



NURSING, PRACTICE & CARE

May 13 & 14, 2019

Venue

Barceló Valencia Hotel - València - Spain

Keynote Session

Help Nurses Speak Up: Develop Leaders that Listen

Bonnie R. Pierce,

Coaching and Consulting, USA

Abstract

The Chief Nursing Officer (CNO) is an executive, but the status of the CNO and the nursing staff varies between organizations. At best, nurses work collaboratively with the interdisciplinary team. At worst, they are dominated by other disciplines and the first to experience cutbacks in staff. This makes nurses vulnerable; their jobs can depend on going along to get along. Indeed, multiple researchers have found that most nurses do not speak up when confronted with situations dangerous to patients.

Rooke and Torbert (2004) found that leaders with conventional leadership maturity do not listen to feedback that does not confirm their own beliefs, but that leaders with post-conventional leadership maturity listen deeply and were the most likely to lead their organizations to sustainability.

Pierce (2015) confirmed that the CNO with post-conventional leadership maturity provided more support for nurses to speak up than CNOs without it. Pierce also found that it takes multiple speaking up activities, always more than one and up to nine per barrier, to address the challenges nurses face. Noting this considerable strength of barriers, and the difficulty nurses face to speak up, developing leaders into post-conventional leadership maturity becomes essential to help nurses speak up.

Biography

Bonnie Pierce is the CEO of Pierce Consulting: Leaders that Listen. She was a CNO in the VA Health Care System from 2008 to 2018. Her EdD is in Organization Change from Pepperdine University. She develops leaders' ability to listen to improve patient safety and the work environment for nurses.

The Record Closing (Clôture De Dossiers), a Concept and a Management Approach at the Service of Nursing Thinking: a Singular and Innovative Approach in the Art of Nursing

Monique Birkel/ J Jacques Repplinger

Centre Hospitalier de Luxembourg, Luxembourg

Abstract

The Nursing Direction of the "Centre Hospitalier de Luxembourg" proposed a nursing research project around the innovation in nursing practices for hospital service organizations, in order to support healthcare teams in a professional development process and in order to adapt to the continual changes in the expectations and care needs of our patients.

The purpose of this project is:

- To generate the self-criticism of the professional and make him or her responsible for the care of patients through the writings in the nursing files
- To move from the notion of nurse responsibility to the notion of nursing team responsibility
- To standardize care plans by clinical picture
- To develop a safety culture
- To anticipate skills, and be an actor in the training objectives of the team
- To drive towards multidisciplinary responsibility
- To validate that all the activities of the nursing project are well completed and that the set objectives are well achieved and thus ensure that the team has responded to the expectations and needs of the patient, to the promised quality.
- To capitalize on the differences detected in the record closing

Concretely, we have revised our work organization to delimit a 30-minute daily reflexive time. This reflexive time allows the collaborator to question their relevance and patient care performance through a critical reading of the patient record at his discharge.

This project initiated in 2014 and deployed on all clinical units of our institution evolves from year to year according to several criteria.

- Evolution of the profession
- Evolution of our reflection
- Evolution of our support
- Evolution of our objectives and our organizations
- Evolution of our tools
- Evolution of our daring, posture and autonomy of CHL hospital executives

To date, it is a real asset and brings out many added values for the benefit of patients and the professional development of our teams.

This project has enabled a professional transformation of our managers within our institution leading them to ensure and assume managerial responsibility but also to develop a local clinical management. It contributed to:

Personal and professional development

- A fluency in speaking and positioning
- The development of a clinical management for the benefit of the team and the patients and integration of the clinical mission included in our job profile
- Tool to demonstrate its role in nursing assessment

Managerial posture and recognized clinical performance

- Allows to measure the maturation of the clinical judgment of his team (clinical coherence),
- Allows to be located in the responsibility of patient care quality
- Possibility of individual coaching

Measurable results as close as possible to the expectations of the team and patients allowing to

- Develop team autonomy in self-criticism
- Build and supply unit projects as close as possible to the reality of the field
- Measure the performance of his unit

The managerial position of the head of unit around this innovative project contributes to individual and collective responsibility of each member of the team towards autonomy in his self-criticism.

It is conducive to ethical reflection, creativity and the development of professional talent.

The record closing is one of the key tools that helped to achieve the accreditation of our institution according to Join Commission International standards.

Pre-colonoscopy Procedure in Children

Vedrana Veizovic

Malmö University, Sweden

Abstract

Objectives: The aim of this randomised study was to compare the quality of bowel cleansing using either polyethylene glycol (PEG) or sodium picosulphate (NaPico) in relation to the tolerability and acceptance of these laxatives among children and their caregivers. **Methods:** The study was a randomised controlled trial that was conducted as an investigator-blinded study within the Department of Paediatrics of Skane University Hospital in Malmö, Sweden. A total of 72 children (10–18 years of age) were randomly placed into 1 of 2 groups (PEG or NaPico). The Ottawa Bowel Preparation Quality Score was used to evaluate the quality of bowel cleansing. A total of 2 different questionnaires were used to evaluate both the acceptability and tolerability of the laxatives. **Results:** In total, 71 children completed the bowel cleansing. Of these 71 cleanses, 67 protocols were analysed according to the Ottawa Bowel Preparation Quality Score. No significant difference in bowel cleansing quality was detected between the 2 groups. Rates of acceptability and tolerability were significantly higher in the NaPico group than in the PEG group.

Biography

Vedrana Veizovic is a Senior lecturer in Institution for Care Sciences at the Malmö University where has been a nurse educator at all education levels for over 15 years. Vedrana is an experienced paediatric nurse and researcher who now leads the Master's Programme (One-Year) - Specialist Nurse in Pediatric Care. Research interests include children with pain and chronic disease and different painful procedures in paediatric care. Clinical research has focused on child's perspective.

Featured Presentations

Nurses Contribute to Patients' Better Sexual Lives: Implications from New Research

Jacques J.D.M. Van Lankveld

Open University of the Netherlands, The Netherlands

Abstract

Sexual functioning of women and men suffering from several types of somatic illness is negatively affected by the disease or its medical treatment, including oncological conditions. Loss of sexual desire, decreased sexual arousal in women and men, and tension or vulvovaginal pain associated with intercourse in women, and are prevalent comorbid sexual disorders in oncological patients. Nurse practitioners often play a crucial role in sexual rehabilitation after treatment of the primary condition.

In the presentation the emotional support and practical suggestions that nurses can provide to these patients are presented, including insights from recent own research of the presenter, as well as from other sex researchers.

Psychometric Properties of the Clinical Learning Environment, Supervision and Nurse Teacher Scale (CLES+T) for Undergraduate Nursing Students in Hong Kong

Wai Kit Wong

The Hong Kong Polytechnic University, Hong Kong

Abstract

The Clinical Learning Environment, Supervision and Nurse Teacher Evaluation Scale is useful for understanding students' perceptions towards clinical placement and for measuring the quality of clinical education. Validated versions of the scale are only available for Western countries. Therefore, this study aimed to establish the validity and reliability of the Clinical Learning Environment, Supervision and Nurse Teacher evaluation scale for undergraduate nursing students in Hong Kong.

Six experts including clinical mentors, clinical teachers, advanced practice nurse and nursing student together with 282 undergraduate nursing students participated in this study to establish the Item-Content Validity Index and test the construct validity of the scale. The Scale-Content Validity Index was 0.935 and the Item-Content Validity indexes ranged from 0.83 to 1. Exploratory factor analysis indicated a 6-factors solution (i.e. "supervisory relationship", "role of nurse teacher", "leadership style of ward manager", "premises of nursing on the ward appreciated", "interaction with staff" and "learning atmosphere"). The internal consistency was good (Cronbach's alpha = 0.949) and test-retest reliability over a 2-week interval was satisfactory (Pearson's coefficient = 0.85). The Clinical Learning Environment, Supervision and Nurse Teacher evaluation scale showed acceptable psychometric properties for use as an assessment scale in Hong Kong.

Highlights

- The study provides a validated assessment tool for assessing nurse learners' perceptions towards clinical learning in Hong Kong.
- The study findings reveal students' views on developing clinical learning education strategies in Hong Kong, including the important role of mentor and preceptor training programmes.

Keywords

Clinical learning environment, nurse teacher, psychometric testing.

Nursing Management in Chronic Myeloid Leucemia: The Euriclea Project

Gianpaolo Gargiulo

University Hospital Federico II, Italy

Abstract

Context and objectives: The use of tyrosine kinase inhibitors (TKI) for the treatment of chronic myeloid leukemia (CML) has certainly represented a turning point in the treatment of onco-hematological diseases. Over the years, the interest of doctors, nurses, patients and health workers has increasingly focused on aspects of the humanization of care, the management of side effects and full and constant therapeutic adherence. The aim of the project was to define patient-oriented care processes based on a proactive approach that could fully respond to the new health needs of patients with CML.

Methods: a working group of nursing experts (WG) was established. WG examined the literature on care for patients with CML and then conducted a survey on organizational models for the treatment of patients with CML, adopted by Italian hematology and transplant centers. Finally, the main problems concerning the care of patients with CML were identified and discussed on a multi-professional basis and subsequently presented to the referents of an association of patients treated for CML for the definition of a truly patient-oriented care pathway.

Results: The Euriclea project for the treatment of patients with CML has been defined with the description of a new and extended nurse role. The nursing case manager or nursing clinical experts have been identified as key persons for the management of treatment side effects, the promotion of therapeutic adherence and the evaluation of the efficacy and effectiveness of the process through the identification of specific indicators for structure, process and result.

In the last 18 months, several centers of Italian hematology have a nursing case manager for patients with chronic myeloid leukemia with very positive results

Discussion: The focal areas of the care process have been identified to define a different approach to the CML patient, through a holistic view of care and multidisciplinary interventions.

References: Clinical pathway for patients with Chronic Myeloid Leukemia: The Euriclea Project

S. Botti, G. Gargiulo et Al, Acta Biomed. 2017 Jul 18;88(3 -S):5-12. doi: 10.23750/abm.v88i3 -S.6608

The Positive Aspects of Caregiving for Cancer Patients

Qiuping Li

Jiangnan University, China

Abstract

While there is a vast body of studies exploring the negative aspects of caregiving for cancer patients, there have also been reports on the positive aspects of caregiving for cancer patients. The objective of this report was to summarize and appraise the positive aspects of spousal caregiving and to identify directions for future research. A systematic search was conducted to identify articles published in English or Chinese. Studies were located using an electronic search, a manual search, and an author search. The findings revealed that spousal caregivers for cancer patients experienced various positive aspects of caregiving, such as an enhanced relationship with the care-receiver, the feeling of being rewarded, a sense of personal growth, and a perception of personal satisfaction. Daily enrichment events and self-efficacy on the part of the caregivers were identified as the determining factors in the positive aspects of caregiving. It was concluded that all of the three domains of the positive aspects of caregiving are interdependent and worked together to contribute to the positive outcomes experienced by spousal caregivers. An intervention program specially designed to enhance the positive aspects of caregiving will support spouses caring for cancer patients.

Keywords: cancer; oncology; positive aspects of caregiving; caregiving experience; spousal caregivers

Biography

Li Qiuping, Ph. D and M. D, professor, supervisor in master degree. Her research interests comprise nursing education, digestive system diseases and cancer care. The major research contents mainly focus on the development and evaluation of supportive psychological intervention model for cancer patients and their family caregivers. She has accomplished 11 research projects. More than 100 articles were published by the first author or corresponding author, among which 26 were included in SCI journals. She has edited 16 textbooks and 5 Monographs, and secured research funding from National Natural Science Foundation of China (NSFC) as principal investigator.

Use of Comprehensive Geriatric Assessment to Predict Postoperative Complications of Gastrointestinal Cancer: A Meta-analysis

Yun Cheng

Shanghai Huadong Hospital, China

Abstract

Background: Gastrointestinal cancer is one of the most prevalent malignancies and its incidence increases with age. However, geriatric patients may often have poor state and may lead to adverse postoperative complications. Some research have pointed out preoperative comprehensive geriatric assessment (CGA) can predict postoperative complications of gastrointestinal cancer, but the results are not consistent.

Objective: The purpose of this study was to identify the effectiveness of preoperative CGA for predicting postoperative complications for elderly patients undergoing gastrointestinal cancer surgery through a meta-analysis.

Materials and Methods : The Joanna Briggs Institute Library, Cochrane library, MEDLINE, Embase ,Web of Science, CINAHL Complete and four Chinese databases were electronically searched for studies that were published until March 2017. Two reviewers independently screened literature according to the inclusion and exclusion criteria, extracted data, and assessed the quality of included studies. Meta-analysis or descriptive analysis was conducted using RevMan5.3.

Results: Six studies were included, with a total of 1037 participants. Involving 13 components of CGA, and Charlson Comorbidity index ≥ 3 [OR=1.31, 95%CI(1.06,1.63), P=0.01], Medications ≥ 5 /day [OR=1.34,95%CI (1.12, 1.61),P=0.002], ADL dependency [OR=1.69, 95%CI(1.20, 2.38),P=0.003] can predict postoperative complications, the relationship between IADL dependency [OR=1.18,95%CI(0.73,1.91),P=0.51], cognition[OR=1.13, 95%CI(0.91, 1.41),P=0.27], potential malnutrition [OR=1.07, 95%CI(0.87, 1.31), P=0.54], malnutrition [OR=1.26,95%CI(0.80, 1.99), P=0.32], depression [OR=1.18, 95%CI(0.90, 1.55), P=0.24] and postoperative complications is inconclusive.

Conclusion: CGA may help to predict postoperative complications of patients with gastrointestinal cancer, more original studies are required.

Keywords: comprehensive geriatric assessment, gastrointestinal cancer, complication, predict

Biography

Yun Cheng, RN, MSN, PhD, graduated from Chiang Mai University in Thailand. She is now the Chief Nurse Officer in Shanghai Huadong Hospital as well as the supervisor for postgraduate students in Fudan University.

Her research area is chronic disease, long-term care, clinical nursing management, gerontological and geriatric nursing.

Title: Colorectal Cancer Screening Programme in The Basque Country (Spain) Main Results after 10 years of the Implementation

Isabel Idigoras Rubio

CRC SCREENING PROGRAMME of the Basque Country, Spain

Abstract

The population-based Colorectal (CRC) screening was approved by the Regional Parliament in 2008, for women and men 50-69y (598,201) with a biennial Immunochemical quantitative test (FIT), colonoscopy under sedation as a confirmatory test. A coordinating center plan, organize and evaluate results. Information system is linked to medical records and cancer registries. involvement of Primary Care staff. In 2014 the Programme reached about 100% coverage. Objective: To evaluate the process and results. Methods: Invitations (2008-2017). Participants, positive cases, colonoscopy adherence and premalignant and malignant lesions (Advanced Adenoma -AA- and CRC $\geq pT1$), colonoscopy complications (2009-2016) and interval cancer after negative FIT. Sensitivity and specificity for FIT. Survival comparison among CRC detected by screening or by symptoms for

2009-2014. Incidence and mortality reduction was simulated for 30y by MISCAN-colon. SPSS v23. European Guidelines (2011) for definitions. Results: In 2017, 100% of population were invited by second round. Participation rate with significant increased from 58.1% to 71.3% along the period, higher in women. Colonoscopy adherence was 93% (59,538 positive cases). AA detection rate by 1,000 participants was significant higher in men than women (33.5% vs 12.0%). In 0.7% of colonoscopies severe complication was registered. 69.2% of 2,868 CRC detected were in stages I-II. 377 false negative cases for FIT were registered. Sensitivity and Specificity for FIT was 88.4% (87.2-89.5) and 94.2% (94.2-94.3). 5y-survival was significant higher for CCR detected by the Programme than by symptoms (90.1% vs 66.7%). Incidence will decrease 16.3% and mortality 26.1%, higher in men than women. Conclusions: The Basque Country CRC screening programme got a good performance and results according with the guidelines recommendations, Monitoring and evaluating are keys to improve health strategies.

Biography

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Isabel Idigoras Rubio has completed her PhD at the age of 53 years from University of the Basque Country in Public Health. I am responsible of the Bowel Screening Programme. I have already published more than 15 papers in reputed journals in the last 4 years:

1. Idigoras I, Arana-Arri E, Portillo I, Bilbao I, Martínez-Indart L, Imaz-Ayo N, de Castro V, López de Munain A, Torrejón I, Gutiérrez-Ibarluzea I. Evaluation of the Effectiveness of the Colorectal Cancer Screening Programme in the Basque Country in terms of 5 year survival rates. *EJGH*. [in review].
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The British Caribbean Female Nurses' Identity

Beverley H Brathwaite

University of Hertfordshire, United Kingdom

Abstract

Crenshaw's (1989) concept of intersectionality is a way of addressing the conundrum of identity politics, to signify the numerous ways in which 'race' and gender interact to shape the multiple facets of black women's employment experiences. Post-colonial feminists (Mirza, 2009, Anderson, 2004) use post-colonialism to, 'shed light on the complex issues at the intersection of gender, race and class relations' (Anderson & McCann 2002, p. 11). How can these two theories work together to explain and give voice to the marginalised BBBCFN experiences as a registered nurse within the nursing profession and in the British National Health Service (NHS)? Post-colonial feminism will be used to demonstrate how British colonialism constructed Black Caribbean-born nurses and how this construct still resonates with the BBBCFN. The focuses is on Black British identity and the continued inequality and racism experienced by the BBBCFN due to this construct. A critical examination of the gender and 'race' will be the focal point of analysis that both theories consider vital and the dissimilarities, particularly within a colonial context of power relations, gender, 'race' and nursing, will be used to study the BBBCFN in the 21st Century.

Optimality of Nursing Workload – a Key to Patient Safety?

Jaana Kristiina Junttila

Kuopio University Hospital, Finland

Abstract

Nurse leaders need valid and reliable information on the adequacy of nursing resources and the safety of care. To test the validity of the information gathering tools used in daily documentation of nursing work, the current study examined whether the link between nursing workload and quality care evidenced in scientific research can be observed in statistics gathered routinely

in the Finnish hospitals. The RAFAELA Nursing Intensity and Staffing system is based on nurses' professional judgement in assessing their patients' care needs as well as in setting the standard for optimal nursing workload of a unit. The level of nursing workload can be monitored by comparing daily nursing workload to the optimal workload of a unit. A challenge for a nursing workforce management tool based on subjective assessments and intersubjective consensus is to guarantee uniform practice and the quality of classifications. Feasibility, reliability and internal validity of the RAFAELA have been studied intensively. Our study project focuses on the predictive validity of the RAFAELA system. Can patient safety incidents be predicted by using nursing workload data retrieved from the RAFAELA system?

Nutritional Care in Pulmonary Rehabilitation

Catherine Stracy / Rachel Long

Abertawe Bro Morgannwg University Health Board, United Kingdom

Abstract

The aim of the presentation is to provide an overview of the importance of good nutritional care when managing patients with Respiratory conditions. It will be demonstrated by the evidence of a Multi Disciplinary Team (MDT) including dedicated Dietitians delivering Pulmonary Rehabilitation(PR) to patients with some of these conditions including Interstitial Lung Disease(ILD) and Chronic Obstructive Pulmonary Disease (COPD) . It will highlight the importance of nutritional screening, discussing the pathways available for the different conditions such as 'Managing Malnutrition in COPD' published by BAPEN in 2016. It aims to provide guidance on what nutritional advice should be provided to the patients undergoing PR. It will illustrate the profound effect that effective nutritional interventions can have on patients with respiratory conditions and validate the need for dedicated Dietitians within a service such as PR being accessed by patients with Respiratory conditions.

Biography of Authors

Catherine Stracy, has worked for many years within the NHS in the UK, specialising in Respiratory nursing and has extensive expertise in a range of respiratory clinical conditions including Chronic Obstructive Pulmonary Disease, Interstitial Lung disease and oxygen therapy. She has also had a leading role in developing the Pulmonary Rehabilitation Service within ABMU.

Rachel Long has worked as a registered Dietitian in the NHS in the UK for the past 9 years, in both the community and acute clinical setting. Since 2016, Rachel has worked alongside a team of three Dietitians to develop the Dietetic service provided within Pulmonary Rehabilitation in ABMU

Since 2016, Catherine Stracy and Rachel Long have worked together as part of a wider Multidisciplinary team in Pulmonary Rehabilitation (PR) in Wales, UK. Pulmonary Rehabilitation is a service designed to improve the physical and psychological condition of people with chronic respiratory diseases, such as Chronic Obstructive Pulmonary Disease and Interstitial Lung Disease. It is based on patient assessment followed by a tailored therapy that includes, exercise, education and behaviour modification. The PR Multidisciplinary team comprises of Respiratory Nurses, Physiotherapists, Dietitians, Dietetic Assistant, Occupational Therapists, Rehab technicians, Exercise Instructors and Clerical Admin.

Accelerating Early Autism Detection by Simple Nurses Screening Approach

Idan Menashe

Ben- Gurion University of the Negev, Israel

Abstract

Autism spectrum disorder (ASD) is a neurodevelopmental disorder that impairs social communication and engagement. Systematic screening for ASD can reduce the age of diagnosis and consequently improve long-term outcomes of the disorder. In Israel, all toddlers visits regularly at government-funded maternal child health centers (MCHCs) for routine developmental checkups and immunizations. We trained nurses to apply the Modified Checklist for Autism in Toddlers (M-CHAT) to toddlers during these visits. Toddlers who failed the M-CHAT referred to more rigorous developmental evaluation by child psychiatrist.

Overall, 1,600 toddlers of ages 18-30 months were screened. Of these, 50 toddlers were detected by the M-CHAT, and seven were eventually diagnosed with ASD. Another 19 toddlers were diagnosed with other forms of developmental delay (DD). Consequently, the M-CHAT achieved 70% and 63% sensitivity, and 98% and 99% specificity in detecting ASD and DD respectively. The average age of ASD diagnosis in this study was 23 ± 4 months, which is considerably younger than the typical age of ASD diagnosis in Israel. In addition, nurses were highly pleased with the handling of this tool at their clinics.

We conclude that using the M-CHAT by nurses at the MCHCs can improve early detection of ASD in Israel.

Violence against Women- Knowledge and Attitudes of Nurses and Midwives

Patrizia Di Giacomo

Bologna University Nursing School Rimini, Italy

Abstract

Purpose: to describe knowledge, attitudes and beliefs of nurses and midwives who have attended to abused women; to analyse the differences and the changes of attitude over the past 5 years.

Methods A cross-sectional study was conducted. A questionnaire of a previous survey was administered to 81 nurses and midwives who involved in the reception of abused women. It included: demographical and work-related characteristics and 15 questions related to knowledge and attitudes of the healthcare operators.

Results. Of the respondents, 80 % have taken care of women who suffered violence, and 49% believe they can detect violence. The relational/communicative approach presents the most difficulty, and all the operators believe they need more knowledge. A tendency to "blame" women, although decreasing, persists; it is higher among male nurses and, in general, among male operators.

Conclusion Knowledge of this issue has not been completely recognized among operators despite training. Difficulties in receiving and in relational procedures continue to exist, in addition to "blaming" the woman. Awareness paths and cultural changes regarding the phenomenon of violence need to be developed, as does a specific training program on the approach to and assessment of the abused woman.

Key words: women, violence, knowledge, attitudes, nurse,

Biography

P.Di Giacomo has completed his PhD from Genoa University four years ago. She is a tutor and a Adjunct Professor in Nursing First cycle degree/Bachelor, Campus of Rimini, Bologna University. He has published more than 15 papers in reputed journals and some books. She is a reviewer for some peer review journals.

A.Cavallo is a RN , now she is attending Nursing and Midwifery master's degree

Day 2, Tuesday May 14, 2019

Reproductive Performance following the Application of Hyaluronic Acid Gel after Dilatation and Curettage in Women who have Experienced at least One Previous Curettage

Angelo Hooker

Zaans Medical Center, The Netherlands

Abstract

Objective To examine whether intrauterine application of auto-crosslinked hyaluronic acid (ACP) gel, following dilatation and curettage (D&C) improves reproductive performance.

Design: Follow-up of a multicenter, prospective, randomized trial.

Setting: One university and seven university-affiliated teaching hospitals.

Patients: Women who have experienced a miscarriage of < 14 weeks with at least one previous D&C for miscarriage or termination of pregnancy, were randomly assigned to either D&C plus ACP gel (intervention group) or D&C alone (control group). A hysteroscopy was performed 8-12 weeks after the procedure: when intrauterine adhesions (IUAs) were found, adhesiolysis was executed.

Intervention: Participants received questionnaires at least 30 months after the initial D&C procedure with questions regarding menstrual pattern, conception, and reproductive outcome.

Main outcome measure(s): Reproductive outcomes after the D&C- procedure.

Results: Outcomes were available for 129/140 women: 66 in the intervention group and 64 in the control group. The number of respondents with IUAs were respectively 8 of 66 (12.1%) versus 18 of 64 (28.1%), $p=0.03$. Of the women with fertility intentions, the conception rate was respectively 98.1% versus 96.7%; $p=1.00$. The live birth rate was 88.5% versus 70.0%, $p=0.02$. There was no significant difference in the miscarriage rate.

Conclusions: Conception rate was similar in both groups, but there were significant more live births in the intervention group. Given the fact that adhesiolysis was executed, the reported differences should be considered an underestimation of the effect of ACP- gel. Future studies are needed to evaluate the effect of ACP gel on fertility and reproductive outcomes.

Key words: Intrauterine Adhesion, Reproductive outcome, Dilatation and curettage, Hyaluronic acid, Miscarriage

Routine Delirium Monitoring Saves Lives

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Abstract

PURPOSE: Although delirium monitoring is recommended in international guidelines, there is lacking evidence for improved outcome due to it. We hypothesized that adherence to routine delirium monitoring would improve clinical outcome in adult critically ill patients.

MATERIAL AND METHODS: We present the results of a prospective, noninterventional, observational cohort study that was conducted on 2 intensive care units (ICUs) of a tertiary care medical center between July and October 2007 (International Standard Registered Clinical Trial Record identifier: 76100795). We assessed delirium-monitoring and outcome parameters on a daily basis. Besides multivariate logistic and robust linear regression to analyze the relationship between delirium monitoring and outcome, we used the doubly robust augmented inverse probability weighting method for observational data to estimate effect sizes.

RESULTS: Of 355 screened patients, we included 185 surgical ICU patients into our final analysis, of which 87 were mechanically ventilated. We found an independent association between delirium-monitoring adherence and in-hospital mortality for ventilated patients (odds ratio, 0.973; $P = .041$). Estimating the effect size, delirium monitoring indicated a reduction of 22% of in-hospital mortality if conducted 50% or more of ICU days per patient. The average ICU length of stay of 46 days was estimated to be reduced by 19 days ($P = .031$) if patients were sufficiently monitored.

CONCLUSION: Our data suggest an improved outcome for mechanically ventilated patients being screened for delirium in clinical routine.

Aging in Place with Smart Home Technology: How Can We Move Forward?

Catriona Humphreys

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Abstract

Smart home technologies are being considered as a strategy to support older people to remain in a residence of their choice for longer (to age in place). A "smart home" is described as an environment equipped to assist people and enhance their safety, using a network of monitors and sensors. These aim to detect changes in health status, daily activities or significant events, or to trigger alarms and monitor the environment (temperature or lighting, for example). A scoping review was done to elucidate what is currently understood about the effectiveness of such technology to support aging in place. There is a paucity of research investigating the effectiveness of using such technologies and the wider impacts on the health and social care services are not well understood. Much of the available evidence focusses on acceptability, feasibility or functionality. Developing a body of research to support and develop the utility of smart home technology will require real world demonstrator projects, from which large-scale implementation evaluations can be developed. Such complex interventions require well planned evaluations, as it is paramount to understand context, processes and mechanisms in order to support wider spread and adoption of service innovations.

Psychiatric Nurses' Experience of Aggression Amongst Colleagues

Marisa Roets

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Abstract

Psychiatric nurse runs a high risk of being exposed to aggression. They experience aggression from clients as well as fellow colleagues. Aggression in the work environment has an overt negative psychological effect on the nurse. The purpose of the research study was to explore and describe how psychiatric nurses experienced aggression amongst colleagues in the work environment. The study used a qualitative, explorative, descriptive and contextual research design. Data was collected by means of conducting in-depth phenomenological interviews, naïve sketches, observations and field notes until data saturation was achieved. The following question was asked: "What is your experience of aggression amongst colleagues in the work environment?" The findings indicated that the psychiatric nurse experiences aggression as subtle, passive but harmful manner. The Psychiatric nurses experience a suspicious and distrustful team environment. Limited support was experienced when colleagues and management did not acknowledge aggression and the nurse applied various coping and defence mechanisms when emotional stress and aggression were experienced. The aggression psychiatric nurse experience had an effect on there experience of self, team work and providing services to patients.

Poster Presentations

A Single Mom's Breast Cancer Nursing Experience

Lin Chia Yi

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Abstract

This article described about a single mom's terminal stage breast cancer nursing experience, the duration of nursing care was from January 27 to February 11 in 2017. The author use observation, listening, interview, physical assessment, medical records and other methods to assess patient's physical, psychological, social and spiritual needs. The patient's problems included cancer lung metastasis leads to dyspnea, unfulfilled wish and load of primary caregiver, and face to death leading to spiritual un-safeness.

Due to her marriage failure, she felt the guilt, pitted her daughter because the pressure on looking after the patient loaded on more and no other one can care take turns, she was also very regretful that she had no chance to see her only daughter walk down the aisle. Through companionship and communication skill this assisted patient spiritually and accomplished her wishes. The companionship assisted her with her disappointment and sadness and eased the pain and suffering she has been feeling.

Both family and patient needed with each other in order to open up their thoughts and feelings. In conclusive the family and we were able to fulfill the patients wishes and both received the closure that was needed.

A COPD Man with a Caregiver Role Strain

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Abstract

This case is a 64-year-old man with a chronic obstructive pulmonary disease complicated with a caregiver role strain. During the nursing-care period from we use observation, physical assessment, medical records and communicate with family to assess the patient's care condition. According to the "Gordon's 11 Functional Health Patterns Assessment", we find that the major problem include short of breath, impaired self-care ability and caregiver role strain. We closely monitor the vital signs, maintain airway patency, and teach pulmonary rehabilitation. Due to short of breath related inconvenient daily activity, the patient needs more care and dependence on his family. We release his family's anxiety and nervous through listening, empathizing and positive encouragement. Through these teachings and feedback, we let his family learn the care methods and get the sense of achievement and participation. Meanwhile we also increase the patient's self-care ability and make the symptoms improved and upgrade his life quality. Thus we could confirm that the nursing support and educate for the family's care could make the COPD patient get symptom and daily life quality improve.

Effectiveness of VTE Educational Program

Nesreen Abdel Monaem Abou Zeid

Princess Nourah bint Abdul Rahman University, Saudi Arabia

Abstract

Venous thromboembolism VTE a serious condition and it is an umbrella that covers the deep vein thrombosis and pulmonary embolism. Due to the high mortality, morbidity and lack of awareness programs and educations increasing effort are underway to raise public awareness of VTE. Objective: This study was determined the effect of VTE educational program on awareness and practices among administrative personnel at College of Nursing, PNU. Methodology: A quasiexperimental research design was used. One modified tool was used titled as "awareness and practices of VTE among administrative personnel in College of Nursing, PNU: structured questionnaire". A convenient 30 participants were included in the study divided randomly into two subgroups (15 in each control and study). For both groups have been re-answered the questionnaire immediate after educational program

implementation and two weeks later. Results: Although there was significant difference between the control and study groups in regard to general knowledge, risk factors and manifestation, there was no difference in terms of prevention measure and practices to reduce the risk of VTE followed by the study groups after the educational program in both the immediate and post educational program, with p value 0.46. Also have to keep in mind only program will not be enough, information need to be disseminated in a form which is appealing to the community.

Key words: Venous thromboembolism VTE, Educational program, Awareness, Practice

Biography

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Cancer Pain: Latinos Experiences & Interpretation

Lina Mayorga

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Abstract

Introduction: Limited educational programs on pain management are available for Spanish speaking cancer patients. One way of addressing Latinos cancer pain needs and barriers was to conduct a needs assessment. Thus taking a patient centered approach by involving Latino patients/families to enhance their care, expand their voice and address needs. The purpose of the Spanish interactive pain education program was to provide patients and families with tools and resources to assist them in communicating their pain to the healthcare team and debunking the cultural myths of cancer pain during and after treatment. Methods: Needs assessments (n=132) were mailed to all new Spanish speaking patients over a 90 day period, 57 were completed. Data identified the need to educate patients/families on cancer pain management and greater need for Spanish educational programs versus support. Thus, an interactive pain management education program was developed. Cultural factors were considered in designing and delivering the education intervention such as the significance of family or *afamilismo* which is considered one of the most culturally specific values for Latinos. Three Spanish pain classes were conducted by an Advanced Practice Nurse and a Health Educator.

Five interactive components were embedded into the program to ensure patients understanding and learning. Education was provided on how to interpret and use two pain scales (Faces versus ten point scale), creating a pain diary, medication list, and how to read medication bottles and warnings, including complementary and alternative options for pain management. A Bingo game was used as a way for patients to demonstrate the skills and knowledge gained during the class, and for educators to re-address objectives or provide clarification. Data was collected at the end of each class to evaluate effectiveness and knowledge gained. Patients received a one week followup phone call to see if they applied any of the skills gained during the class.

Findings: The pilot program further identified a distorted perception of pain when undergoing cancer treatment: (1) pain was not manageable (2) part of the treatment process (3) a way that the body is getting rid of cancer. Others refused medication for fear of addiction. When asked how they dealt with pain, the majority mentioned that they preferred to receive support or comfort in their families or talk with other cancer patients in similar situations. Some patients shared that they did not communicate their pain issues to their healthcare team, for fear of treatment delay. Patients stated that the class provided them with tools and resources to take more of an active role in their care and managing their pain. Conclusion: After attending class patients can take more of an active role in their care. Attendees can communicate their pain to their health care team by using descriptive words and/or using the pain scale to rate their pain or describe it. Patients have incorporated non-drug intervention strategies to help them cope with pain (music, meditation, attending educational classes). Patients reported improvements in communication with their healthcare team, managed pain and ability to better enjoy day to day activities. Caregivers reported a better sense of taking control of their care as well and empowered to be better advocates of their own health.

Correlation of Internet Addiction and Insomnia

Naglaa FA Youssef

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Abstract

Background: A internet utilization can increase the chances of Internet Addiction (IA). However, little is known about IA and insomnia level among undergraduate female nursing students in the Kingdom of Saudi Arabia (KSA). The study aimed to identify the prevalence of IA and insomnia severity and assess the correlation between them. **Methods:** A convenience sample of 248 undergraduate nursing students at the college of nursing of one of the largest universities in KSA participated in this study. One questionnaire and two scales were used to collect the data: (1) Socio-demographic and Background Questionnaire (SDBQ), (2) Internet Addiction Test (IAT) and (3) Insomnia severity index (ISI). **Results:** The participants' mean age was $20.52 \pm$ (St. Deviation) 1.51. Most (64.5%) of the participants had a low IA level, 24.6% had a moderate level, while 10.9% reported no IA. The majority (87.1%) of the participants reported clinical insomnia, where 39.5% had mild insomnia, 38.3% had moderate insomnia and 9.3% had severe insomnia. The IA score was significantly correlated with the insomnia severity (IS) score ($r=0.316$; $p=0.000$). **Discussion and recommendations:** Insomnia and IA are highly prevalent in undergraduate nursing students. A large survey study is required to identify other factors might influence sleep quality of undergraduate nursing students.

Keywords: internet addiction, insomnia, nursing, students

Biography

Dr. Naglaa Youssef holds a PhD from the University of Stirling in Scotland, UK; currently she is working as an assistant professor in the Nursing College at Princess Nourah bint Abdulrahman, Riyadh, KSA. She has been working in nursing education since 1999 in the Faculty of Nursing, Cairo University, Egypt.

Risk Prediction Factors for Postoperative Delirium in Older Patients in a Chinese Tertiary Hospital: A Cross-Sectional Study

Mei Wu

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Abstract

Background: Delirium is a common complication in older patients after operation, which is associated with serious morbidity and mortality. Reducing the incidence of delirium will help older patients recover after operation. Thus, this study aims to explore the predictors of postoperative delirium among older patients with abdominal and orthopedic surgery.

Methods: This cross-sectional study conducted at the Huadong Hospital affiliated to Fudan University in China. A total of 183 older patients aged 60 years and older were evaluated within 72 hours after surgery using Nursing Delirium Screening Scale or Confusion Assessment Method for ICU. Basic demographic and medical histories were accessed from the medical records. Multivariate logistic regression analyses were used to determine the risk prediction factors for postoperative delirium.

Results: Univariate analysis showed that age, ICU admission, postoperative electrolyte disturbance, abnormal transglutaminase, sleep disturbance, gastric intubation and urethral catheterization might affect the risk of postoperative delirium ($p \leq 0.05$). Multivariable logistic analysis showed that intensive care unit admission was an independent risk factor for postoperative delirium. The OR value of intensive care unit admission was 2.154 (95% CI 1.012-4.585; $p=0.047$).

Conclusions: The findings indicated that intensive care unit admission was an independent risk factor for postoperative delirium. Univariate analysis could also explain that these risk factors needed to be further considered in delirium prediction in order to develop prediction models and interventions in the future.

Keywords: delirium, older patients, abdominal surgery, orthopedic surgery

Biography

Mei Wu is a graduate student majoring in nursing in Fudan University. She is working as an intern now in Huadong Hospital, expanding the knowledge in the area of geriatric nursing, while producing high impact design that will promote patients' health and her profession. Her focus is about the perioperative geriatric care, which current research is the implementation of a nonpharmacologic protocol to prevent postoperative delirium.