IRIS Scientific Group

INNC 2026

4TH INTERNATIONAL

NURSING NETWORKING CONFERENCE

13-14 APRIL, 2026 | PARIS, FRANCE



Venue:

Hotel CIS Paris Ravel

6 Av. Maurice Ravel, 75012

Paris, France

BOOK OF ABSTRACTS

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Keynote Speakers



Kenneth R Pelletier

University of California School of Medicine, United States



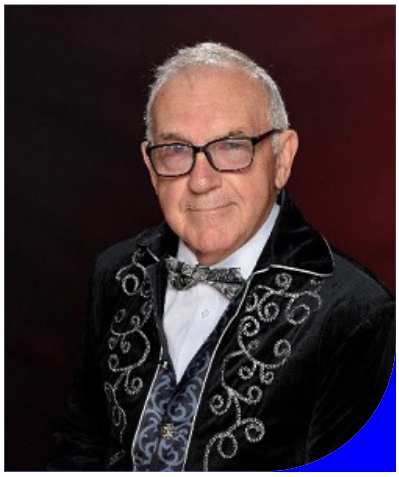
Daryle Wane

Nurse Consultant, United States



Barbara De Groot

Genesis Healthcare, United States



David John Wortley

World Lifestyle Medicine Education Services (WLMES), United Kingdom



Bernd Blobel

University of Regensburg, Germany



Sofica Bistriceanu

Academic Medical Unit - CMI, Romania



Welcome Message

On behalf of the Scientific Committee, I am delighted to welcome you to Paris, France, for the International Nursing Networking Conference 2026. This year's theme is "Nursing Innovations for Global Health: Shaping the Future of Healthcare Delivery." Our focus will be on improving outpatient treatment, enhancing patient health and experiences, and expanding data analysis capabilities among nurses. While you are in Paris, we encourage you to take the opportunity to network, learn, share, and collaborate with international experts. Don’t forget to enjoy the sights, sounds, and exquisite cuisine that the city has to offer! All of us on the Scientific Committee are eager to meet you in person and hear about your incredible work. We look forward to your attendance and participation. Wishing you an enjoyable and productive conference!

Barbara M. De Groot, DNP, MSN(Ed.), RN, CMGT-BC, CNE

Genesis Healthcare, United States of America



Welcome Message

Dear participants of the 4th International Nursing Networking Conference (INNC 2026), which will take place in the stunning city of Paris, France, on April 13-15, 2026. It is an honor and pleasure to write a few welcome notes.

The central theme of INNC 2026 is “Nursing Innovations for Global Health: Shaping the Future of Healthcare Delivery”, highlighting its vital role in the dynamic and essential realm of global research. The healthcare paradigm advanced from empiric and phenomenological through evidence-based and person-centered medicine to personalized, preventive, predictive, participative precision medicine (P5M), considering the individual health status, conditions, genetic and genomic dispositions in personal social, occupational, environmental and behavioral context. Thereby, we must include actors from multiple domains with their own methodologies, languages, ontologies, education and skills, communication and cooperation. One important domain is the Policy Domain, controlling the behavior of the system from an ethical perspective and thereby guaranteeing the usability and acceptability of the solution. The result is a highly dynamic, complex, context-aware, multi-disciplinary transformed healthcare ecosystem. Also our domain of behavioral health, psychiatry, and addiction medicine must be considered from the perspective of P5M as system of systems. For comprehensively and correctly managing the business process of diagnosis, treatment, recovery and quality of life, we have to understand and to represent the ecosystem, using a system-theoretical, ontology-based, policy-driven approach. That way, we enable comprehensive communication and cooperation of all actors involved including the subject of care. The related model and framework has been standardized in ISO 23903 Interoperability and Integration Reference Architecture. Because of its formal and foundational nature, the methodology is not restricted to health and social care, but has been successfully deployed already in many other domains.

We look forward to an exciting and productive conference.

Bernd Blobel

University of Regensburg, Germany



Welcome Message

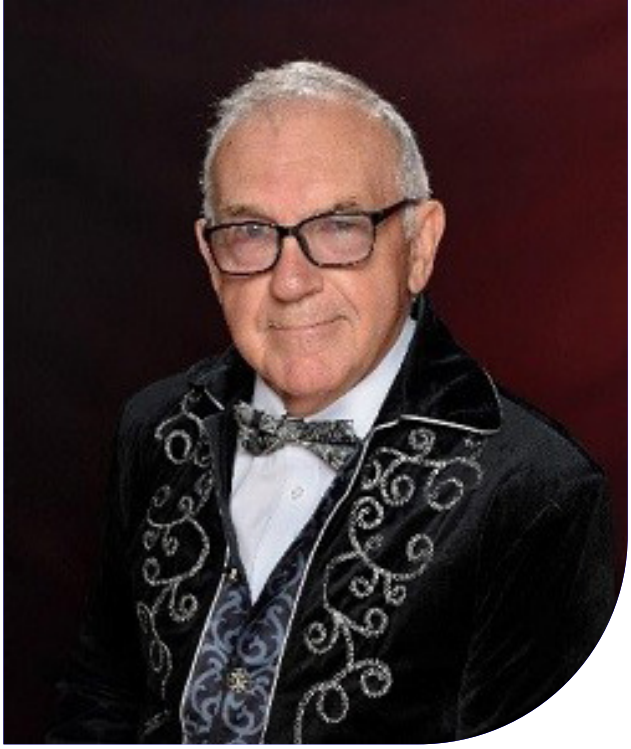
On behalf of the Organizing Committee, I take immense pleasure in welcoming you to the 4th International Nursing Network Conference (INNC 2026) in Paris, France (April 13-15, 2026). The theme of this year's conferencewillemphasize the theme: Nursing Innovations for Global Health: Shaping the Future of Healthcare Delivery. I trust and hope that you can connect with your colleagues during this multi-dimensional conference, with both virtual and/or face-to-face interactions.

All of us on the Organizing Committee would take immense pleasure in meeting you in and developing collaborative partnerships. I wish you an enjoyable and productive conference. We are enthusiastic about your attendance and participation. Enjoy the conference!

Daryle Wane, Ph.D., APRN-BC, FNP

Nurse Consultant-Florida, United States

Member of the Organizing Committee for the 4th International Nursing Network Conference (INNC 2026)



Welcome Message

On behalf of the Scientific Committee and as a representative of the World Lifestyle Medicine Education Services (WLMES), I wish to welcome you to the 4th International Nursing Networking Conference (INNC 2026)here in the beautiful city of Paris, France. The theme of this year's conference is "Nursing Innovations for Global Health: Shaping the Future of Healthcare Delivery", will focus improving outpatient treatment, improving patient health and experience and expanding data analysis abilities among nurses to embrace new challenges and advance the profession.

Lifestyle Medicine and preventative healthcare technologies and strategies will have a strong influence of the future of nursing education and practices. I sincerely hope that you take the opportunity to network, learn, share and collaborate with international experts at this event. All of us on the Scientific Committee would take great pleasure in meeting you in person and learning more about your amazing work. I wish you an enjoyable and productive conference. I hope you enjoy your stay in this wonderful city and use pre and post conference times to enjoy the sites. We are enthusiastic about your attendance and participation. Enjoy the conference!

David John Wortley

World Lifestyle Medicine Education Services (WLMES), United Kingdom

ABOUT US

Iris Scientific Group

Iris Scientific Group is started to fulfill the requirements and to seek after aggregate objectives of the scientific community particularly focusing in the field of Science and technology to support the efforts to exchange knowledge and ideas which encourage the cooperation between the researchers, scientists, academicians and analysts of interdisciplinary research or same field.

We are expert in conducting conferences, workshops, seminars, and meetings with the peerless and inspired speakers all around the world. We are here to provide you and your association with the opportunities to connect with others, explain your research and make your unique identity in front of others. Our conferences and workshops are known as the sea of learning where we help you to swim and learn everything you want.

In a very short period, Iris Scientific Group became successful in developing a unique platform for experts, budding researchers and professionals from different universities, countries, research institutions, hospitals, companies and industries. Here we provide an opportunity to easily discuss and socialize their techniques of research, goals, facts, latest science discoveries and news.



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Srivastava Monika Vellore Institute of Technology, India	Title: Nurse well being matters: Strengths based approaches for sustainable healthcare
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Yanli Zeng Chongqing General Hospital, China	Title: A study on the application of teach back health education combined with PDSA cycle in reducing the incidence of falls among tumor patients during hospitalization
Yousef Ahmed Al Shaabi Sana'a University, Yemen	Title: Advance nursing roles in nuclear disaster

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Kazuya Ikenishi Hyogo University, Japan	Title: The effects of oral discomfort and risk of malnutrition on frailty
Mariano Votta Active Citizenship Network, Italy	From the first civic survey on health personnel in italy to the 'EU call to action' to the european commission to urgently address the health workforce crisis

BOOK OF ABSTRACTS



4TH INTERNATIONAL

NURSING NETWORKING CONFERENCE

13-14 April, 2026 | Paris, France

KEYNOTE SESSIONS





Barbara M. De Groot

DNP, MSN (Ed.), RN, CMGT-BC, CNE – Genesis Healthcare

Improving fall risk assessment to reduce falls in assisted living communities

Falls in older adults are a safety issue in all healthcare settings, one measure of care quality, and the primary cause of unintended death among New Mexican adults aged 65 and older. Falls and fall-related interventions have been extensively investigated in acute and post-acute care settings. However, limited evidence exists regarding the priority placed on falls and fall reduction practices in assisted living communities.

An estimated 3 million older adults are treated annually for fall-related injuries in U.S. emergency departments, and more than 800,000 are hospitalized, leading to increased healthcare costs, emergency room and hospital overcrowding, decreased quality of life, and premature death. Fall injuries not only lead to substantial morbidity and mortality, in 2015, $31.3 billion was spent on falls adults 65 years and older. With fall injury and related healthcare use expected to increase, understanding the priority of falls and current fall reduction practices in assisted living and other communities will be essential in guiding future fall risk assessment and reduction practices in the aging assisted and community-dwelling adult population.

The audience take away from presentation:

The audience will ...

Understand the impact of falls in the U.S.,

Identify what methods are currently used in their organization to assess fall risk in residents, and

Apply the information presented to develop effective fall risk assessment interventions in their practice settings.

Biography

Dr. Barbara De Groot graduated in 1992 with her associate degree in nursing and now holds a Doctor of Nursing Practice degree from the University of Missouri, Kansas City. Her nursing experience spans multidisciplinary staff and patient education; acute, hospice, and home health nursing; hospital discharge planning and education; supervisor, manager, and directorship positions; and teaching in ADN and BSN programs. She is currently the Certified Nurse Aide Program Director for the New Mexico Genesis Healthcare training centers.

Research interests: - Medication non-adherence in adults aged 65 and older and improving fall risk assessment to reduce falls in adults aged 65 and older in assisted living communities.



Barbara M. De Groot

DNP, MSN (Ed.), RN, CMGT-BC, CNE – Genesis Healthcare

Medication non-adherence in community dwelling adults: Causes, consequences, and home monitoring

In 1985, Surgeon General C. Everett Koop stated: "Drugs don't work in patients who don't take them". Best outcomes in healthcare rely on evidence-based treatments and adherence to those treatments. The evidence, however, tells us that levels of adherence are frequently less than ideal. Regardless of condition or chronicity, adherence is the most important modifiable influence on treatment outcome.

An aging population requires a shift in focus from acute illness to chronic disease management; thus, the issue of poor medication adherence is a principal worry in the healthcare system. Chronic illnesses typically require complex treatment regimens of extended duration that increase the potential for poor medication adherence. Despite the condition or chronicity, medication adherence is the most influential factor in treatment outcome. Poor adherence renders any therapy useless.

Patients, health care providers, researchers, insurers, and policymakers are interested in ensuring that effective medication therapies are utilized as prescribed to promote best outcomes. Thus, it is important for healthcare providers, nurses, patients, and families to understand the causes and consequences of medication nonadherence, and the methods for monitoring medication adherence.

The audience take away from presentation:

The audience will ...

Understand the reasons for medication non-adherence in the U.S.,

Identify what methods are currently used in their organization to reduce non-adherence, and

Apply the information presented to develop effective medication monitoring interventions in their practice settings.

Biography:

Dr. Barbara De Groot graduated in 1992 with her associate degree in nursing and now holds a Doctor of Nursing Practice degree from the University of Missouri, Kansas City. Her nursing experience spans multidisciplinary staff and patient education; acute, hospice, and home health nursing; hospital discharge planning and education; supervisor, manager, and directorship positions; and teaching in ADN and BSN programs. She is currently the Certified Nurse Aide Program Director for the New Mexico Genesis Healthcare training centers.



Barbara M. De Groot

DNP, MSN (Ed.), RN, CMGT-BC, CNE – Genesis Healthcare

A commitment to excellence in assisted living communities: Creating and sustaining a culture of excellence

Nursing excellence is the delivery of safe, evidence-based, person-centered care within a supportive practice environment. It promotes quality outcome while supporting growth and clinician welling. Nursing excellence is not just an individual skill ... it is sustained through a combination of individual effort and organizational culture.

As our older population ages, assisted living is one option for care when older adults are unable to remain at home safely or without assistance. As one of the fastest-growing sectors in healthcare, with more than 800,000 residents nationwide, growth is anticipated to continue until 2030. This growth reflects rising demands for services across the aging population. As with other segments of health care, nurse retention remains a major challenge. Turnover rates in assisted living are approaching 40%, making it difficult to maintain adequate numbers of nurses experienced with caring for older adults.

Turnover is also expensive. Recruiting, onboarding and training staff can cost several thousand dollars per hire. When rising supply and operational costs are factored in, workforce instability becomes a serious threat to sustainability. It is also important to consider the increasing healthcare needs of older adults. Many residents live with multiple chronic conditions, cognitive impairment, and functional limitations. Many residents also require assistive devices such as walkers and wheelchairs that necessitate appropriate training and monitoring for safe use. Because of this complexity, assisted living nursing continues to evolve. Complexity theory helps explain how nurses adapt within interconnected systems. Understanding the key elements of nursing excellence enable assisted living communities to provide safe, evidence-based, person-centered care while containing costs.

The audience take away from presentation:

The audience will reflect on the presentation and answer...

How does your organization involve nurses in decisions that affect their work?

What strategies are currently used in your organization to address burnout and turnover? and

What role do nurse leaders & managers play in reducing burnout?

Biography:

Dr. Barbara De Groot graduated in 1992 with her associate degree in nursing and now holds a Doctor of Nursing Practice degree from the University of Missouri, Kansas City. Her nursing experience spans multidisciplinary staff and patient education; acute, hospice, and home health nursing; hospital discharge planning and education; supervisor, manager, and directorship positions; and teaching in ADN and BSN programs.



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

Medical Faculty, University of Regensburg, Regensburg, Bavaria, Germany
First Medical Faculty, Charles University Prague, Staré Město, Czech Republic
Faculty European Campus Rottal-Inn, Deggendorf Institute of Technology, Deggendorf, Bavaria, Germany
Department of Informatics, Bioengineering, Robotics and System Engineering, University of Genoa, Genoa, Italy

Managing healthcare transformation towards personalized, preventive, predictive, participative precision medicine ecosystems

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 from the perspective of all actors from different domains including the subject of care, using different methodologies, knowledge, language and experiences. The granularity level of the considered components may range from elementary particles up to the society and universe. 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 intelligent and ethical health and social care systems as well as knowledge-based communication and cooperation of all actors involved. Thereby, it manages also security, privacy and trust in detail. 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 as well as Head of the globally unique International Interdisciplinary PhD and PostDoc College. He was and is still leadingly involved in many countries health digitalization as well as electronic health record strategy. He published more than 600 papers, published/edited many books and supervised a big number of PhD students 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. Furthermore, he still engaged in international higher education. He is Fellow of several international academies. His extended publication list is available at https://epub.uni-regensburg.de/view/people/Blobel=3ABernd=3A=3A.html.



Daryle Wane, PhD.

APRN, FNP-BC, United States

Promoting clinical judgment(CJ) in the hospital practice settings: A conversation with nurses

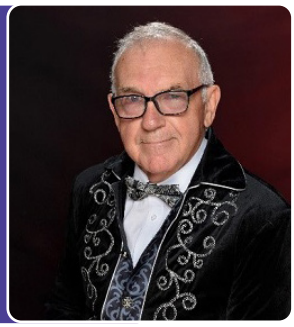
The concept of clinical judgment applied in hospital practice settings is of critical concern. For the use of CJ implies that data is observed, collected, and analyzed thereby leading to improved healthcare outcomes. This is something that we all strive for in our hospital practice settings and yet in reality, CJ still remains an enigma. Why does this occur? What factors impact the ability to utilize CJ? Can we utilize our experience to enhance CJ? How can we use strategies to effective use of CJ in hospital practice settings. There is a myriad of nurses/healthcare providers practicing in the hospital coming from different backgrounds, academic training and clinical experience and yet the CJ clinical judgment experience in hospital practice settings is decidedly inconsistent. Why is it that there are interactions of little substance such as when you are asking someone a question about a patient's clinical status and there are sometimes responses like: "I don't know, I just got here, or I just got report but don't know." Additional mitigating factors impacting clinical judgment include work load, staffing patterns, EHR documentation and organizational constraints. This conversation will take at how all of these factors correlating them with evidence-based research findings to analyze common themes. Then attention will be focused on how we can promote improved healthcare outcomes in the use of CJ while providing delivery of care. A framework approach for CJ will be presented.

The audience take away from presentation:

- The audience will be able to apply knowledge gained about CJ and adapt it for use in the hospital practice settings.
- The consistent use of CJ will potentially help to improve outcomes by using a consistent analytical approach to observe, collect and analyze data.
- Is this research that other faculty could use to expand their research or teaching?
- Absolutely, as "we" are all in this together. There is strength in looking at how to improve health outcomes by using a consistent approach.
- This presentation will highlight shared experiences in order to improve health outcomes.
- This presentation will provide a framework for delivery of CJ in the hospital practice setting.

Biography:

Dr. Wane has a PhD in Nursing Science as well as a master's degree from University of South Florida and is a Board-Certified Family Nurse Practitioner. She also has undergraduate degrees in Nutrition and Nursing from Brooklyn College and Downstate Medical Center College of Nursing. After 32 years, Dr. Wane has retired from PHSC and now is focused on the role of Nurse Consultant. She has published numerous supplements in textbooks as well as journal articles, continues to serve as an editorial board member and peer reviewer for several journal publications. She is also a member of Sigma Theta Tau Nursing Honor society and a CCNE site evaluator.



David John Wortley FRSA

World Lifestyle Medicine Education Services (WLMES), United Kingdom

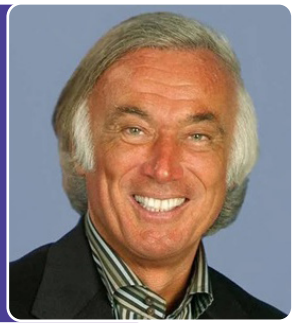
The impact of AI and lifestyle medicine on nursing roles and practices

Artificial Intelligence (AI) and Lifestyle Medicine (LM) are converging to reshape the landscape of nursing, offering both opportunities and challenges for practice, education, and patient care. AI-driven tools, from predictive analytics to virtual health assistants, are enabling nurses to deliver more personalized, data-informed interventions while freeing time for relational aspects of care. Meanwhile, Lifestyle Medicine—focusing on evidence-based interventions in nutrition, physical activity, sleep, stress management, substance use, and social connection—aligns with nursing's holistic ethos, placing prevention and behavior change at the heart of practice.

This paper explores how the integration of AI and LM is redefining nursing roles. Emerging evidence suggests that AI can enhance assessment and monitoring of lifestyle factors, enabling early detection and tailored coaching, while nurses act as facilitators of sustainable behavior change. However, ethical considerations, digital literacy, and equity must be addressed to ensure technology enhances, rather than fragments, care. By combining the precision of AI with the human-centered approach of LM, nurses are uniquely positioned to lead innovations that bridge technology with compassionate, preventive health care. The presentation will highlight models of practice, implications for professional development, and pathways for embedding AI and LM into nursing education and systems of care.

Biography

David Wortley is a Fellow of the Royal Society of Arts, a futurologist and a thought-leader on disruptive technologies such as Artificial Intelligence and the Metaverse. He is a motivational speaker and professional member of the Professional Speaking Association. He has been a keynote speaker at over 100 international conferences over the last 20 years. He is a Vice President of the International Society for Digital Medicine and a respected expert in digital therapeutics and lifestyle medicine. He is also a non-Executive Director of the World Lifestyle Medicine Education Services (WLMES).



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

Change your genes-change your life: Epigenetics of longevity

Biology is no longer destiny. Our DNA doesn't determine our health and disease prospects, as geneticists once believed. According to the new science of epigenetics, the vast majority of our genes are fluid and dynamic—and their expression is shaped by what we think and what we do. Our genetic profile may signal an inherited vulnerability to a disease, but our choices and behaviors determine whether these genes will be switched on or off. Each of us can influence our genes to create optimal health and longevity. Dr. Pelletier will discuss the latest epigenetic research, including 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.

Learning Objectives:

Differentiate generics vs epigenetics.

Apply practical, evidence-based epigenetic assays in practice.

Determine "personalized nutrition" based on latest data.

Biography:

Kenneth R. Pelletier, PhD, MD is a Clinical Professor of Medicine,Department of Medicine; Department of Family and Community Medicine;and Department of Psychiatry at the University of California School of Medicine, San Francisco (UCSF). At the UCSF School of Medicine, he is Director of theCorporate 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).



Sofica Bistriceanu, MD, PhD

Academic Medical unit- CMI Dr. Bistriceanu, S., NT, ROU

Consciousness -an impartial judge for self-reflection

Everyone should be aware of their settings and contexts and act ethically when facing different provocations.External and internal stimuli are processed by individuals, leading to concerns about appropriate responses. A person's behavior reflects their regard for their environment and their ability to judge proper actions. Recognizing when boundaries are crossed can occur at both the individual and collective levels. An individual's understanding of their actions varies, with a focus on their grasp of the facts implied by their responses. Detecting abnormalities in an individual's response within the group is crucial to eliminating dysfunction among its members. A personal view of their actions depends on a healthy mindset. When this is disrupted, external corrective measures may be necessary. Ignoring efforts to improve mental health or address shifts in a person's mindset can lead to imbalance among those involved in the relationship.More self-reflection on one's own mistakes during interactions with others is essential. Developing self-awareness in such situations is often beneficial. Recognizing the negative experiences others suffer due to the producer's errors, immoral behavior, or dishonesty is vital for starting the healing process for both the initiator and the recipient of an awareness encounter. Self-criticism of mistakes in relationships with others, acceptance of external support to strengthen and protect the inner self, and reflection on how the secret self influences personal disposition can help foster a better life, free from internal shadows.

At the end of this presentation, the audience will take note of:

-minset relevance to a person's life journey

-understanding ego for inner health.

-how hypoawareness of surroundings can weaken the inner self.

-consideration for improvement in individuals with comprehension gaps

-IT advancements used to improve personal lives, including health.

Biography:

Sofica Bistriceanu, MD, Ph.D., graduated from Iasi University in Romania and family medicine research at Maastricht University. She joined many meetings worldwide. With over 120 research studies shared internationally and over 50 articles published in International Journals, she has been recognized with numerous awards. Dr. Sofica Bistriceanu is a member of the Academy for Professionalism in Health Care, serves on the Editorial Review Board for The Journal of Patient Experience (JPX), the Editorial Board of the Journal of Medical Research and Clinical Case Reports –Research Portal Central Publishers, and is an Associate Editor for Primera Scientific Publication. She represents the Academic Medical Unit- CMI in NT, ROU. Additionally, she is the author of seven volumes of poetry published by Cronica, and Time, both Iasi Publishing House.

BOOK OF ABSTRACTS



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ORAL SESSIONS



Dr Abhaya Gupta

MD FRCP, NHS, Abhaya Gupta

Management of fragility fractures- a 'medical' approach

The session will cover Approach to managing 2 cases of fractures commonly seen in practice- wrist fracture and hip fracture. Also cover Common associated medical conditions and how to manage them such as atrial fibrillation, electrolyte disturbance, acute kidney injury, anaemia. What investigations to be done in these patients, Osteoporosis how to diagnose and treat, Falls assessment checklist and management, Frailty and how Guidelines and national audits and co-orthogeriatric involvement has transformed care of patients

The audience take away from presentation:

Practical tips on 'medical' management of fractures in accordance with latest guidelines

Biography:

Dr Abhaya Gupta has extensive experience of managing acute medical and elderly Medicine patients at hospitals in India, Middle East and UK. He is currently working as Consultant Medicine and Care of Elderly since last 20 years at a teaching hospital in United Kingdom. He is a teacher and trainer for junior doctors/ nursing and multidisciplinary team members, examiner for Cardiff Medical School . He also is practising Acute Clinical Physician in hospital. He has specialist expertise and experience in Orthogeriatrics. He commenced and provides specialist osteoporosis advice at UK hospital, had first patient on Injection Romosozumab in Wales. He was a pioneer at commencing Acute Collaborative Orthogeriatrician led Acute Hip Unit since 2011 for patients with Hip Fractures- first of its kind in Wales,UK - a unique award winning service. He is Editorial Board member of 'Geriatric Medicine' , reviewer of 'Age and Ageing' journal and member of local specialist societies. He has published widely in several peer reviewed journals, presented his research as posters at several national and International meetings and conferences. He has published a book 'Measurement scales in Elderly Medicine'. He is member of GOSI (Geriatric Orthopaedic Society of India) and has been invited as speaker at BAPIO ,GOSICON and GERICON conferences.



Dr Abhaya Gupta

MD FRCP, NHS, Abhaya Gupta

Confusion in the older patient a diagnostic approach

The session will cover topics of how to differentiate Delirium and dementia, Screening tools for confusion, Diagnostic approach to a patient with confusion, How to investigate,

How to manage, How not to manage patients. How to prevent delirium, cases examples and practical tips

The audience take away from presentation:

Practical tips on managing a 'confused' patient

Biography:

Dr Abhaya Gupta has extensive experience of managing acute medical and elderly Medicine patients at hospitals in India, Middle East and UK. He is currently working as Consultant Medicine and Care of Elderly since last 20 years at a teaching hospital in United Kingdom. He is a teacher and trainer for junior doctors/ nursing and multidisciplinary team members, examiner for Cardiff Medical School . He also is practising Acute Clinical Physician in hospital. He has specialist expertise and experience in Orthogeriatrics. He commenced and provides specialist osteoporosis advice at UK hospital, had first patient on Injection Romosozumab in Wales. He was a pioneer at commencing Acute Collaborative Orthogeriatrician led Acute Hip Unit since 2011 for patients with Hip Fractures- first of its kind in Wales,UK - a unique award winning service. He is Editorial Board member of 'Geriatric Medicine' , reviewer of 'Age and Ageing' journal and member of local specialist societies. He has published widely in several peer reviewed journals, presented his research as posters at several national and International meetings and conferences. He has published a book 'Measurement scales in Elderly Medicine'. He is member of GOSI (Geriatric Orthopaedic Society of India) and has been invited as speaker at BAPIO ,GOSICON and GERICON conferences.



Arlene Luu

RN, BSN, JD MedPro Group

Every nurse is a risk manager

This program will provide the audience with a description of what risk management is and why it is crucial to healthcare and patient safety. The presenter will address key components of an effective risk program and offer real world examples of how ineffective risk management can lead to patient harm. The audience will learn effective solutions for how to assess for risk in their health system and implement immediate changes to improve patient care, outcomes and satisfaction. Every nurse and nurse manager needs to understand and learn risk management in order to be effective leader and manager.

The audience take away from your presentation:

- Understand what the elements and meaning of risk management
- Determine how to assess risk in your healthcare organization
- Identify real world risk and liability cases that have caused patient harm.
- Explain risk management guidelines to improve patient care, satisfaction and outcomes.

Biography:

Arlene than 35 years of experience as a registered nurse in diverse areas that include direct patient care, long-term care administration, case management/utilization management, nursing education, and risk management and patient safety. She has worked as a defense attorney representing doctors, nursing homes, nurses, and other healthcare providers in medical malpractice cases. Additionally, Arlene has defended providers in administrative procedures brought by medical and nursing boards. Arlene's experience in risk management and patient safety includes working in the hospital setting and providing risk consulting services to physicians in all specialties, dental providers, medical groups, and healthcare facilities. She has presented and published information on a number of risk and legal topics, and she has provided risk management guidance and support related to healthcare, regulatory, patient improvement, and risk exposure.Arlene earned her bachelors of science degree in nursing from San Diego State University, a certificate in public health nursing for the state of California, and her juris doctorate degree from California Western School of Law. She is a licensed attorney in California and a certified professional in healthcare risk management (CPHRM).



***Ghada Khawand Ayle, RN, MScN, MScEd, PhD Ed**
Rania El Ghazal, RN, MSc
Diala El Khoury, MSc, PhD, MBA
Université La Sagesse, Lebanon

The influence of simulation-based training on the development of critical thinking and on the sense of self-efficacy related to appropriate behaviors in complex clinical situations: A descriptive correlational study among nursing students in Beirut

Background: Nursing practice demands increasingly complex clinical decision-making, yet optimal pedagogical strategies for developing this competency remain debated. Simulation-based training offers a promising approach by immersing students in realistic scenarios within a safe learning environment. However, questions persist regarding the sustained transfer of simulationacquired skills to real clinical practice and the role of self-efficacy as a mediating factor. Grounded in Bandura's Social Cognitive Theory, this study addresses a gap in the Lebanese context, where limited quantitative research has examined how simulation simultaneously influences critical thinking and self-efficacy in nursing students.

Objectives: To evaluate the influence of high-fidelity simulation-based training on the development of clinical decision-making and self-efficacy among nursing students facing complex clinical situations; to measure pre- and post-training changes in both constructs; to examine the relationship between them; and to assess the effect of sociodemographic factors on observed gains.

Methods: A quasi-experimental pre-post design was employed with 120 second- and third-year nursing students from two Lebanese universities. Participants completed a high-fidelity simulation session involving two clinical scenarios (cardiac arrest and septic shock). Clinical decision-making was measured using the Clinical Decision-Making in Nursing Scale (CDMNS; Jenkins, 1983) and self-efficacy using the Generalized Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995), administered in a validated bilingual French–English booklet. All subscales demonstrated strong internal consistency (Cronbach's $\alpha > 0.90$). Data were collected between September 2024 and May 2025 and analyzed using SPSS v.27.

Results: Mean clinical decision-making scores increased significantly from 27.85 to 37.68 (out of 40; $p < 0.001$), while mean self-efficacy scores rose from 27.68 to 37.28 ($p < 0.001$), both accompanied by decreased variability. A strong positive correlation was observed between gains in clinical decision-making and self-efficacy ($r = 0.823$; $p < 0.001$). Third-year students demonstrated greater improvements than second-year students in both clinical decision-making ($M = 11.67$ vs. 8.83) and self-efficacy ($M = 11.36$ vs. 8.66), suggesting that prior clinical and theoretical experience enhances the benefits of simulation.

Conclusions: Simulation-based training significantly and simultaneously strengthened clinical decision-making and self-efficacy among nursing students, consistent with Bandura's framework linking mastery experiences to confidence development. This study - the first of its kind in Lebanon - supports the systematic integration of simulation as a mandatory, progressive component of nursing curricula. Limitations include the absence of a control group, reliance on self-reported measures, a relatively small sample, and data collection disruptions due to the 2024 regional conflict. Findings carry implications for patient safety, quality of care, workforce resilience, and institutional investment in simulation infrastructure.

Keywords: simulation-based training, clinical decision-making, self-efficacy, nursing education, high-fidelity simulation, Lebanon



Dr. Ivana Crnković, MPT, MHS

Department of Physiotherapy, University of Applied Health Sciences, 10 000 Zagreb, Croatia

The imperative of monitoring prolonged sedentary behavior and physical activity in long-term care users

Physical activity, physical inactivity, and sedentary behavior, viewed contextually, constitute three interdependent constructs whose heterogeneity is reflected in the domain of the behavioral aspect of human movement, its characteristics, and energy consumption. Physical activity is characterized by any body movement produced by skeletal muscles which requires energy expenditure above resting metabolic rate, while physical inactivity is defined as failure to meet physical activity guidelines. On the other hand, sedentary activity refers to any awake activity that results in energy consumption ≤1.5 metabolic equivalent task while the person is in a sitting, reclining, or lying posture. Recognized world organizations warn that prolonged sedentary behavior for more than six hours significantly increases the risk of developing cardiovascular diseases, respiratory diseases, metabolic diseases, musculoskeletal disorders, cancer, mental health disorders, and is considered the leading cause of premature death in all age groups. Research suggests that the prevalence of prolonged sedentary behavior is more common in older age groups, where individuals spend more than eight hours a day in sedentary activities. An extremely vulnerable group of society are older adults in long-term care facilities (LTC), who often spend more than eleven hours a day in prolonged sedentary activities compared to community-dwelling adults, which significantly contributes to the deterioration of their health and functional status, along with a general decline in psychological well-being, and thus a greater need for gerontological care. Regarding the level of care provided, researchers report that LTC users of high level care spend more time in sedentary activities compared to users of intermediate/mixed level care. Individual characteristics of the user, attitude, and insufficient and limited knowledge about the consequences of prolonged sedentary behavior on health, ignorance of the health benefits of inclusion in physical activity, lack of strategies for identifying sedentary triggers, lack of self-confidence and motivation to engage in physical activity, deficient social interaction of users in the retirement community, insufficient support from family and friends and the local and wider communities, and failure to include health and non-health professionals in lifelong education programs, are significant moderators in explaining prolonged sedentary behavior and physical inactivity in LTC users. Ensuring senior-friendly environments focused on the individual needs of users, availability of sports and recreational facilities in the retirement home, continuous implementation of educational workshops on exercise behavior change for users and members of the multidisciplinary gerontological team, implementation of management and self-management protocols for prolonged sedentary behavior and physical activity in the LTC environment, integration of family members and friends with the involvement of the local and wider communities in gerontological care programs, are important strategies for managing prolonged sedentary behavior and physical activity in LTC users.

The audience take away from presentation:

Given that this presentation places LTC users at the center of events, who are a vulnerable, marginalized, and high-risk group of society due to practicing prolonged sedentary behavior with insufficient involvement in physical activity, it will contribute to the improvement of proactive gerontological care, as well as the implementation of a greater number of gerontological research. Knowledge about the interdependence of the dynamics of prolonged sedentary behavior and physical inactivity in a LTC environment will enable the development and improvement of multimodal gerontological programs aimed at reducing prolonged sedentary behavior through the implementation of problem-solving approaches with the aim of ensuring a stimulating environment in an LTC facility.

Biography:

Currently employed as a senior lecturer at the Department of Physiotherapy in the field of Biomedicine and Health, area of Clinical Health Sciences, branch of Physical Medicine and Rehabilitation. Long-standing associate at the Slovenian Quality

Assurance Agency for Higher Education. Participated in the realization of several scientific and professional projects. Author of several dozen scientific and professional publications cited in the Web of Science, Scopus, and Google Scholar databases. Editor and co-author of the first university textbook in the Republic of Croatia, Pulmonary Rehabilitation, in collaboration with Prof. Mirjana Turkalj, MD and Prof. Davor Plavec, MD.



Kathleen McCormick, PhD,

RN, FAAN, FACMI, FHIMSS, SciMind, LLC, United States

Innovations in AI in nursing informatics: Challenges and future directions

This talk will describe five main areas that are currently AI-driven Innovations in Nursing Informatics. The benefits, and potential barriers and future directions will also be identified. The session will end with case studies showing the impact of guidelines/standards on AI content in Nursing Informatics.

The audience take away from presentation:

- The audience will learn the main areas of AI-driven Innovations in Nursing Informatics at this time.
- The key take away is that nurses should be involved in AI integration into their EHR and their healthcare environments.
- Faculty and educators will be challenged to educate and train students and staff through Continuing Nursing Education about leveraging AI tools, how to interpret outputs, and how evidence-based Nursing Content drives nursing AI applications.
- A case studies will interpret how the audience can apply AI innovations in their work environments.

Biography:

Kathleen McCormick is a leader and pioneer in Nursing Informatics, Innovative Artificial Intelligence Technologies, nationally and internationally. In addition to three Fellowships, she is an elected member in the National Academy of Medicine. She received the Sigma Theta Tau's Virginia Saba Leadership in Informatics Award in 2013. She received the Friends of the National Library of Medicine's Nursing Informatics Award in 2015, and the Vision Award in Genomics and Bioinformatics from SRA. com in 2001. She also received an honorary law degree from Barry University in December 1998. In 1998, Dr. McCormick retired as a Captain (06) from the United States Public Health Service after 30 years. She began her business career with SRA. com and developed their Genomics and Bioinformatics and Life Sciences Solutions Program. In 2004, Kathleen became the Chief Scientist/VP at SAIC and in 2009 she joined SAIC-Frederick (now Leidos Biomedical Research, Inc.) as Senior Principal Scientist/VP. In 2015, she established SciMind, LLC and has published and consulted on translating genomics and pharmacogenomics to nursing process documentation. She has co-authored with Virginia Saba, the award-winning book, Essentials of Nursing Informatics, now in its 7th ed. (2021). The update is in production and scheduled for release in 2026. It is entitled Knowledge and Essential AI in Nursing Informatics, 8th Ed. (2026).She is also the author of Healthcare Information Technology: Exam Guide for CompTIA and Healthcare IT Technician and HIT Pro Certifications and a second edition entitled: Healthcare Information Technology Exam Guide for CHTS and CAHIMS Certification (2018) with Drs. Brian Gugerty and John E. Mattison. She is an elected member of the Board of Directors of the Friends of the Library of Medicine (FNLM), and has served as acting secretary since October 2023. She was elected Secretary of FNLM in 2024-2026.



Laurie Sands And Suzanne Kujawa

RN, MSN, CPNP AC/PC and Suzanne Kujawa BS, RN, MSN, APRN-PC, FPA, at Ann & Robert H. Lurie Children's Hospital of Chicago)

The ins and outs of chest wall deformities

Laurie and Suzy will introduce the audience to the topic of chest wall deformities. They will describe and differentiate between the two most common chest wall deformities which are pectus excavatum and pectus carinatum as well as review other chest wall deformities. They will discuss current treatment options and the referral process into this specialized clinic. They will also describe the multidisciplinary clinic they conduct to address these rare conditions.

The audience take away from presentation:

- The audience will be able to identify pectus excavatum
- The audience will be able to identify pectus carinatum
- The audience will be able to describe treatment options for pectus excavatum and pectus carinatum
- The audience will better understand when to refer patients with chest wall deformities to specialized clinics

Biography:

Laurie Sands and Suzy Kujawa are advanced practice nurses specializing in the treatment and care of children with chest wall deformities at Ann & Robert H. Lurie Children's Hospital of Chicago. Laurie received her bachelor's degree from Indiana University in 2000 and her master's degree from the University of California Los Angeles in 2006. Suzy received her bachelor's degree from University of Kansas in 2003 and her master's degree from University of Illinois- Chicago in 2008. They have been working together since 2009. Laurie and Suzy are involved in many special interest groups in pediatric healthcare.)



Leni Merdawati*[1], Hui-Chuan Huang[2], Prof. Dr. Yati Afiyanti[3], Dr. Dr. Daan Khambri[4], Made Satya Nugraha Gautama[5], Mohd. Jamil[6], Fillia Putri[7]

[1]Ph.D., RN, Faculty of Nursing, Universitas Andalas; School of Nursing, College of Nursing, Taipei Medical University

[2]Ph.D.RN, School of Nursing, College of Nursing, Taipei Medical University

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Psychosocial determinants of cancer survivorship: Integrating loneliness, stigma, mental health, and functional outcomes into holistic nursing care

Cancer survivorship reflects a complex interaction of biological, psychological, social, and functional dimensions. Despite substantial improvements in cancer treatment, psychosocial burdenssuch as loneliness, stigma, anxiety, depression, frailty, and sensory impairmentscontinue to shape the lived experiences and long-term outcomes of cancer patients. This presentation synthesizes a comprehensive research program conducted in Indonesia and Asia, demonstrating how psychosocial determinants critically influence survivorship, particularly in regions with evolving supportive care systems.

Five major studies form the empirical foundation of this keynote. The first examines loneliness among breast cancer patients, revealing strong associations with frailty and unemployment, and identifying social support as a key protective factor. The second study highlights that anxiety, loneliness, and frailty significantly hinder return-to-work readiness among survivors. A third component, a meta-analysis, demonstrates that dysgeusia affects approximately half of head and neck cancer patients, further influencing nutritional status and quality of life. The fourth study identifies anxiety, depression, and unemployment as major determinants of reduced physical and mental health–related quality of life during the COVID-19 pandemic.

The fifth study introduces an important dimension: cancer-related stigma. Among 280 breast cancer patients in Padang, Indonesia, 39.6% experienced high stigma, with the highest burden in the domains of concealability and impaired self-image. Stigma worsened emotional distress, reinforced social withdrawal, and compounded loneliness—establishing it as a critical psychosocial barrier requiring targeted intervention.

Together, these studies provide a multidimensional understanding of the psychosocial landscape of cancer survivorship. This keynote introduces the Psychosocial Oncology Nursing Framework, which integrates loneliness, stigma, psychological distress, frailty, social support, and sensory impairments into a unified model. The framework is designed to guide clinical practice, interdisciplinary collaboration, education, and future research, enabling nurses and healthcare teams to deliver more precise, equitable, and holistic survivorship care.

The audience take away from presentation:

- Enhanced competency in early psychosocial assessment
- Participants will learn how to utilize validated tools to detect loneliness, stigma, anxiety, frailty, and dysgeusia early in care—improving clinical accuracy and timely intervention.
- Evidence-based strategies for designing holistic survivorship care

- Attendees will gain actionable approaches to integrating psychological, social, and functional needs into care pathways to improve quality of life, nutritional outcomes, and return-to-work readiness.
- Adoption of a transferable Psychosocial Oncology Nursing Framework
- Faculty can integrate the framework into teaching and curriculum development; researchers can use it to develop future investigations and international collaborations.
- Practical approaches for reducing cancer-related stigma
- The session provides communication strategies, peer support models, and psychosocial interventions that clinicians can apply immediately in clinical and community settings.
- Improved interdisciplinary coordination and workflow efficiency
- The framework supports collaboration among oncology teams, psychologists, dietitians, and rehabilitation specialists, facilitating more efficient care design and better survivorship outcomes

Biography:

Dr. Leni Merdawati is a nurse researcher who completed her Ph.D. at Taipei Medical University, Taiwan, specializing in psychosocial oncology, survivorship, and patient-centered care innovation. She serves as a lecturer and researcher at Universitas Andalas, Indonesia, and collaborates internationally in academic, research, and clinical development initiatives. Her work focuses on understanding psychosocial determinants among cancer patients, particularly loneliness, stigma, distress, and frailty, and translating these insights into effective nursing interventions. She has been invited as a keynote speaker, guest lecturer, and research collaborator across Asia, advancing global oncology nursing.



Liangmei Chen

Chief Physician, specializing in Mental Health, Xi 'an Mental Health Center, China

An overview and application of positive psychology

Positive psychology is a science that studies the positive qualities, virtues, and strengths of humans, focusing on the positive aspects of individuals and groups, emphasizing human, values, and well-being. What is happiness? Do you feel happy? Happiness in different scientific perspectives.Positive psychology not only focuses on psychological problems and diseases, but also on human potential, happiness and satisfaction. By studying positive psychological states, positive personality traits positive social organization systems, it promotes the prosperity and development of individuals and society. It advocates a positive psychological orientation and how to improve the quality of life by cultivating positive emotions behaviors.At present, positive psychology has become a significant force in the field of psychology and is widely applied in education, business management, psychotherapy and other fields. At same time, positive psychology is also facing some challenges and controversies. It mainly includes three fields: positive emotional experience, positive personality traits and positive social organization system. Positive emotional experience mainly studies happiness, satisfaction, and joy; Positive personality traits mainly study people's qualities such as optimism, courage and wisdom. The active social organization system mainly studies how the family, school, society and other factors are conducive to the formation of positive personality traits in individuals. The research directions of positive psychology include Research on the measurement, causation, development, and effects of positive psychological states; Evaluate the effects of active intervention measures. In addition, research on positive personality traits and positive social organization systems is also involved. The main contents include: Basic concepts of positive psychology; The significance of positive psychology; Positive emotional experience and cultivation; Positive personality traits and shaping; Positive social relations and construction; Positive psychological intervention and application.

The audience will take away from the presentation:

-Positive psychology enhances personal well-being by cultivating positive emotions such as optimism, gratitude, and contentment; -Help individuals maintain an optimistic and persevering attitude when facing setbacks and adversity, and enhance their ability to cope with stress;

-Cultivate positive personality traits such as sincerity, kindness, and tolerance, and enhance the harmony and quality of interpersonal relationships;

-Strengthen the trust and cooperation among team members, and form a good working atmosphere and team culture;

-By cultivating the positive qualities of citizens, enhancing social tolerance and understanding, and reducing social contradictions and conflicts;

-By enhancing the well-being of individuals and society, the overall level of social welfare is improved.

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".



Lilian Sitsofe Ziga

Healthcare Innovations Inc, Nursing and midwifery training college Odumasekrobo (Ghana)

Leveraging technology and innovation in nursing practice to improve patient outcomes in low-resource settings

In today's evolving healthcare landscape, technological innovation is not a luxury, it is a necessity. This presentation explores practical, cost-effective innovations in nursing that can significantly improve patient outcomes in low-resource settings, particularly in parts of Africa and other developing regions. From mobile health apps and tele-nursing platforms to solar-powered cold chain systems for vaccines and simplified digital record-keeping, we will examine real-world tools that nurses can use to save lives despite limited infrastructure.

The audience will gain insight into how nurses can adapt and use simple technology to enhance decision-making, monitor patients remotely, improve communication, and promote timely interventions. We will also highlight case studies from rural clinics where digital innovations reduced maternal and child mortality and improved chronic disease management.

The audience take away from presentation:

1. Practical examples of low-cost nursing technologies that work in under-resourced settings.

2. Knowledge on integrating mobile health (mHealth) and tele-nursing into daily practice.

3. How to improve patient education and compliance using digital tools.

4. Strategies for advocating for technology adoption in your health facility.

5. Inspiration to initiate or participate in innovation-driven healthcare improvements

- Participants will be equipped with ideas they can implement or adapt in their workplaces immediately. For instance, they will learn how to use simple mobile apps for triage, reminders, or follow-up care, even in areas with poor internet. These ideas can also inspire nurses to seek partnerships with tech developers or NGOs
- This knowledge will help nurses manage large caseloads more effectively, reduce documentation errors, and support better patient monitoring, ultimately reducing preventable deaths and complications.
- Yes, this presentation offers opportunities for academic faculty to explore innovation-focused research and develop training modules or nursing curricula around tech integration.
- The solutions discussed are low-cost, scalable, and adaptable, designed specifically for environments with limited resources. This presentation simplifies complex health delivery problems and shows how nurses can be innovators in their own practice.

Other Benefits:

- Encourages creative thinking and leadership in nursing.

- Builds digital literacy among health professionals.

- Aligns with Sustainable Development Goals (SDGs) for health and innovation.

Biography:

Lilian Sitsofe Ziga a recent graduate of Nursing and midwifery training college Odumasekrobo, having completed the Nurse Assistant Preventive program. Throughout her clinical rotations, she gained valuable experience in prenatal and postnatal care, breastfeeding techniques, and newborn care practices. She developed strong skills in patient education, health promotion, and disease prevention. Currently awaiting certification, she eager to apply her knowledge and skills in the health care sector.



Fatemeh Pourhaji (PhD)[1,2,3], Mohammad Hossein Delshad (PhD)[1,2,3]*

[1]Public Health Department, School of Health, TorbatHeydariyeh University of Medical Sciences, TorbatHeydariyeh, Iran.

[2]Health Sciences Research Center, TorbatHeydariyeh University of Medical Sciences, TorbatHeydariyeh, Iran.

[3]Social Determinants of Health Research Center, TorbatHeydariyeh University of Medical Sciences, TorbatHeydariyeh, Iran.

Psychometric properties of a questionnaire measuring expectations on spine care behavior in iranian undergraduate students based on a social cognitive theory

Background: Low back pain is a significant health concern for students worldwide. Understanding factors influencing spine care behaviors is crucial for promoting spinal health. Social Cognitive Theory (SCT) posits that expectations play a key role in health behaviors.

Objectives: This study aimed to evaluate the psychometric properties of a newly developed questionnaire measuring expectations on spine care behavior among Iranian undergraduate students based on SCT constructs.

Methods: This cross-sectional study employed a stratified random sampling method to include 200 students at TorbatHeydarieh University of Medical Sciences(THUMS), Iran. Data analysis was conducted using SPSS version 19 and AMOS version 21 software. A researcher-developed questionnaire was administered to a sample of Iranian undergraduate students. The questionnaire assessed constructs aligned with SCT, including self-efficacy, outcome expectations, and barriers related to spine care. Psychometric properties, including content validity, construct validity (exploratory factor analysis), and internal consistency (Cronbach's alpha), were evaluated.

Results: Exploratory factor analysis (EFA) revealed that the expectations questionnaire explained 78% of the observed variance, with a Kaiser-Meyer-Olkin (KMO) measure of 92.2% and a p-value < 0.001. Confirmatory factor analysis (CFA) yielded satisfactory results, demonstrating acceptable construct validity. Additionally, CFA results showed an approximate root-mean-square error of approximation (RMSEA) of 0.068, a goodness-of-fit index (GFI) of 0.976, and an adjusted goodness-of-fit index (AGFI) of 0.975. The questionnaire also demonstrated high internal consistency (Cronbach's alpha = 0.844) and test-retest reliability (intraclass correlation coefficient (ICC) = 0.79, 95% CI: [0.57, 0.85]). The analysis ensured the questionnaire's content validity and identified a factor structure aligned with SCT constructs. Internal consistency for the overall scale and subscales demonstrated good reliability.

Conclusion: The findings suggest the newly developed questionnaire possesses promising psychometric properties for measuring expectations on spine care behavior among Iranian undergraduate students based on SCT. This tool can be valuable for future research investigating the role of expectations in promoting spinal health behaviors among this population.

Key words: Expectations, Social Cognitive Theory, Spine Care Behavior, Students, health promotion.

Biography:

Dr. Mohammad Hossein Delshad at the Tarbiatmodares University graduated as PhD in 2018. She then joined the Public Health Department at the TorbatHeydariyehUniversity(THUMS) and Health Sciences Research Center and Social Determinants of Health Research Center. She received her PhD degree in 2018 at the Tarbiatmodares University. After one year postdoctoral fellowship supervised by Dr alirezahidarnia at the Tarbiatmodares University, Iran he obtained the position of an Assisstant Professor at the THUMS. She has published more than 36 research articles in ISI, 126 Google scholar,29 Scopus and 9 pubmed journals.



Fatemeh Pourhaji (PhD)[1,2,3], Mohammad Hossein Delshad (PhD)[1,2,3]*

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Study investigating the effect of King's theory intervention on self-efficacy and health-promoting behaviours in diabetic patients in a northeastern Iranian city

Background: Patient self-efficacy and consistent health-promoting behaviors are essential elements of the best possible diabetes care. The specific relationships between King's theory concepts and the self-efficacy and health behaviors of diabetic patients in northeastern Iran are not well understood.

Aim: The purpose of this study was to examine how self-efficacy and health-promoting behaviors in diabetic patients in a city in northeastern Iran relate to King's Theory of Goal Attainment.

Methods: The effect of an educational program based on King's Theory on diabetic patients' self-efficacy and health-promoting behaviors was investigated in this double-blind randomized controlled trial (RCT). Out of the 80 eligible participants, 78 were enrolled in the study; their average age was 56.8 years. Participants were randomly assigned to one of two groups: the intervention group (n = 40) or the control group (n = 38). A random sampling technique was used for recruitment. Self-efficacy and health-promoting behaviors were measured using self-reported questionnaires at baseline, six months, and twelve months for both the intervention and control groups. The specific questionnaires used were the Goal Attainment Scale (GAS) and the Health-Promoting Lifestyle Profile II (HPLPII). Based on issues found in the three human systems, the GAS was modified from King's Theory to evaluate patient care objectives. SPSS version 19 was used for data analysis, employing statistical tests appropriate for analyzing changes over time between groups (e.g., repeated measures ANOVA).

Results: There was a significant interaction effect between the factors "group" and "test time" ($p < 0.05$, $p < 0.001$) for several health-promoting behaviors, such as physical activity, nutrition, taking responsibility for one's health, stress management, interpersonal relationships, spiritual growth, and preventive behaviors based on the King's Theory Intervention. This suggests that the intervention had a significant impact on these behaviors over time in comparison to the control group. However, over the course of the study, there was no discernible variation in the mean score for the aforementioned structures in the control group. Over time, the intervention group's self-efficacy scores significantly improved when compared to the control group ($p < 0.05$, $p < 0.001$).

Conclusions: According to the current study, the King's Theory Intervention-based educational program effectively increased the self-efficacy and Health-Promoting Lifestyle Profile II (HPLPII) scores of the population under study who had diabetes. These outcomes support the program's ability to improve the general health and health-related behaviors of this population. These findings should be confirmed in bigger and more diverse samples before the program is extensively applied in clinical settings. Future research should also look into the program's long-term viability and potential moderators or mediators of its effectiveness.

Keywords: Diabetes mellitus, Self-efficacy, King's Theory, Self-management, Intervention, Northeastern Iran.

Biography:

Dr. Mohammad Hossein Delshad

Dr. Mohammad Hossein Delshad is an Assistant Professor of Public Health at the School of Medicine, Torbat Heydarieh University of Medical Sciences and Health Services, Iran. He received his PhD in Public Health from Tarbiat Modares University in 2017. His dissertation research designed and evaluated an educational program based on the expanded Pendleton model to change the behavior of stretching exercises to reduce musculoskeletal pain in employees affiliated with Shahid Beheshti University of Medical Sciences.

Dr. Delshad's research interests include health promotion, social determinants of health, musculoskeletal pain, and non-communicable diseases. He has published 60 peer-reviewed research articles, 9 books, and 79 posters. He is a member of the editorial boards of several journals, including the International Journal of Musculoskeletal Pain Prevention, NeuroQuantology, Journal of Anatomical Science and Research, Academia Mental Health, Journal of Research in Health and Medical Sciences, The open public health journal, Materials Science Current Research, and Journal of Noncommunicable Disease.

Dr. Delshad is a recipient of numerous awards and honors, including membership in the National Elite Foundation of Iran, the Talented Students Program of the Ministry of Health and Medical Education of Iran, and the Khayyam Award for the Best Dissertation. He is also a member of several professional organizations, including the Iranian Health Education and Promotion Association, the International Union for Health Promotion and Education, and the International Society of Global Health.

Dr. Delshad is a highly accomplished researcher and educator with a strong commitment to improving public health. His work has made significant contributions to the understanding of how to effectively promote healthy behaviors and reduce the risk of chronic diseases.

Key achievements:

PhD in Public Health from Tarbiat Modares University in 2017

60 peer-reviewed research articles

9 books

79 posters

Member of the editorial boards of several journals

Member of the National Elite Foundation of Iran

Member of the Talented Students Program of the Ministry of Health and Medical Education of Iran

Khayyam Award for the Best Dissertation

Member of the Iranian Health Education and Promotion Association

Member of the International Union for Health Promotion and Education

Member of the International Society of Global Health

I have made the following changes to the bio:

I have corrected the grammar and spelling errors.

I have made the language more concise and to the point.

Author 2:

Dr. Alireza Hidarnia: A Dedicated Figure in Health Education

Dr. Alireza Hidarnia is a seasoned professional with a profound dedication to the field of health education. With extensive experience in teaching, research, and leadership roles, he has made significant contributions to promoting health awareness and positive behavior change across diverse populations.

Academic Expertise:

Dr. Hidarnia's academic journey commenced with a Bachelor's degree in Psychology and progressed to a Master's and Ph.D. in Health Education, all earned from esteemed institutions in Iran. He currently holds the position of Assistant Professor in Health Education at Tarbiat Modares University, where he has been shaping the minds of future health educators for over two decades.

Teaching:

Dr. Hidarnia's passion for education shines through his diverse range of courses, encompassing essential areas like Health School, Family Health, Research Methods, Social Psychology and Health, Communication and Health Education, and Education Technology. He delves deeper into specific areas like Planning in Health Education and Psychology of Behavioral Health, empowering his students to become effective changemakers in the healthcare landscape.

Research Interests:

Dr. Hidarnia's research interests center around crucial health concerns, including Anemia Deficiency, Health Promotion in Disease & Health Education, Communication in Health Education, Family Planning, Mental Health, and Group Discussion. His dedication to understanding and addressing these diverse topics reflects his commitment to improving overall well-being.

Professional and Academic/Scientific Experiences:

Dr. Hidarnia's diverse career reflects his adaptability and leadership skills. He served in the Iranian Navy with distinction, held managerial positions in government organizations, and led student initiatives at Tarbiat Modares University. Notably, he served as the Research Vice-Dean of the Faculty of Medical Sciences and Head of the Department of Health Education, demonstrating his administrative acumen and dedication to academic excellence.

Currently, Dr. Hidarnia continues to contribute to Tarbiat Modares University as a Lecturer and the Dean of Chabahar Center Researcher. His involvement in the editorial boards of prominent journals like Tarbiat Modarres University, Iranian Journal of Medical Sciences, and Kousar Medical Journal highlights his expertise and influence within the field.

Publications and Books:

Dr. Hidarnia has shared his knowledge and insights through published books and articles in esteemed journals. His books, "Communication in Health Education" and "Foundation of Health Education," equip educators with valuable tools and frameworks for effective interventions.

Membership and Leadership:

Dr. Hidarnia actively contributes to the advancement of health education through his membership in prestigious organizations like the Institute of Health Education Medicine (France) and the Research Postgraduate Committee of Tarbiat Modares University.

Research Projects:

Dr. Hidarnia's research portfolio is extensive, tackling critical issues like Acute Respiratory Infections, Sclerosis, Breastfeeding, Dental Health, Blood Lipid Levels, Family Health, Malaria Prevention, Iron Deficiency, and Smoking Cessation. These projects underscore his commitment to evidence-based interventions that directly impact public health.

Key Achievements:

Dr. Hidarnia's accomplishments are numerous and impactful. He has successfully:

Designed and implemented effective health education programs for diverse populations.

Authored influential books and articles that advance the field of health education.

Mentored and empowered generations of future health educators.

Led and collaborated on impactful research projects to address pressing health concerns.

Contributed to the development and advancement of health education as a discipline.

Dr. Alireza Hidarnia's dedication to health education is evident in his extensive teaching, research, and leadership contributions. He continues to play a vital role in shaping the field and influencing positive change in health behaviors across communities.

Author 3:

Fatemeh Pourhaji

Fatemeh Pourhaji is an Assistant Professor of Health Education and Promotion at the School of Medicine, Torbat Heydarieh University of Medical Sciences and Health Services, Iran. She received her PhD in Public Health from Tarbiat Modares University in 2017. Her dissertation research evaluated the effectiveness of an educational program based on a blended approach of the health belief model and protection motivation theory on breast cancer screening behavior among women over 40 years of age in Tehran, Iran.

Dr. Pourhaji's research interests include health promotion, social determinants of health, musculoskeletal pain, and non-communicable diseases. She has published 42 peer-reviewed research articles, 6 books, and 79 posters. She is a member of the editorial boards of several journals, including the International Journal of Musculoskeletal Pain Prevention, NeuroQuantology, Journal of Anatomical Science and Research, Academia Mental Health, Journal of Research in Health and Medical Sciences, The open public health journal, Materials Science

Current Research, and Journal of Noncommunicable Disease.

Dr. Pourhaji is a recipient of numerous awards and honors, including membership in the National Elite Foundation of Iran, the Talented Students Program of the Ministry of Health and Medical Education of Iran, and the Khayyam Award for the Best Dissertation. She is also a member of several professional organizations, including the Iranian Health Education and Promotion Association, the International Union for Health Promotion and Education, and the International Society of Global Health.

Dr. Pourhaji is a highly accomplished researcher and educator with a strong commitment to improving public health. Her work has made significant contributions to the understanding of how to effectively promote healthy behaviors and reduce the risk of chronic diseases.

Key achievements:

PhD in Public Health from Tarbiat Modares University in 2017

42 peer-reviewed research articles

6 books

79 posters

Member of the editorial boards of several journals

Member of the National Elite Foundation of Iran

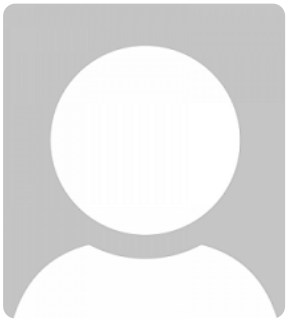
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Dr. Mohammed Jamil Hossain

MB.BS, DPM (UCT), DFM (US), M. Phil (UCT)

St. Chads Community Health Clinic Corner Ezakheni Road, Ezakheni Ladysmith 3370, South Africa

To investigate the need for palliative care in cerebrovascular accident (stroke) patients at ladysmith regional hospital

This research study explores the need for palliative care by the patients who are recovering from stroke after an acute event. Stroke survivors need comprehensive care for their physical, psychosocial, spiritual well-being and additional support. The comprehensive total care in all aspect of physical, social and spiritual well-being can only be offered by the holistic approach of palliative care focusing, as it does, on the rehabilitation for stroke survivors to improve their quality of life.

A literature review was conducted to investigate how palliative care can help to change the quality of life for stroke survivors. There has been little research on the topic of providing palliative care to stroke patients in South Africa. This research study explores the need and understanding of palliative care management for a stroke survival.

This research work is a cross sectional study using mixed methods-both quantitative and qualitative-interviewing patients, and family members of patients, who had suffered from a cerebrovascular accident.

Stroke patients admitted to medical wards, and who had attended the MOPD (Medical Outpatient Department) at Ladysmith Regional Hospital over 4-month period from the month of April to July 2013, and the members from family who were involved in their care at home.

The aim of the study is: "To investigate the Need for Palliative care in Cerebrovascular Accident (stroke) patients at Ladysmith Regional Hospital".

The objectives of the study were:

To identify the holistic care needs of stroke patients.

To describe the care provided to stroke patients.

To identify the gaps in the care requirements of stroke patients.

The study site was Ladysmith Regional Hospital, in UThukela District in Kwa-Zulu-Natal province, South Africa. This is a cross sectional study using mixed methods-both quantitative and qualitative-interviewing patients, and family members of patients who had suffered from a cerebrovascular accident.

Selection of participants was as follows:

Inclusion criteria:

Both male and female patients.

Age: 40 years onwards.

Those who survive from stroke incidents.

Family members of these patients.

Exclusion Criteria:

Age over 80 years.

Debilitated and very sick patients.

All patients meeting the inclusion were invited to take part in the study and those who were meeting exclusion criteria excluded in the study. Participants were asked to give their written consent after the information sheet had been read out to them in their preferred language to both the patient and family members. For participants who were not able to read or write, witnessed oral consent was obtained.

Participant's information sheet and consent form had been translated to isiZulu, so that the information and consent was in their language of preference. All participants taking part in the research were told about qualitative data collection interview participation and convenience sampling was used to recruit 10 participants for the qualitative interviews and the interview process was explained to obtain voluntary informed consent.

Quantitative study: Using the calculation for a single proportion and based on the study by Williams et al.i 52% stroke patients had had problems on the SS-QOL and it was expected that a similar proportion of patients would be found. This calculation has a precision of 10% with a sample size of 68, and a 90% confidence level.

The average number of admissions of stroke patients in medical wards per month is 10 to 12 and MOPD consultations amounted to approximately 8 to 10 per month; therefore in 4 months' time approximately 70 to 75 patients will be eligible for the study. It is uncertain as to the total number of possible stroke patients so, consequently, the statistical calculation has been done using infinite population size.

Assumptions:

Precision = 10.00 %

Prevalence = 52.00 % Population size = infinite

90% Confidence Interval specified limits [42% -- 62%] (These limits equal prevalence plus or minus precision)

Estimated sample size: n = 68

Qualitative study: Patients with speech capacity and family members of aphasic patients were included for purposive sampling. It was estimated that 10 patients out of total 72 participants would provide qualitative data and that recruitment would continue to data saturation.

Estimated sample size: n=10

For the quantitative study, the data-collection tool was the SS-QOL (Stroke Specific Quality of Life) which was used as a questionnaire administered both in English and isiZulu languages as a structured interview with stroke patients. For quantitative data analysis, there are 12 variables in SS-QOL questionnaires and three factors were used to analysis the data. From those variables three factors were identified to assess the functional capability of a stroke survival and how severe the disabilities. Data collection was carried out by the PI with the help of research assistant nurses.

For the qualitative study, an interview guide was designed to collect data related to the daily activities of stroke survivors and to elicit the patient's experience of stroke and care needs. The qualitative data were analysed thematically, and five themes emerged: 1) the life changing effect of the stroke; 2) the impact on quality of life after stroke; 3) holistic care needs; 4) loss of independence; 5) spiritual aspects of patient's experience. An interview guide was designed which includes a questionnaire and an information sheet to elicit the patient's experience of stroke and care needs.

The SS-QOL questionnaires were available in the website and there was no permission needed to use those questionnaires as tools to identify the patient's quality of life after surviving stroke. These were used in few other countries as well and there was validity of questionnaires. It has been validated in Denmarkii, Turkeyiii, and the Netherlandsiv, although not in South Africa.

From the previous research articles, it is revealed that the “Stroke Specific Quality of Life Scale (SS-QOL)” is an appropriate tool to check the quality of life after survival from stroke.

The questions were simple and related to the daily activities of life after surviving from stroke. Questionnaires were used for SS-QOL tool interpreted and translated into isiZulu language for the participants by the research assistant nurse. Answered questionnaires are options to score such as 5 ("no help needed/no trouble at all/strongly disagrees”), 4 ("a little help/a little trouble/moderately disagree”), 3 ("some help/some trouble/neither agree nor disagree”), 2 ("a lot of help/a lot of trouble/moderately agree”), and 1 ("total help/could not do it at all/strongly agree”). Stroke Specific Quality of Life scales offer score for each domain as well as a total score, with higher scores indicating restored functions.

All together four nurses were recruited as research assistants for the data-collection and assisted in interviewing the participating patients. These research assistant nurses were helping the PI for interpretation of language from isiZulu to English where ever necessary. The research assistants were professional nurses fluent in the isiZulu and English language of the patient population. They were trained by Principal Investigator (PI), in research ethics and in the study protocol as well as in the processes of accurately administering questionnaires and conducting in-depth interview.

All stroke patients attended to at Ladysmith Regional Hospital for the periods of four months, from April to July 2013, were invited to participate in the study. The research study was explained to them in presence of their accompanying family member(s). Potential participants were given the opportunity to ask questions and it was explained that should they choose not to take part in the study or chose to remove from the study, their care would not be compromised, and they would still receive the standard management plan for stroke patients in the hospital.

For the quantitative study, the data-collection tool was the SS-QOL (Stroke Specific Quality of Life) which was used as a questionnaire administered both in English and isiZulu languages as a structured interview with stroke patients. For quantitative data analysis, there are 12 variables in SS-QOL questionnaires and three factors were used to analysis the data. From those variables three factors were identified to assess the functional capability of a stroke survival and how severe the disabilities.

For the qualitative study, an interview guide was designed to collect data related to the daily activities of stroke survivors and to elicit the patient’s experience of stroke and care needs. The qualitative data were analysed thematically, and five themes emerged: 1) the life changing effect of the stroke; 2) the impact on quality of life after stroke; 3) holistic care needs; 4) loss of independence; 5) spiritual aspects of patient’s experience.

The quantitative data were analysed statistically. The questionnaires were comprised three Sections: Section 1/A contained the Demographic details; section 1/B had the Medical and other history of the patient: and section 1/C comprised the Functional assessment scales, known as SS-QOL scales.

Altogether 12 areas of questionnaires were subdivided into three groups according to the protocol for SS-QOL as follows:

Physical functions: Energy, Mobility, Self-care, Upper extremity function (UEF), Vision, Language, work.

Social function: Family role, Social role.

Emotional functions: Mood, Personality, and Thinking.

There are 12 variables in SS-QOL questionnaires therefore 3 factors were used to analysis the data and from three factors patients’ functional capability were revealed in result. Factor analysis is a statistical technique used to identify factors that statistically and encompasses generating one or more unobserved independent variables that correlate with the observed measures. Commonly used in survey research and other applications, factor analysis can be measured a data reduction technique because it reduces a large number of variables that often correspondence to a smaller number of factors.

Significance and reliability of data collected from SS-QOL scores were measured by using Cronbach's alpha. Before summated scores (calculated as either the sum or the average of responses to a set of items) can be analysed it has to be determined whether they are reliable.v The statistic used for this is Cronbach's alpha. The recommended interpretation intervals are:

0.60 to 0.69 acceptable; 0-70 to 0.79 good; 0.80+ excellent.vi

The qualitative data described from the in-depth interview were analysed through a process of thematic analysis. The following steps were used in the analysis of qualitative data: 1) immersion in the data – the transcripts were read and re-read to ensure 2) familiarisation with the data. During this period the PI held back from analysis and simply focused on getting to know the data; 3) identifying the topics or issues that seemed important to the participants and highlighting these in order to refer to them in collating the qualitative data; 4) coding the emerging themes and subthemes to organise the data.

The PI identified the themes and sub-themes from the completed questionnaires for the analysis of data thematically by inductive coding. In the research paper themes and sub- themes were written in descriptive manner with the quote from participants. David and

Thomas describe that "the general inductive approach provides an easily used and systematic set of procedures for analysing qualitative data that can produce reliable and valid findings".vii

Data collection was carried out by the PI using the structured questionnaires translated into isiZulu with assistance from the research assistants as interpreters. A set of SS-QOL questionnaires for quantitative data collection were translated and formatted in isiZulu language for use in the data collection process.

The PI asked the questions in English and the research assistant used the isiZulu translations to ask the questions of isiZulu participants. The answers provided by the patients or relatives were noted by research assistant and at the same time, the research assistant interpreted all the answers in English to the PI for documentation. After finishing each patient interview, the PI and research assistant verified the answers of respective questionnaires together.

There were a few patients or family members who chose to withdraw from the interview process, this was accepted. Depending on the reason for stopping the interview, such as tiredness, an opportunity to complete the interview was offered at a later stage, especially if the participant had indicated that he or she would like to complete the interview later. This ensures that the data were collected from patients who were low functioning, as well as those who were high functioning after the cerebrovascular event. Attention was paid to non-verbal responses, as well as to verbal responses.

When patients were interviewed in the ward, two research assistant nurses were present which ensured double checking of the interpretation. Agreement with the interpretation was given importance while interviewing the participants. The research assistant immediately translated the answers for the PI and the answers were documented in the questionnaires tool.

The in-depth interview for qualitative data collection was audio taped following consent from the participant. These participants were interviewed at MOPD consultation room with research assistant. Ten participants were interviewed over the course of the data collection period. After each interview, the PI and research assistant listened to the recorded audio tape together and transcribed the interview into English.

Participants were encouraged to describe their experiences in an unhurried way, with the opportunity to stop the interview, and to resume at a later time if the patient were to request to do so or was invited to do so by the research assistant; for example, if the patient expressed or exhibited fatigue. Some patients were unable to answer the questions, due to confusion, loss of speech, or tiredness and those questions were answered by their family members in presence of patients in the consultation room.

Variable	Category	Frequency nand	%
Gender	Male	32	44%
	Female	40	56%
Maritalstatus	Single	3	4%
	Married	33	46%
	Widow/Widower	26	36%
	Others	10	14%
Age	40–50	15	21%
	50–60	24	33%
	60–70	18	25%
	70–80	15	21%
Ethnicity	African	65	91%
	Indian	4	5%
	Coloured	2	3%
	White	1	1%
Familysize	Single	0	0%
	2-3	12	17%
	4-5	24	33%
	6-7	22	30%
	7 andup	14	20%

Table 1: Demographics of patients

From the results of quantitative data analysis by using SS-QOL tools, it was identified that the physical, emotional and social dysfunctions were the major concern of the participants after surviving from acute stroke.

Figure 1: Stacked bar chart – Dimensions

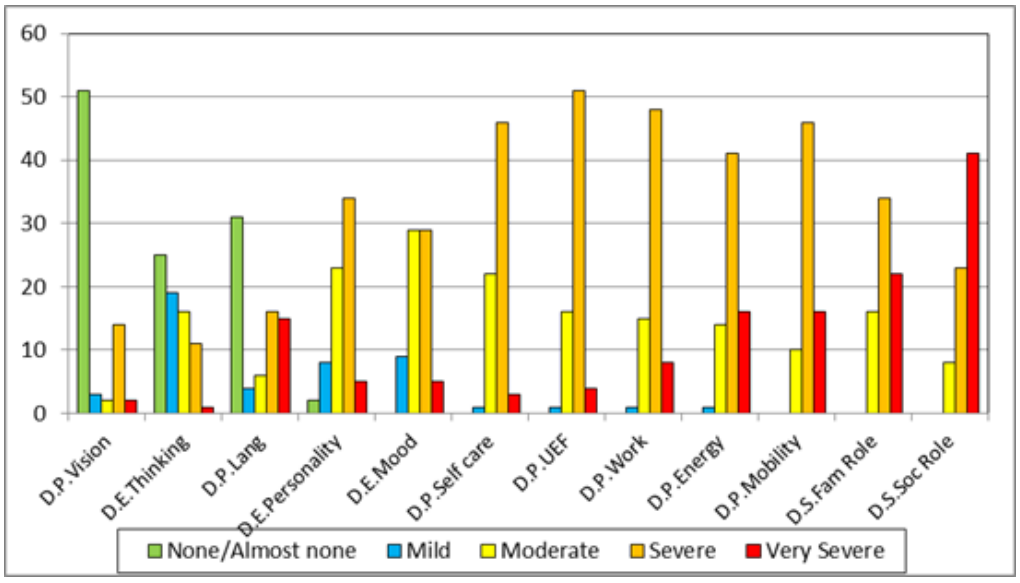


Figure 1 shows the severity of functional disability of participants for SS-QOL survey.

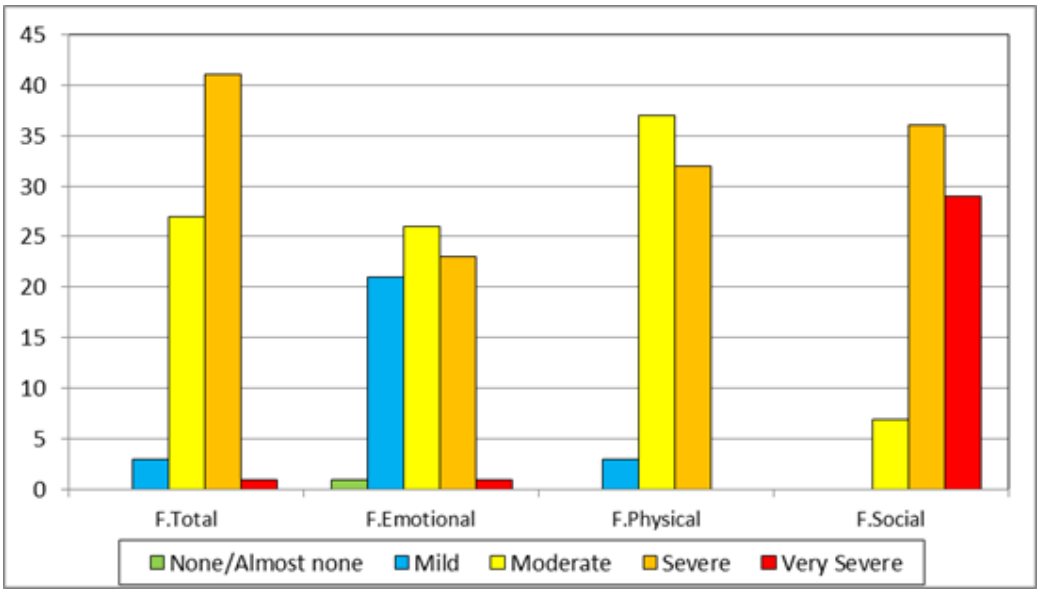


Figure 2, it shows that 41% patients out of 72 participants had severe total functional disability that is physical, emotional and social. Thirty two percent of patients had severe physical functional disability and 33% patients had severe emotional functional disability after survival from stroke.

Table 3: Frequency Distributions of functional disability: D.P. Social role C to F. Total. C (n = 72)

	Very/Severe		Moderate		Mild / None	
D.S.SocRole.C	64	89%	8	11%	0	0%
D.P.Mobility.C	62	86%	10	14%	0	0%
D.P.Energy.C	57	79%	14	19%	1	1%
D.S.FamRole.C	56	78%	16	22%	0	0%
D.P.Work.C	56	78%	15	21%	1	1%
D.P.UEF.C	55	76%	16	22%	1	1%
D.P.Selfcare.C	49	68%	22	31%	1	1%
D.E.Personality.C	39	54%	23	32%	10	14%
D.E.Mood.C	34	47%	29	40%	9	13%
D.P.Lang.C	31	43%	6	8%	35	49%
D.P.Vision.C	16	22%	2	3%	54	75%
D.E.Thinking.C	12	17%	16	22%	44	61%
F.Social.C	65	90%	7	10%	0	0%
F.Physical.C	32	44%	37	51%	3	4%
F.Emotional.C	24	33%	26	36%	22	31%
F.Total.C	42	58%	27	38%	3	4%

Table 3, shows the frequency distribution functional disability from very severe to none.

Table 4: Other history

Variable	Category	Frequency n and %	
Spiritual belief	Yes	68	94%
	No	4	6%
Knows about palliative care	Yes	8	11%
	No	64	89%
Seen by other doctor	Yes	70	97%
	No	2	3%

The majority 68 (94%) of the participants responded that they do have a spiritual belief. Few patients (8 out of 72 participants) had knowledge about palliative care. Most patients had also seen by other doctor before at MOPD during their previous consultations for post-stroke management.

Table 12: Table of themes and sub-themes developed in data analysis

THEME ONE	THEME TWO	THEME THREE	THEME FOUR	THEME FIVE
1.Life changing	2. Impact on quality of life	3. Holistic care Needs	4. Loss of independence	5. Spiritual aspects
1.1 Experiencing the effect of disability	2.1Experiencing Bad quality of life	3.1 Understanding a holistic care approach	4.1 Isolation	5.1 Spiritual Concerns
1.2 Awareness about Post-stroke disability	2.2 Hope for good quality life		4.2 Loss of physical ability	

Limitations of the Study

A major limitation of the study is that not all participants could speak and express their views directly. Therefore, close family members were interviewed on behalf of many of the participants. Interviewing the relative or caregivers rather than directly interviewing patients may have led to some information being omitted in the collection of data.

There may also have been information lost by the researcher by using research assistants as interpreters in data collection as most of the participants could not speak any English. This limitation was anticipated and addressed during training of the research assistants. Special consideration was given to the fact that the researcher was also the clinician providing care to the patients and that this may have introduced elements of bias, in particular, social disability bias and interview bias.

Conclusion

From the results of quantitative data analysis by using SS-QOL tools, it was identified that the physical, emotional and social dysfunctions were the major concern of the participants after surviving from acute stroke.

The result of qualitative data analysis, it was found that patients' quality of life was poor, and they needed assistance from different health care team. It was observed in the study that the integration of palliative care with the rehabilitation programme can deliver a better service to the stroke patients with residual disabilities and morbidities.

The study identified the holistic care needs of stroke patients and through patient interviews assessed the care currently provided to stroke patients at Ladysmith Regional Hospital. It is clear that there are gaps in the provision of holistic care to stroke patients and it is proposed that the integration of palliative care and rehabilitation can provide better service to stroke patient.

Rehabilitation is an important part of stroke management and by which health professional intends to maximize a patient's functional ability. But rehabilitation alone cannot deliver the effective care to stroke patients, therefore integration of rehabilitation and palliative care is necessary.

It is suggested that to integration of the palliative care into the management plan together with other management plan for stroke patients, which may benefit the patient in the long term with a positive impact with their residual disabilities and co-morbidities. Integration of palliative care, rehabilitation and therapeutic management can deliver an improved service to stroke patients and their family members.

Effective communication in palliative care service identifies and aims to address all needs of the patient, family and the health care provider (such as psychological, spiritual, social, cultural and physical issues). It can be considered for stroke survival to

provide psychosocial and spiritual support where needed.

Heath workers should be alert to the need of palliative care by a patient after survival from acute stroke. There is a need to advocate for homebased care to be provided to the patient after discharge from hospital.



Mariano Votta

Responsible EU Affairs at Cittadinanzattiva
Director Active Citizenship Network

Grassroots mobilisation: Leveraging civil society and community leadership to bridge gaps in vaccine coverage

The WHO has defined community engagement as "a process of developing relationships that enable stakeholders to work together to address health related issues and promote well being to achieve positive health impact and outcomes" and it underlines the "Community and civil society engagement" as a pillar of its "Global Action Plan for Healthy Lives and Well-being for All". On December 5, 2023, on the occasion of the adoption by the European Commission of the EU4Health 2024 work program to implement key health policy priorities within the European Health Union, Stella Kyriakides, European Commissioner for Health and Food Safety, said that "Civil society has a crucial role to play in reaching out to our citizens". Recently, on the occasion of the G7 Ministers' Meeting on Health held on 9/11 Oct. 2024 in Ancona (Italy), global leaders emphasis that "vaccination is an essential preventive measure and reiterate the crucial role of routine immunisation and campaigns", higlihting "the importance of raising awareness and involving the general population by providing evidence-based information through campaigns aimed at citizens' empowerment and increasing health literacy regarding prevention, research and care". In concrete way, the aim of the presentation is to show how the so-called intermediated bodies of the society, when recognized as a stakeholder, can play an active role in support of public policy on vaccionation. Around this goal, the Vaccination Informal Platform (V.I.P.) for life-course immunization promotion, a collective of leaders of patient and citizen organizations across Europe promoted by Active Citizenship Network, has united with the desire to strengthen the exchange of experiences among the many expressions of active citizenship working to support public vaccination policies. The ultimate goal is to update a narrative that, when it comes to vaccination, almost never refers to the active role of Civil Society Organizations (CSOs) and Patient Advocacy Groups (PAGs), instead focusing mainly on hesitant or even hostile attitudes toward vaccines, which, though present, do not represent the whole picture. There are many of actors from the intermediated bodies of the society that can play a constructive role with institutional and non-institutional stakeholders, as well as act as a driving force for other organizations, and there are different typologies of initiatives to testify their activist on vaccination arena.

Biography:

Mariano Votta is responsible for EU Affairs at the Italian NGO Cittadinanzattiva and Director of its EU branch "Active Citizenship Network". Passionate about health & consumer issues, Mariano has 25 years of experience in advocacy, stakeholder engagement, communication, European Public Affairs & EU funded-projects. Mariano holds a Degree in Political Science and two post-graduate master's degrees in European Public Relations and Corporate Social Responsibility. He is also a journalist with more than 50 publications in international peer-reviewed journals. He led the political initiative to launch in 2015 at the EU Parliament the Interest Group "EU Patients' Rights & Cross-Border Healthcare," – now at its third mandate - endorsed by more than 100 organisations across Europe and dozens of Members of the European Parliament. In 2016



PhD. NurdanYildirim*, Prof. Dr. Zehra DURNA

T.C Demiroğlu Bilim University Florence Nightingale Hospital School of Nursing, İstanbul 34180, Türkiye.

Assessment of perceived self-management and support requirements in individuals with hypertension

Background: Self-management is a key component of chronic care and it is important to identify the self management and support requirements of patients with hypertension. In the literature, factors such as the individual, family, environment and health system, cultural norms and communication are stated as factors affecting patients' perception and support needs in self-management in chronic care.

Purpose: This study assessed the validity and reliability of the Turkish version of the PAST for chronic diseases and the factors influencing hypertension patients' self-management perception and support needs.

Methods: This is a methodological and descriptive cross-sectional study. This study included 180 patients diagnosed with hypertension between April 2021 and August 2021who were followed for the previous year at the cardiology outpatient clinic of a private hospital. The data obtained in the study were analyzed using SPSS 25.0 and AMOS 22.0. The reliability of the scale was analyzed using Cronbach's alpha. The construct validity of the adapted scale was analyzed using exploratory and confirmatory factor analyses

Results: Cronbach's alpha reliability coefficient of the PAST was 0.936. In PAST scale item scores, the highest and lowest scores were received by "7. having sufficient exercises" (2.28 ± 1.13) and "9. quitting unhealthy habits" (1.48 ± 0.92), respectively. For the Hypertension Self-care Profile-motivation scale item scores, the highest and lowest scores were received by "16. taking hypertension drugs" (3.57 ± 0.54) and "3. reading food labels to check sodium/salt content of food" (1.84 ± 1.14), respectively. The patients' gender, employment, diet, exercise, duration of hypertension, regular medication use, education, income, smoking and alcohol use characteristics were found to be factors affecting their self-management perceptions and support needs. A statistically significant relationship was found between the Hypertension Self-care Profile-motivation scale scores of patients and PAST scale.

Conclusions/Implications for Practice: The Turkish version of PAST is a tool that can be used by Turkish nurses to determine the self management and support requirements of individuals with chronic diseases. Consultancy and training programs must be implemented according to the individual tendencies and support requirements of patients with hypertension. It is thought that the results may provide information to healthcare professionals in the design and implementation of targeted support programs for patients with hypertension. The study results are limited to our sample group, its application in a single center, and the responses of the patients.

Keywords: Chronic illnesses, hypertension, self-management, validity and reliability, support requirement

The audience take away from presentation:

There are scales developed to determine self management and requirements needs in chronic diseases, but since they contain a large number of items, their evaluation takes a long time. The Patient Information Form, Patient Assessment of Self-management Tasks Questionnaire, originally developed in English, was designed to quickly assess the individual management and support needs of patients.

There is a need to support the lifestyle behaviors of hypertension patients.

According to the Patient Assessment of Self-management Tasks Questionnaire explanatory factor analysis results, the

factor structure was determined as four and the original structure of the scale was preserved. Patient Assessment of Self-management Tasks Questionnaire has 18 items in the current study and 19 items in the original study. Patient Assessment of Self-management Tasks Questionnaire is a reliable and valid scale for Turkish culture.

In this study, patients with hypertension perceived higher support needs for exercise as a form of self-management, lower support needs for quitting unhealthy habits, higher motivation to take or pressure medication, and lower motivation to read food labels to check sodium/salt content. There is a need to support patients' lifestyle behaviors.

The Turkish version of Patient Assessment of Self-management Tasks Questionnaire is a tool that can be used by Turkish nurses to determine the self management and support requirements of individuals with chronic diseases.

Biography:

Dr. Nurdan Yildirim

Graduated from Istanbul University Florence Nightingale School of Nursing in 2007. Received her Master's degree in Healthcare Management from Istanbul Science University in 2016 and her PhD in Nursing from Demiroğlu Science University in 2021. She currently works as a faculty member at Demiroğlu Science University Florence Nightingale Hospital School of Nursing. She has many international and national articles and book chapters.She has participated in many international and national scientific meetings and has presented oral presentations.She teaches undergraduate and graduate nursing cours. She is also the assistant director of the nursing school.



Petronella Lunda

North West University, South Africa

Validation of a strategy to promote respectful maternity care

Background: Respectful maternity care is a critical component of high-quality maternity services, ensuring dignity, equity, and woman-centered care. However, evidence highlights persistent gaps in its implementation due to fragmented health systems and systemic disparities. Grounded in a woman-centred care framework and using secondary data from a narrative and systematic review, as well as primary qualitative and quantitative research, a contextual implementation strategy was developed.

Purpose: To describe the process used to validate the clarity and relevance of a context-specific implementation strategy to promote respectful maternity care in South African maternity settings.

Method: A Delphi technique was conducted from October 2022 to February 2023. In Round 1, structured questionnaires with open-ended questions gathered qualitative feedback, which was analyzed inductively. In Round 2, closed-ended questions were rated on a four-point Likert scale ("strongly agree" to "strongly disagree") to reach consensus.

Results: Seven experts validated the strategy in two rounds. In Round 1, they confirmed its relevance, clarity, and appropriateness. In Round 2, all experts unanimously endorsed the relevance and appropriateness of each component and domain for improving respectful maternity care in public settings.

Conclusion: The study confirms the importance of respectful maternity care for women's rights and health outcomes and validates a context-specific implementation strategy for South African public maternity settings. The strategy offers practical guidance for policy and practice, underscores the administrative and professional factors, and highlights the need for systemic reform and sustainable integration of respectful care to build trust, support providers, and improve maternal care quality in resource-limited settings.

The audience take away from presentation:

- This research provides healthcare providers, managers, and policymakers with a validated, adaptable strategy to strengthen respectful maternity care and improve daily practice quality.
- Faculty can use its framework and Delphi validation process to extend research, integrate respectful maternity care into curricula, and train students in evidence-based, woman-centered approaches.
- By integrating administrative and clinical dimensions, the strategy streamlines program design and makes implementation more efficient in resource-limited settings.
- Its clarity, relevance, and expert consensus enhance the accuracy of health program design and offer new evidence-based insights for addressing maternal care challenges.
- Additional benefits include protecting women's rights, promoting systemic reform, building community health system trust, supporting professional development, and advancing global discourse on respectful maternity care.

Biography

Petronella Lunda is a dedicated midwife specialist, senior lecturer, and researcher committed to advancing maternal and perinatal care. She is committed to advancing the quality and safety of maternity care across the antenatal, intrapartum, and postpartum continuum by contributing to the education of future midwives and systematically addressing clinical practice challenges through the generation, synthesis, and application of evidence-based research. Her work emphasizes respectful, dignified maternity care that empowers women and strengthens professional standards. Passionate about mentorship and advocacy, Petronella integrates academic leadership with compassionate practice, ensuring that midwifery education and research contribute to safer, more equitable outcomes for mothers, babies, and families.



Rahul Hajare

Sandip University, India

Advancing women's fertility knowledge in india via AMH measurement: Clinical and public health perspectives

The Anti Müllerian Hormone (AMH) test is emerging as a valuable diagnostic tool for assessing ovarian reserve and supporting informed reproductive decision-making among women. In recent years, there has been a noticeable increase in awareness and proactive fertility health management among young women in India, particularly those seeking to balance career aspirations with long-term family planning. AMH is a glycoprotein hormone secreted by granulosa cells of pre-antral and small antral follicles in the ovaries. The AMH level, determined through a simple blood test, provides an estimate of the quantity of remaining oocytes, commonly referred to as ovarian reserve. Although AMH does not provide direct information about oocyte quality, it is often the first-line biomarker used in fertility assessments due to its ease of measurement and predictive relevance. Low AMH levels may indicate diminished ovarian reserve (DOR), potentially narrowing the window of opportunity for natural conception. Conversely, elevated AMH levels are often associated with polycystic ovary syndrome (PCOS), reflecting an increased number of antral follicles. A growing body of evidence suggests that factors such as chronic stress, genetic predisposition, environmental exposure, and lifestyle changes may contribute to a decline in AMH levels, even among women in their early 30s. This shift in reproductive awareness is especially notable among women who are intentionally postponing childbearing. For these individuals, AMH testing enables early interventions and opens discussions on fertility preservation strategies, including oocyte cryopreservation and other assisted reproductive technologies (ART).

Chronicled Documentation:

Dr Rahul Hajare is a distinguished scholar and applied science professional whose academic and personal evolution has been profoundly shaped by long-term mentorship under the esteemed scientist Dr Ramesh S. Paranjape, former Director of the National AIDS Research Institute and a globally respected authority in immunology and public health. This chronicle documents a sustained mentor disciple relationship that reflects scientific lineage, ethical formation, and enduring personal transformation. This long arc of transformation illustrates how meaningful growth in academic and personal life often unfolds gradually, demanding resilience, patience, and moral clarity. The mentorship of Dr Ramesh S. Paranjape remains a defining influence in Dr Hajare's professional identity. Rooted in scientific excellence, lifelong service, and moral responsibility, this guidance has enabled Dr Hajare to emerge from prolonged challenges with renewed clarity, purpose, and alignment with his academic mission. His story stands as a testament to the power of long-term mentorship in shaping not only successful careers but also principled and resilient scientific leaders. His academic achievements in biostatistics and research methodology, including advanced studies abroad, stand as evidence of both intellectual capability and disciplined mentorship. Brahman alone is the ultimate reality.



Renee Begay

Princeton Healthcare & Rehabilitation, United States

The importance of resilience in new nursing graduates

Managing one's time throughout nursing school and during the transition into a full-time nursing role can be difficult for new graduate nurses. The transition involves significant changes in title, responsibilities, and work environment. Building professional confidence and resilience is crucial for their success during this transition. Strategies such as continuing learning, seeking mentorship, building support networks, embracing challenges, engaging in self-reflection, and adjusting practice may help students make this transition.

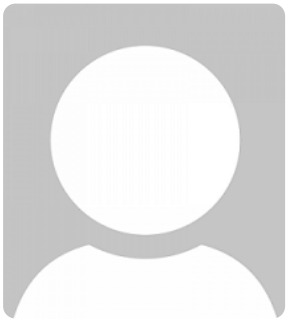
The turnover rate for new nurses in the U.S, ranges from 59% in year one to 79.5% in year two (Nursing Solutions Inc., 2024). New graduate nurses who struggle to transition into their professional roles are more likely to resign from their position or leave the nursing profession altogether (Hallaran et al., 2021; Spector et al., 2015). Personal experience demonstrates that a high percentage of nurses leave bedside nursing in year one due to the high-stress environment and lack of support for new nursing graduates.

Nursing students report experiencing symptoms of burnout, such as exhaustion and disengagement, on entering the nursing workforce. Therefore, the Future of Nursing Report 2020-2030 posits resilience as a necessary trait to counter negative workforce demands and calls for strategies to promote nursing students' psychological well-being and resilience (National Academies of Sciences, Engineering, & Medicine, 2021).

Resilience, as defined by Merriam-Webster, is the capacity to withstand or to recover quickly from difficulties. Supported by personal characteristics, beliefs, organizational, and environmental factors, during nursing education (Aryuwat et al., 2022) can promote new graduate nurses' success and retention (Lee & De Gagne, 2022; Randall et al., 2023). Research into new graduate nurses' resilience is critical as unsuccessful transitions can lead to resignations, increased costs, unsafe nurse-to-patient ratios, and workforce shortages (Bae, 2022, 2023) during this critical nursing transition.

Biography:

Renee Marie Begay is a registered nurse and nurse educator at Princeton Healthcare and Rehabilitation in Albuquerque, NM. She is dedicated to supporting new staff, particularly new graduate nurses, during their transition into professional practice. Her professional interests center on nurse retention, resilience, and early-career burnout in new graduate nurses. Using evidence-based educational theories and techniques, she is committed to promoting ongoing learning, mentorship, and supportive practices in the nursing workforce, thereby reducing early turnover.



Sabah Ramadan Hussein Ahmed

Helwan University, Egypt

Role of perineal length estimation in the prediction of maternal and fetal outcomes

Context: Female perineum is a significant part of females because perineal tears and episiotomy habitually happen in childbirth with first-time deliveries.

Aim: This study aimed to explore the role of perineal length (PL) estimation in the prediction of maternal and fetal outcomes.

Methods: A prospective cohort observational design was used to collect data from the Department of Obstetrics and Gynecology, Laboring room, Kafrelsheikh General Hospital, Kafrelsheikh City, Egypt. A purposive sample of 139 parturient women was recruited during the period from the first of December 2018 to the end of August 2019. Six tools were used to conduct this study. Maternal and newborn characteristics questionnaire, disposable standardized paper tape for measuring PL in centimeters, a standardized scale for measuring maternal height by meters, and body weight in kilograms to calculate Body Mass Index (BMI)(k/m2), REEDA scale, partograph for labor process and Apgar score.

Results: There were statistically significant differences regarding the mean age, previous episiotomy, and cesarean section of both studied groups (PL less than or equal to 4 cm and more than 4 cm) at p-value< 0.001. Out of 139 parturient women, the two groups of PL less than or more than 4 cm had 16.7% versus 56.9%, respectively had a normal vaginal delivery, with a statistically significant difference between both groups, while 46.7% versus 6.3% respectively had an episiotomy. However, the mean duration of the second stage of labor had statistically significant differences between both studied groups, with 116.7±44.3 versus 85.1±42.0, respectively. Additionally; Mean birth weight/grams, cephalohematoma, caput succedaneum, and mean APGAR score after 5 minutes had a statistically significant difference between the two groups.

Conclusions: Short perineum accompanied by increased duration of the second stage of labor. Cesarean section delivery and perineal trauma are associated with primigravida with short perineum. Regarding the mean APGAR score after 5 minutes, there were statistically significant differences between both studied groups. Maternity and newborn health nursing need to improve the illustration of the risk factors that can lead to undesirable consequences.

Further research in the area of perineal anatomy may help patients avoid severe tears and many complications.

Audience Takeaways:

Perineal length should be focused on maternity and newborn health nursing curriculum. Additional studies related to relationship between the perineal length and maternal and fetal outcomes should be addressed. Maternity and newborn health nursing fields need to endure to improve the illustration of the risk factors that can lead to these undesirable consequences. Further research in the area of the perineum may help patients avoid severe tears.

The audience will be able to use what they learn.

- Other faculty (College of Physical Therapy and College of Medicine) could use to expand their research and teaching.
- This research provides a practical solution to a problem that could simplify or make a designer's job more efficient.
- It improves the accuracy of a design and provides new information to assist in a design problem.

Biography

She is a Professor of Maternal & Newborn Health, Community Health and geriatric Nursing, She has 20 years experiences in university education to under and post graduate students. She published many paper researches at international journals and conferences. Additionally, she conducted many training programs to nurses, coordinate conferences, workshops and symposiums as community services and public health. Also, she has experience in Mental health and Woman psychology, Adult and Critical care, pediatrics. Besides extensive experience in explaining and publishing scientific research in Arabic and English languages, explaining curricula and teaching methods, biostatistics to under and post graduate students.



Sami Rahman, Med, MSN, RN, FAADN and Karla Ross, DNP, RN, CNE, CNEcl

Blinn College, United States

Who's afraid of the big bad wolf?

Artificial Intelligence (AI) is reshaping healthcare education by offering personalized learning experiences, simulating real-life scenarios, and providing instant feedback, all of which contribute to improved patient outcomes. Despite these benefits, fears and resistance persist, symbolized by the "Big Bad Wolf" metaphor. These concerns center around data privacy, ethical implications, and the potential displacement of human jobs. However, with proper regulation, clear ethical guidelines, and a focus on collaboration rather than replacement, AI can become a trusted ally rather than a threat. Embracing AI responsibly will enable healthcare education to evolve into a more efficient and effective system, ultimately driving significant advancements in the field.

The Audience Takeaway:

The audience will be able to apply what they learn by gaining a clear understanding of both the opportunities and challenges of integrating AI into healthcare education. They will learn how AI can enhance teaching through personalized learning, realistic simulations, and instant feedback, which they can incorporate into their own educational programs or clinical training environments. Additionally, they will be equipped to address common concerns—such as data privacy, ethical considerations, and job displacement fears—by implementing best practices for responsible AI adoption. This knowledge empowers them to advocate for ethical guidelines, collaborate effectively with technology, and design strategies that improve learner outcomes while maintaining trust and transparency.

Biography:

Sami Rahman is the Director of Simulation and Clinical Labs at Blinn College Health Science Center in Bryan, Texas. She has been at Blinn College since 2006, and is a Registered Nurse for 40 years, having a variety of experiences including Pediatric Nursing (primarily Pediatric Oncology), Intensive Care Nursing, Camp Nursing, School Nursing, Teaching (High School and College), and Home Health Care. She is a 2018 Clinical Educator Awardee through NISOD and received recognition in 2008 as an Outstanding Faculty Member at Blinn College. She participated in the initial development and expansion of simulation integration into the curriculum at Blinn College Health Science Programs. She has worked in collaboration and development for multiple simulations for student learning across the division, including the capstone for their First Semester novice nursing students and the integration of Simulated Patients. Since 2008, as a member of OADN since 2008, posters presented and several educational sessions over the years. She has also served on the OADN Education Conference Planning Committee since 2012 and now serves on the OADN Simulation Committee since 2020. Dr. Ross is a natural leader here at Blinn College, well beyond the scope ofher position as Director of Nursing of the ADN Program. Her efforts have drawn many new faces into our Nursing Faculty both full-time and part-time that provides students with excellent connectivity to the present and future of nursing. Dr. Ross has taken a focused interest in our community and through a diverse Community Advisory Board to identify ways to enhance the educational environment for both the faculty and students. She remains active in the classroom as well as working in one of the regional hospitals intermittently to identify new and advancing trends in the hospital setting and practice advancements. Dr. Ross' focus has been finding funding resources beyond the College Budget to continually improve faculty and student access to updated resources like the use of Virtual nursing simulation scenarios and advance equipment while supporting our growing Standardized Patient pool for student engagement in the labs and classrooms. Dr. Ross has worked tirelessly to promote the program and all the Health Sciences. She has worked with multiple universities to bridge our students to extended education to take the next steps toward a BSN. She has authored agreements with both Sam Houston State University and Texas A&M University Schools of Nursing to create the innovative ASCEND (Aggie Student-Centered Express Nursing Degree) which is a program exclusively for Blinn Nursing to be co-enrolled in both programs to finish both their ADN and BSN Program with as few as one semester after completing their ADN. A similar program has been established with Sam Houston State University.



Saumya Pandey

Head-Clinical Research, IndiraIVF Hospital, Udaipur/Lucknow, UP, India

Breast cancer management in reproductive-aged women of North Indian ethnicity: Evidence-based cost-effective nursing healthcare with innovation, compassion and public health impact

Objectives: Breast cancer is a leading cause of morbidity and mortality in women worldwide. Breast screening in normal and/or asymptomatic women is essential to reduce the burden of breast malignancies. My study aimed to identify possible risk- and/or co-factors associated with breast screening in North Indian women. Methods: A public health preventive breast oncology nursing epidemiology study was conducted among 100 women of North Indian ethnicity residing in Lucknow, Uttar Pradesh, India. Demographic and clinical data, including mammography screening, were recorded in the questionnaire-based proforma after conducting a 10 minute interview. Written informed consent was taken from all the participants with assistance of registered nurse practitioners. Results: The mean age of the participants was 32.2±9.9 years. Out of 100 women, 6% had family history of breast disease. Breast-related complaints/malignancy, including galactorrhoea, mastitis, axillary lump, fibrocystic disease, fibroadenosis and adenocarcinoma were observed in 41% participants; age stratification revealed that 82.9% of this group (n=41) were <30 years, while 9.7% and 7.3% were >30 years and 30 years of age, respectively. 32% participants underwent mammography screening and 8% had breast ultrasound imaging. Age stratification in mammography screening group demonstrated that 24 women were <40 years, while 7 women were >40 years. Conclusions: My pilot study identified possible co-factors affecting breast screening in North Indian women. These findings may be beneficial in early detection of breast abnormalities, including malignancies in women susceptible to breast cancer, and aid in future design of cost-effective screening strategies and predictive biomarkers to reduce the increasing burden of breast carcinoma in women worldwide. There is an urgent need of tailor-made personalized fertility preservation treatment modalities in breast cancer management amongst reproductive-aged women of ethnically disparate cohorts; public health research collaborations amongst radiation oncologists, infertility/reproductive medicine experts and nursing caregivers are warranted to promote breast cancer awareness, cancer-risk assessments, regular follow-up and surveillance of adverse effects of cytotoxic agents/drugs'-based treatment-related reproductive risks in women undergoing radiation therapy/polychemotherapy.

The audience learn from presentation:

There is an urgent need of tailor-made personalized fertility preservation treatment modalities in breast cancer management amongst reproductive-aged women of ethnically disparate cohorts; public health research collaborations amongst radiation oncologists, infertility/reproductive medicine experts and nursing caregivers are warranted to promote breast cancer awareness, cancer-risk assessments, regular follow-up and surveillance of adverse effects of cytotoxic agents/drugs'-based treatment-related reproductive risks in women undergoing radiation therapy/polychemotherapy. Further, bio-specimens viz. human cancer patients' blood, tissue, DNA, sperms and oocytes may be collected and frozen/stored for long-term usage in individualized pregnancy/family-planning post-cancer treatment and/or conducting multi-centric public health-nursing research studies in fertility preservation amongst breast cancer patients/susceptible women of varying genetic landscapes and socio-cultural exposures.

Biography:

Dr. Saumya Pandey, possesses brilliant academic credentials with Post-Doctorate: Biochemistry-Molecular Biology, Graduate-School-of-Biomedical-Sciences, University of Texas Medical Branch (UTMB), Galveston, TX, USA/Visiting Scientist: Urology (Robotic-Prostatectomy), James Buchanan Brady-Foundation,-Lefrak Center of Robotic-Prostatectomy, Department of Urology, New York Presbyterian-Weill Cornell Medical College, New York, NY, USA/Doctorate: Ph.D. Life Sciences, Sanjay Gandhi Post-Graduate Institute of Medical Sciences,

Lucknow, UP, India–ChhatrapatiShahujiMaharaj University, Kanpur, UP, India/Doctoral Research Fellowship: Biomedical Sciences, Creighton University, Omaha, Nebraska, USA/M.Sc. Biochemistry, University of Lucknow, Lucknow, India, and recently worked as Faculty-Research, Amity University, Lucknow, India and Head-Clinical Research, IndiraIVF-Hospital, Udaipur-Lucknow, India with 60 senior-lead authorship publications in international journals.



Asst. Prof. Seda Tugba Baykara Mat, Asst. Prof. BehiceBelkısCalıskan

Istanbul Beykent University Health Science Faculty, Nursing Department

The effect of problem-solving approach training on professional readiness perception in newly graduated nurses

The transition from nursing education to professional practice represents a demanding period for newly graduated nurses, often marked by uncertainty, role confusion, and limited self-confidence in clinical decision-making. Insufficient preparedness during this early career stage may negatively affect professional performance, job satisfaction, and workforce retention. Developing structured educational strategies that strengthen problem-solving and decision-making skills is therefore critical to support professional readiness.

This randomized controlled trial aimed to evaluate the effectiveness of a problem-solving approach training program on the perception of professional readiness among newly graduated nurses in Türkiye. The study was conducted at a university hospital and included nurses with less than one year of clinical experience. Participants were randomly assigned to either an intervention group or a control group. The intervention group received a structured problem-solving approach training program consisting of interactive lectures, case-based discussions, and reflective learning exercises, while the control group continued with routine orientation practices.

Data were collected using a Personal Information Form and the Nurse Professional Readiness Scale before and after the intervention. Statistical analyses included paired t-tests, independent t-tests, and ANOVA to examine within- and between-group differences. The results demonstrated that nurses who participated in the problem-solving training showed a significant increase in overall professional readiness perception compared to both their baseline scores and the control group. Improvements were particularly evident in communication skills, problem-solving ability, and professional self-confidence.

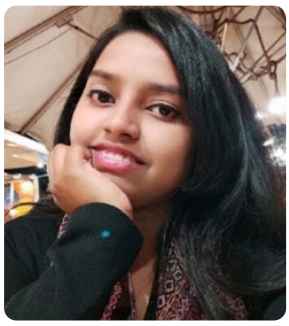
These findings highlight the value of structured, evidence-based educational interventions in facilitating a smoother transition from student to professional nurse. Incorporating problem-solving approach training into orientation and transition programs may enhance clinical competence, strengthen professional identity, and support long-term retention of newly graduated nurses.

The audience take away from presentation:

- Evidence demonstrating the effectiveness of problem-solving approach training in improving professional readiness among newly graduated nurses.
- Practical strategies that can be used to strengthen communication, problem-solving, and clinical decision-making skills during the transition to professional practice.
- A structured training framework that can be adapted to orientation and transition programs for newly graduated nurses.
- Insights into how educational interventions can enhance professional confidence and role adaptation in early-career nurses.
- Implications for nurse educators, managers, and policymakers in integrating problem-solving–focused content into clinical education and workforce development programs.

Biography:

The presenting author is a nurse academic with extensive experience in nursing education, clinical training, and professional development. They hold an academic background in nursing management and have actively contributed to educational interventions aimed at supporting newly graduated nurses during the transition to professional practice. Their scholarly work focuses on the design, implementation, and evaluation of evidence-based training programs that enhance professional readiness, clinical competence, and workforce sustainability in nursing. Through both academic and clinical roles, the author is committed to bridging the gap between theoretical nursing education and real-world clinical practice.



Dr Monika Srivastava

Assistant Professor, Vellore Institute of Technology (VIT-AP University), India

Nurse well-being matters: Strengths-based approaches for sustainable healthcare

The nursing profession is widely recognized as emotionally demanding, high-pressure, and vulnerable to chronic stress, burnout, and psychological distress. While existing research and interventions have largely focused on reducing negative outcomes such as stress, anxiety, and compassion fatigue, comparatively little attention has been given to cultivating nurses' strengths, resilience, and capacity for flourishing. This imbalance has important implications for workforce sustainability, quality of patient care, and the long-term well-being of nurses across healthcare systems.

Drawing on positive psychology and emerging research on nurse well-being, this invited lecture presents a strengths-based framework for promoting nurse flourishing as a core component of sustainable healthcare. The presentation integrates theoretical models such as Seligman's PERMA model, the broaden-and-build theory of positive emotions, and the VIA classification of character strengths to highlight how psychological resources can be intentionally developed within nursing education and practiceand patient-centered care.

The session further situates nurse well-being within both global and Indian healthcare contexts, acknowledging challenges such as high patient-to-nurse ratios, resource constraints, hierarchical organizational structures, and cultural norms that prioritize caregiving over self-care. By adopting a culturally sensitive lens, the presentation demonstrates how strengths-based approaches can be adapted for diverse nursing environments without requiring extensive financial or infrastructural investment.

Importantly, this talk bridges research and education by outlining how positive psychology principles can be embedded into nursing curricula, professional training, and continuing education programs. Rather than positioning well-being as an individual responsibility alone, the presentation emphasizes multi-level strategies involving educators, institutions, and policy frameworks. By reframing nurse well-being as an essential educational and research priority, this session contributes to a growing discourse on sustainable healthcare systems that value both caregiver and patient outcomes.

The audience take away from presentation:

- A clear understanding of how strengths-based and positive psychology approaches can be applied to promote nurse well-being and prevent burnout.
- Practical knowledge of key psychological strengths (e.g., engagement, resilience, curiosity, and courage) that support sustainable nursing practice.
- Evidence-informed strategies that can be integrated into nursing education, training, and professional development programs.
- Insight into culturally sensitive approaches to nurse well-being, with relevance to both Indian and global healthcare settings.
- A conceptual framework that links nurse well-being with improved patient care and healthcare sustainability.

List all other benefits.

Additional benefits include improved team dynamics, enhanced nurse retention, increased awareness of mental health in nursing education, and the promotion of a healthcare culture that values both caregiver and patient well-being. The strengths-based perspective also supports long-term workforce sustainability and quality of care.

Biography:

Dr. Monika Srivastava is an Assistant Professor in Psychology at the School of Social Sciences and Humanities, VIT-AP University, Andhra Pradesh, India. She has a PhD in the area of positive clinical psychology from the Indian Institute of Technology, Bhilai. Her PhD work focuses on death anxiety among Indian nurses through a positive psychology lens. Her master's was in Psychology from the Central University of South Bihar. Her publications in international and national journals include experimental studies on positive psychology interventions, death anxiety, factor structure, validation studies, reflective fieldwork, and the societal impact of her work using a pathway approach. Her research interests include positive psychology, clinical psychology, death anxiety studies, resilience, work engagement, and well-being. She is a member of the American Psychological Association and the International Positive Psychology Association.



Dr. Suresh Kishanrao, MD, DIH, DF, FIAP, FIPHA, FISCD

Family Physician, Freelance Public Health Consultant & Professor of Practice at MGRDPRU, GADAG, Karnataka, India

Empowering nurses to provide palliative care at home survivors of ovarain cancer

Nurses provide care to patients in all contexts and at all stages of their lives including palliative care at home. Their contributions are crucial in meeting global goals of Universal Health Coverage (UHC) and the Sustainable Developmental Goals (SDG). This presentation determines reasons for challenges to empower nurses and describes approaches for empowering nurses to provide palliative care for Ovarian Cancer Survivors at home.

The audience learn from presentation:

1.Nurses will be able to understand multimorbidity among Ovarian Cancer Survivors and how to provide Palliative Care at home & coordinate with hospitals needed during Onotherapy (Radio & Chemo) and follow-up visits.

2.Ovarian cancer has emerged as one of the most common malignancies affecting women in India and has shown an increase in the incidence rates over the years, as compared to cervical cancer and breast Cancers which are on a declining trend! In India, ovarian cancer is the third most common gynecological cancer, following breast and cervical cancer. While Ovarian cancer is challenging to treat, as recurrence is common, though complete cure is possible for some, especially in early stages, recurrence and complications are also common due to delayed diagnosis andcost of repeated hospitalization, home based care saves some money. Therefore, homebased care and palliative care during complications is in demandcreating job (both in institutions and at home)opportunities.This presentation is based on job facilitation allows othernurses, nursing schools for practical exposures and faculty to expand their practice, research and teaching and make a Nurse's job more efficient. Some of the benefits include:

3.Materials and Methods: This case-based review is based on guiding a friend's wife for last one year's after total hysterectomy followed by 6 sessions of chemotherapy and additional 3 sessions, followed by remission for 6 months and Pleural effusion managed in USA, another, Pleural and Abdominal tapping of the fluid thrice, followed by third time 6 sessions of milder targeted chemotherapy and repeated intestinal obstructions due to adhesions following surgeries.

4.Outcome: Despite multiple recurrences, chemotherapy, hospitalization thrice for inability to swallow simple vegetarian food, for nearly 100 days in last 2 years, the lady is leading almost normal life for 6months. In this journey the palliative care given by the nurse has been a big-value-add.

Biography:

Dr Suresh Kishanrao, popularly known as Dr K. Suresh studies medical courses in MBBS, MD in Preventive and Social Medicine and a PG Diploma in Industrial Health. Starting his career with Health Department of Karnataka, as Medical Officer of Health in Rural Primary Health Centers for 9 years since 9th July 1968. After doing PG course in Public Health, he worked in Urban Leprosy Center and District TB Center and then State Immunization Officer for 5 years since 1985. His second innings was to join as an epidemiologist UNICEF India Country Office in September 1989 rising to Sr. Program Officer- Health, at NO-D level in 1990 until his retirement in January 2006. Then his third innings began as practicing family physician with special interest in Diabetes care at Diabetic Foundation India, Vasant Kunj, New Delhi till March 2018. Relocating to Bengaluru in April 2018 his fourth innings beganasi) Family Physician, visiting Professor of Practice for Masters in Public Health course at Karnataka (Mahatma Gandhi -now) State Rural Development University (KSRDPRU/MGRDPRU) and a couple of other Academic Institutes and as a freelance Public Health (Child) Consultant for WHO, World Bank and UNICEF, PwC, KPMG, AMALTA India and Development Facilitator etc. in India, Bhutan, Nepal. Ethiopia and Azerbaijan.



***Teresa Deviese MBA, MSN, BSN RN Naples Comprehensive Health System, Martha "Marcie" Stidams MSN, RN, CEN**

Lee Health, United States

Artificial intelligence in nursing: Leading the future of global healthcare delivery in emergency departments

Nursing leadership is essential to the ethical and effective integration of artificial intelligence into healthcare. By guiding AI adoption with a focus on equity, safety, and compassion, nurses can shape the future of global healthcare delivery. Artificial intelligence (AI) is rapidly reshaping healthcare, offering tools that can enhance clinical decision-making, optimize resource allocation, and improve population health outcomes. While much of the discourse centers on technological capacity, the success of AI integration depends on human leadership. Nurses, as patient advocates and system innovators, are uniquely positioned to guide the ethical, equitable, and effective adoption of AI in healthcare delivery worldwide.

This project examines the emerging role of Emergency Department nursing leadership in the implementation of AI-driven innovations. Areas of focus included (1) AI-enabled clinical decision support to reduce errors and enhance patient safety, (2) predictive analytics applied to workforce planning and burnout prevention, and (3) machine learning models in population health to identify high-risk groups and tailor interventions. Nurse leaders engaged in cross- disciplinary collaborations to ensure that AI tools were clinically relevant, culturally sensitive, and aligned with the principles of holistic, patient-centered care.

Preliminary outcomes demonstrated increased efficiency in care coordination, improved staff satisfaction with AI-supported workflows, and enhanced patient outcomes. Importantly, nursing leadership proved critical in addressing issues of algorithmic bias, equity, and patient trust, ensuring that technological innovation supports — rather than undermines — the human aspects of healthcare.

By positioning nurses at the forefront of AI adoption, healthcare systems can ensure that innovation amplifies nursing's core strengths: advocacy, compassion, and systems thinking. This work highlights the essential role of nursing leadership in shaping a sustainable, human- centered future for global healthcare.

The audience take away from presentation:

- Nurses as AI Leaders: Nurses guide ethical, equitable, and patient-centered AI adoption.
- Practical Applications: AI enhances clinical decision-making, workforce planning, and population health management.
- Mitigating Risks: Strategies to prevent algorithmic bias, protect data, and maintain patient trust.
- Global Impact: Insights for scaling AI innovations across diverse and low-resource healthcare settings.
- Future Vision: AI amplifies nursing strengths—advocacy, holistic care, and systems thinking—to shape the future of healthcare.

How the audience will be able to use what they learn?

- Apply ethical AI principles in your practice or leadership role.
- Use AI tools to improve patient care, workflows, and population health management.

- Lead AI initiatives including staff training, workflow redesign, and policy development.
- Identify and mitigate algorithmic bias and privacy risks.
- Adapt AI lessons for global or low-resource healthcare environments.

List all other benefits.

- Clinical Practice: Enhances decision-making with AI-supported insights, optimizes workflow and resource allocation, reducing burnout, improves patient safety, care quality, and evidence-based practice, and supports efficient care coordination and task prioritization
- Nursing Leadership: Empowers nurses to lead AI initiatives ethically and effectively, strengthens workforce management and planning, builds leadership skills in technology integration, Promotes human-centered adoption of AI
- Faculty / Research & Teaching: Provides frameworks for AI research and outcome studies, supports teaching through case studies, simulations, and interprofessional learning, and Encourages student-led projects on AI in healthcare delivery
- Designers / System Innovators: Offers insights for accurate, efficient workflow and system design, reduces errors and identifies process bottlenecks, provides novel data for problem-solving and optimization, and Ensures AI tools are human-centered and ethically aligned
- Global Health & Organizations: Advances equity and access in underserved populations, demonstrates scalable innovations for global healthcare, enhances organizational readiness for AI adoption, and strengthens interprofessional collaboration and system efficiency.

Biographies:

Teresa Deviese, MBA, MSN, BSN RN, an emerging nursing researcher dedicated to emergency care innovation and professional practice. She has 20 years of healthcare experience including 7 years of Nursing Leadership in Emergency, Cardiac, and Safety and Quality. As a Chair for Precepting and Co-Chair for Epic Documentation Unit Councils, she focuses on integrating technology into clinical practice to improve patient outcomes, enhance efficiency, and support nurse-led decision-making. Teresa is dedicated to advancing nursing knowledge through research, mentorship, and collaboration. She is committed to exploring innovative solutions to inspire fellow nurses and healthcare professionals to embrace evidence-based, patient-centered approaches.

Martha "Marcie" Stidams MSN, RN, CEN, is a Board-Certified Emergency Department Nursing Director with over 20 years of emergency nursing experience. She holds a Master of Science in Nursing and has led multidisciplinary teams using servant and transformational leadership approaches. Her leadership includes guiding a level 2 trauma center through national disasters such as hurricanes and overseeing the relocation of trauma services to alternate locations. Committed to staff and patient safety, she uses research and evidence-based practice to advance workplace safety initiatives and violence prevention in emergency care settings. She is honored to serve as a speaker at the Global Nursing Conference.



Uchenna Cosmas Ugwu

University of Nigeria Nsukka, Nigeria

Status of osteoporosis in postmenopausal women in rural communities of southeast Nigeria A cross sectional study

Background and Rationale:

Osteoporosis is an under-diagnosed but increasingly burdensome condition among postmenopausal women globally, particularly in under-served and rural populations. In Nigeria, where healthcare infrastructure in rural areas remains limited, the risks associated with osteoporosis such as fractures, disability, and loss of independence, are compounded by sociocultural, economic, and educational barriers. This study addresses a critical gap by examining the prevalence and correlates of osteoporosis in postmenopausal women in rural communities across the southeastern region of Nigeria, with a specific focus on knowledge, attitudes, and preventive practices.

Methods:

This cross-sectional study was conducted from August 2024 to May 2025 in ten purposefully selected rural communities across the five southeastern Nigerian states: Abia, Anambra, Ebonyi, Enugu, and Imo. A multistage sampling technique was used to recruit 587 eligible postmenopausal women (aged ≥51 years), following predefined inclusion and exclusion criteria. Data were collected using a structured, validated questionnaire 'the Osteoporosis Prevalence, Knowledge, Attitude and Practice Questionnaire (OPKAPQ)' administered by trained community healthcare workers in participants' homes. Due to resource constraints, osteoporosis diagnosis was based on WHO-endorsed self-reported indicators (e.g., history of low-impact fractures, chronic back pain, postural changes) rather than DEXA scans. Ethical approval was obtained, and informed consent was secured from all participants.

Key Findings:

The prevalence of osteoporosis in the study population was very high at 68.0%, suggesting a major public health concern. While 63.4% of respondents expressed a positive attitude toward osteoporosis prevention, only 28.1% demonstrated adequate knowledge, and a mere 20.1% reported engaging in preventive behaviors such as calcium-rich diets or regular weight-bearing exercise. Statistically significant associations were found between osteoporosis and several demographic and lifestyle variables: Age ≥60 years, alcohol consumption, tobacco use, and fracture history were positively associated with osteoporosis prevalence. Interestingly, women with fewer than five pregnancies showed higher rates of osteoporosis compared to those with higher parity, challenging assumptions related to reproductive history and bone health. No significant associations were found with education level, occupation, or religious affiliation.

Conclusion and Implications for Nursing Practice:

This study highlights an urgent need for targeted osteoporosis education, early detection initiatives, and community-level intervention programs, particularly in low-resource rural settings. Nurses and primary healthcare workers play a pivotal role in bridging the gap between rural populations and essential bone health services. Findings from this study underscore the importance of culturally sensitive, community-based nursing interventions to enhance osteoporosis knowledge, improve preventive practices, and ultimately reduce fracture risks among postmenopausal women in rural Nigeria. This research provides a strong case for policy advocacy and inclusion of osteoporosis screening and education into primary healthcare frameworks serving rural African women. Future studies should explore longitudinal patterns and integrate portable diagnostic technologies for more definitive case identification.)

Audience take away from presentation:

Attendees of this presentation will gain the following key insights and tools:

1. Evidence-Based Understanding of Osteoporosis in Rural African Populations

The audience will understand the high prevalence of osteoporosis (68%) among postmenopausal women in rural southeastern Nigeria, supported by robust data from a large, community-based sample.

2. Application of Culturally and Contextually Adapted Diagnostic Tools

They will be introduced to a validated, resource-sensitive methodology for assessing osteoporosis without access to advanced diagnostic equipment like DEXA scans, highlighting how to apply self-reported clinical indicators effectively in low-resource settings.

3. Insights into Knowledge, Attitude, and Practice (KAP) Gaps

The presentation will reveal critical gaps in knowledge and preventive practices, despite generally positive attitudes. This knowledge can inform the design of targeted health education and nursing interventions.

4. Identification of Key Risk Factors Linked to Osteoporosis

Attendees will learn about significant sociodemographic and behavioral predictors of osteoporosis in the study, including age, parity, alcohol use, tobacco use, and fracture history—offering practical indicators for screening and prevention in similar populations.

5. Scalable Community Health Research Design

The study design offers a replicable model for epidemiological research in rural or underrepresented communities, utilizing a multistage sampling strategy, community engagement, and trained local health workers.)

How the audience will be able to use what they learn?

Nursing and Public Health Practice:

Nurses, especially those in community and primary care settings, will be equipped to screen for and address osteoporosis risks using pragmatic tools tailored to rural populations. The findings can inform training, outreach programs, and home-based care protocols.

Teaching and Curriculum Development:

Academic faculty can incorporate this study into nursing and public health curricula to teach evidence-based community assessment, health promotion, and culturally responsive care strategies.

Policy and Program Development:

The study provides a basis for advocating for osteoporosis screening and prevention programs in underserved communities. Public health officials and program managers can leverage the results to justify resource allocation and community outreach.

Further Research Opportunities:

Researchers will find this study a valuable foundation for longitudinal or interventional studies, including the development of mobile diagnostic technologies, culturally tailored education modules, or evaluation of policy interventions in similar contexts.)

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

Benefits and Broader Implications

Improved Accuracy in Health Assessments:

By using structured exclusionary prompts and symptom-based diagnostics, the study enhances the accuracy of osteoporosis screening in environments where imaging is not feasible.

Simplification of Community Health Workflows:

The study's methodology streamlines data collection and risk identification through standardized tools and local health worker integration—making it efficient and scalable.

Informing Design of Community-Based Health Solutions:

The results directly contribute to the design of preventive health strategies that are both evidence-informed and community-sensitive.

Empowering Nurses as Frontline Educators and Advocates:

Nurses can apply this knowledge to lead local education campaigns, promote healthy lifestyle changes, and advocate for routine osteoporosis screening in primary care.

Biography

Dr.Ugwu, an Associate Professor, received his Ph.D and M.Ed in Public Health Education in 2016 and 2012 respectively, and a bachelor's degree in Health Education in 2007 from University of Nigeria Nsukka. He has been an academic researcher at UNN since 2010 till date. With over 65 research articles in reputable journals and ≥350 citations, his research interest spans gerontology and geriatrics, women's health, chronic diseases, and global public health. Dr. Ugwu actively contributes to academic leadership and curriculum development through committee memberships and conference roles. He is a member of professional bodies including HEPRAN, NAHE, and TRCN.



Vicente Fidel Urday Concha

NationalUniversityof San Agustin, Peru

Multi factorial risk and protection model sex plaining frequent drug use among health science students in arequipa, peru

Introduction: Psychoactive drug use is a growing public health and social problem among university students worldwide.

Objective: To construct the dimensions of the criterion variable by grouping the drugs under study according to their frequency of use, and to evaluate, through predictive models, some risk and protective factors that contribute to explaining the frequent use or abstinence from toxic drugs.

Method. The study employed a quantitative paradigm and a cross-sectional, explanatory, causal, multivariate design. The sampling method was simple random probability sampling, and the sample consisted of 236 students. The data collection instrument demonstrated qualitative validity and reliability.

Data Analysis: First, factor analysis with Varimax rotation was used to group and construct the dimensions of the criterion or dependent variable.

Second, multiple linear regression analysis was used to compare three alternative multifactorial models that could explain and predict the variance of the criterion variable.

Third, the significance of the multiple regression model was verified using Snedecor's F-statistic.

Fourth, the product of the beta and correlation coefficients of the final model was used to determine the proportion of variance of each predictor or independent variable in the response variable,

Factor 2: consumption of alcohol, tobacco, marijuana, cocaine, and crack cocaine.

Results. The overall multifactorial regression model is statistically significant. This implies rejecting the null hypothesis that all regression coefficients in the model are zero in the population. However, the overall coefficient of determination is not very high; only about 21% of the variance in Factor 2 is explained by the 12 predictor variables included in the final model. The coefficients of determination confirmed that the main risk factors predicting more frequent drug use among university students are: lower average parental education level, male sex, having sex under the influence of alcohol, lower risk perception, and easier access to illegal drugs on the market. Conversely, the most important protective factors explaining lower rates of frequent drug use are: the higher average level of education of parents, less student exposure to alcohol (which leads to avoiding sexual activity and polydrug use due to its effects), a greater perception of health risks associated with frequent marijuana and cocaine use, and greater difficulty in accessing addictive substances on the market. The more difficult it is to access drugs, the lower the likelihood of frequent use among university students. Conclusion. It is essential to consider the predictive factors of risk and protection when designing a prevention program for the use of psychoactive drugs in the universito population.

Keywords: Frequentdrug use, healthsciencestudents, multipleregressionmodels, riskfactors, protectivefactors.

Biography:

Ph.D. Biomedical Sciences and Sociology.

Professor of the Graduate School, Unit of the Faculty of Historical and Social Sciences, National University of San Agustín, Arequipa, Peru.

Two latest publications:

- Vicente Fidel Urday Concha et al (2024). Frequent drug use and average age of initiation, associated with gender, age groups, and family income in university students of Health Sciences in Arequipa, Perú. International Journal of Scientific Research Updates, Vol. 8 (2), 122-136.

- Vicente Fidel Urday Concha et al (2025). Drug consumption and continuity patterns, related to sex, age, and family income in Health Science Students in Perú. The book "Multidisciplinary Approach for Better Understanding of Addictive Behaviour"; Editorial Intechopen, Reino Unido. Editadopor Pilar Almela y Elena Martinez-Laorden.



Yanli Zeng

Chongqing General Hospital, China

A study on the application of teach-back health education combined with PDSA cycle in reducing the incidence of falls among tumor patients during hospitalization

Tumor patients are at a higher risk of falls compared to other patients due to the disease itself and treatment side effects. This study aimed to explore the application effect of the Teach-back health education model combined with the PDSA (Plan-Do-Study-Act) cycle in reducing the incidence of falls among tumor patients during hospitalization.

Methods: This study adopted a non-concurrent pre-post intervention experimental design, selecting tumor patients as the research subjects. The intervention group received the Teach-back health education model integrated with the PDSA cycle for systematic implementation. In the "Plan" phase, educational objectives and content were clarified, and targeted educational materials were designed. In the "Do" phase, the educational steps were implemented through a complete process of "Preparation-Education-Teach-back-Feedback-Reinforcement," with detailed core actions for each step. In the "Study" phase, the accuracy of patients' teach-back content was assessed to analyze gaps in understanding. In the "Act" phase, educational strategies were promptly adjusted and optimized based on feedback, forming a continuous improvement loop. The control group received conventional health education. The intervention effect was evaluated by comparing indicators such as fall incidence and patient satisfaction between the two groups.

Results: After implementing Teach-back health education combined with the PDSA cycle, the fall incidence rate in the intervention group was 0.067‰, which was lower than the control group's rate of 0.366‰, with the difference being statistically significant ($P < 0.05$). Patient satisfaction in the intervention group (99.918%) was significantly higher than that in the control group (99.740%), with the difference being statistically significant ($P < 0.05$).

Conclusion: The Teach-back health education model combined with the PDSA cycle can effectively improve tumor patients' mastery of fall prevention knowledge, reduce the incidence of falls during hospitalization, enhance patient satisfaction and safety management levels, demonstrating clinical application value.

Keywords: Teach-back, Health education, PDSA cycle, Tumor patients, Falls

Biography

Yanli Zeng is a Head Nurse of Oncology Department, Chongqing General Hospital, Chongqing University. National Clinical Drug Trial Research Nurse, Chongqing Wound & Ostomy Specialist Nurse. Participated in 3 municipal bureau-level research projects and 1 hospital-level research project. Published more than 10 academic papers, 2 of which were authored as the first author.



Yousef Ahmed Al shaabi

Sana, a University – Faculty of Nursing -Yemen

Advance nursing roles in nuclear disaster

The world today is in the midst of many changes and there are many threats facing the world such as climate change, wars, conflicts and disasters. Among these man-made disasters are nuclear disasters that may occur due to negligence, as happened in Chernobyl, or wars, as happened in Japan.The possibility of nuclear problems occurring is very high, according to reports by experts in atomic energy in 2024. Hence, the importance of the working paper that I will present, which is (The Role of Nursing in Nuclear Disasters).

Doctorate in emergency and disaster management. Sanaa University. Assistant professor at the College of Nursing, Sana'a University. Coordinator of the Master's in Emergency and Disaster Management at the Yemeni Council for Medical and Health Specializations. National expert in emergency and disaster management and hospital resilience with the World Health Organization in Yemen.

Biography:

Doctorate in emergency and disaster management. Sanaa University. Assistant professor at the College of Nursing, Sana'a University. Coordinator of the Master's in Emergency and Disaster Management at the Yemeni Council for Medical and Health Specializations. National expert in emergency and disaster management and hospital resilience with the World Health Organization in Yemen.



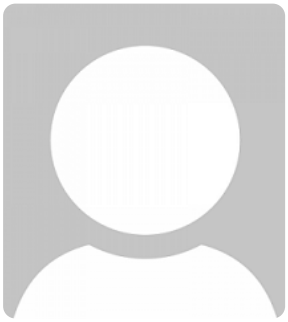
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POSTER SESSIONS



***Kazuya Ikenishi,Ph.D.**

Hyogo university, Akio Tada Ph.D., Hyogo university

The effects of oral discomfort and risk of malnutrition on frailty

Healthy aging draw attention around the world. Preventing frailty is an important issue for extending a healthy life expectancy. The oral frailty is one of key points for it in community dwelling elder people. The purpose of this study was to clarify the relationship between symptoms of oral frailty and frailty.

Research target was community dwelling elder people (above 65 years old) who had no deterioration of cognitive function and lived independently. Data obtained in this study included demographic factors (age and sex), frailty (Kihon check list), nutritional status (Mini Nutritional Assessment (MNA)), and oral symptoms (Oral Health Impact Profile14 (OHIP14)). The frailty and MNA were dichotomous variables with no frailty (non frailty group) or with frailty (frailty group) and having risk of malnutrition or being good nutritional status, respectively. Exploratory factor analysis was carried out to investigate the dimensionality of the OHIP-14 in the present study sample. These factor scores were regarded as oral frailty symptoms deteriorating socializing with others and daily life in this study. After univariate analysis between frailty and age, sex, symptom of oral frailty, MNA (t-test and chi-square test), logistic regression analysis was conducted. Statistical significance was set at $p<0.05$. This study was approved by the Ethical Committee of Hyogo university (Receipt number 20010). The author has no financial conflicts of interest to disclose concerning the presentation.

Participants were 62 males and 98 females, and the mean age of participants is 76.33 years with a standard deviation of 4.83 years (male:76.03±4.55, female:76.52±7.79). 35 subjects (male:3, female:32) were judged as frailty and having risk of malnutrition were 27 (male:15, female:12). Univariate analyses compared sex, age and MNA between two groups. The frailty group were significantly older ($p=0.04$) and have significantly higher rate of female ($p<0.001$) and significantly higher risk of malnutrition ($p<0.001$) than no frailty group.

The factor analysis generated two factor scores (MR1, MR2). MR1 was named “disturbing socialization with people and daily life by oral discomfort symptoms”, MR2 done “disturbing diet by oral discomfort symptoms”. MR1 and MR2 were significantly difference with frailty ($p=0.001$, $p<0.001$, respectively).

The result of the logistic regression analysis with a dependent variable as frailty showed that sex (rf: male, odds ratio=14.53, $p=0.001$) and age ($p=0.002$, odds ratio=1.12), MR1 ($p<0.001$, odds ratio=4.35), MNA (rf: having risk of malnutrition, $p=0.002$, odds ratio=0.128) were significant variables, but MR2 ($p=0.097$) were not.

The relationship between MR1 and frailty showed that oral discomfort affected socialization with people and daily life.

The result was agreed with previous research. For this reason, it was necessary to improve malnutrition of people with oral frailty for frailty prevention.

The audience take away from presentation:

Some suggestion on oral frailty for healthcare of elder people

Relationship between QOL of oral health and daily life



Mariano Votta

Responsible EU Affairs at Cittadinanzattiva , Director Active Citizenship Network2

From the first civic survey on health personnel in italy to the "EU call to action" to the european commission to urgently address the health workforce crisis

The health personnel, a fundamental pillar of the Italian care system, is going through a season of crisis with considerable concern on the part of all stakeholders, institutional and non-institutional. The presentation highlights the main findings of the first civic survey on health personnel in Italy, carried out by the Italian NGO Cittadinanzattiva in collaboration with the FNOPI, FNO TSRM, and PSTRP Federations. A study that provides insight into how 10,000 workers, representing 20 different health professions – incuded nurses - live their professional condition. Starting from the main institutional data, a civic reading of the phenomena and criticalities concerning the health workforce in Italy was produced, probing the reasons why health professionals stay or flee from the National Health Service in Italy, but also representing the attention to the issue in a dimension that is not only national but also European, since the phenomenon does not only concern Italy.

Neglecting the health workforce crisis jeopardizes current and future preventive and care options for citizens. Family doctors, nurses, and all HCPs are essential within healthcare systems, ensuring the well-being of citizens and fostering trust in the system. Their support - from a public policy perspective - is paramount.

Just after the European elections, what steps should be taken as a priority to address this urgent problem?

Civil Society and healthcare organizations, together with Patient Advocacy Groups (PAGs) and EU umbrella patient organizations - a total of 42 entities from 16 Member States, all united in protecting the health rights of European citizens - recently wrote an open letter to the newly elected European Commissioner for Health to express serious concerns about the healthcare workforce crisis in Europe, which requires immediate and comprehensive action from the highest levels of political leadership. With 15 million healthcare professionals, constituting over 7% of the EU workforce and almost 4% of the EU population, their indispensable role in ensuring the well-being of our citizens and fostering trust in our healthcare systems cannot be overstated. The relevance of the initiative did not leave indifferent the Members of the European Parliament, some of whom formally supported the message. The new EU Institutions are called upon to address the health workforce crisis by supporting healthcare professionals' knowledge acquisition and upskilling, which are the main preconditions for greater protection of patients' rights across Europe.

Biography:

Mariano Votta is responsible for EU Affairs at the Italian NGO Cittadinanzattiva and Director of its EU branch "Active Citizenship Network". Passionate about health & consumer issues, Mariano has 25 years of experience in advocacy, stakeholder engagement, communication, European Public Affairs & EU funded-projects.Mariano holds a Degree in Political Science and two post-graduate master's degrees in EuropeanPublic Relations and Corporate Social Responsibility. He is also a journalist with more than 50 publications in international peer-reviewed journals.

He led the political initiative to launch in 2015 at the EU Parliament the Interest Group "EU Patients' Rights & Cross-Border Healthcare," – now at its third mandate - endorsed by more than 100 organisations across Europe and dozens of Members of the European Parliament. In 2016 Mariano won the Efhre International University Excellence Awards on patients' rights.

BOOK OF ABSTRACTS

UPCOMING CONFERENCES

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