher than that of the control group 86.67% ($\chi^2=3.87$, $P=0.05$). The complication rate of the observation group (4.44%) was lower than that of the control group (17.78%) ($\chi^2=4.05$, $P=0.04$). **Conclusion:** Roy-Newman comprehensive nursing can reduce the perioperative pain score, improve the quality of life, reduce the incidence of complications, improve the patient's satisfaction with nursing, and the clinical effect is better.

Keywords : Roy-Newman comprehensive nursing; endoscopic thyroid surgery; intervention effect

Biography:

Liu Houli, female, born on January 11, 1986, born in Chongqing, bachelor's degree, working in Chongqing Jiulongpo District Hospital of Traditional Chinese Medicine after graduation, mainly engaged in surgical nursing, the main research direction of thyroid postoperative nursing, breast cancer postoperative nursing, especially in thyroid surgery nursing has rich experience. In the long-term nursing work, received the majority of patients' recognition, many times received patients' praise and praise. In addition, in my spare time, I will strengthen the study of nursing professional knowledge, and hope that I can take a better academic nursing career.



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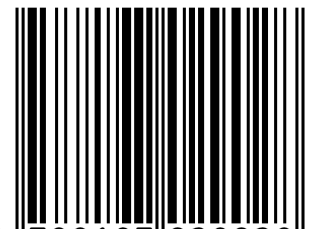
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