

2<sup>nd</sup> Annual Congress on  
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**Accepted Abstracts**



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## **For arabs, is it alternative or modern medicine?**

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**Introduction:** Alternative medicine, also known as complementary or traditional medicine, refers to practices and products in healthcare that are not included in standard medical care. In contrast, the modern one refers to the standard medical practices that are based on scientific research and clinical studies, thus including treatments like pharmaceutical drugs, surgery, and other medical procedures (1).

**Background:** Arabs are known for the use of herbal remedies in the management of common illnesses like fever, sore throat, ear infection and flu. In addition to management of chronic conditions as well such as diabetes, hypertension, and infertility. These therapies have been used for a long time and still continue to be rising in popularity. So far most researchers have concentrated on the prevalence and pattern of usage of alternative and herbal therapies among Arabs but few have highlighted the mechanism, the efficacy and safety of these complementary therapies as well as reasons behind using them (2,3). In our research we would like to understand what we mentioned above as we believe it is critical to understand the reasons and efficacy behind them and whether they can be integrated with modern medicine in the treatment plan effectively.

**Methodology:** A SoMe study will be conducted in UAE and will be running on social platform groups, where we will be making clinical scenarios on the group consisting of Arab people and observe their way of managing the problem. A similar manner will be conducted as a survey with additional questions on previous use of alternative medicine, this will be distributed wherever possible. The duration of this study will be 2 weeks. Aim: We would like to better understand the Arab mindset in the field of medicine, whether or not they use modern medicine and which one is more effective and suitable for their medical problems.

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## **Determinants of neonatal mortality in a neonatology unit in a referral hospital in Douala, Cameroon**

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**Background:** In Cameroon, the neonatal mortality rate was 28 % in 2018. However, not much is known on the risk factors for neonatal mortality in the city of Douala. The main objective of our study was to determine the frequency and risk factors of neonatal mortality at the Douala Gynaeco-Obstetric and Pediatric Hospital (DGOPH) since its inception.

**Patients and Methods:** This was a case-control study with retrospective collection of newborns admitted to the neonatal unit (NNU) of DGOPH from 1 August 2016 to 31 December 2019. Cases were defined as any neonate hospitalized during the study period who died during the neonatal period. Controls were defined as any newborn admitted after their matched case, discharged alive, and of the same gestational age. Data were collected using a questionnaire. Analysis was performed using SPSS version 26.0 software. The risk ratio and its 95% confidence interval were used to assess the degree of association of these variables with the risk of neonatal death. The value of  $p < 0.05$  was considered significant.

**Results:** During the study period, 1454 newborns were admitted to the NNU, of whom 294 died (20.2%). Independent risk factors for neonatal mortality were: gestational age between 28 and 32 weeks, low birth weight, Apgar score  $< 7$  at 5 minutes, number of antenatal visits less than 4, altered consciousness at admission and congenital malformations. The etiologies associated with death were: prematurity (43.5%), neonatal infections (23.9%) and neonatal asphyxia (15.3%).

**Conclusion:** Neonatal mortality remains high in our context. Apart from the usual causes of neonatal mortality, birth in health facilities other than HGOPED was an additional cause of mortality in our study.

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## **Developing an advance practice nurse role in Pakistan: a qualitative study**

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The advanced practice nurse (APN) is a masters prepared registered nurse with sound knowledge and clinical expertise for expanded practice which is defined by the country in which APN practices. The growth of the APN role has shown profound healthcare development outcomes including improvement in quality of patient care and patient safety, mitigation of the physician shortage in underserved areas, improved perception of the public image of nursing, and cost of delivery. The APN role was established in the 1960s in the United States. After five decades, approximately fifty countries have adopted the APN model. However, Pakistan healthcare system has yet to embrace the APN role.

**Purpose of the study:** The purpose of this study is to identify nurses' knowledge and perception about developing an advance practice nurse role in Pakistan.

**Methodology:** Twelve semi-structured interviews were conducted among nurses from all over Pakistan. Data analysis was performed by thematic analysis using thematic network.

**Results:** The preliminary data analysis revealed that nurses believed introducing APN role in Pakistan will enhance accessibility of healthcare in the underserved areas. In tertiary care settings, APN will bring consistency in care delivery which will improve quality of care. APN will deliver a cost-effective care and will be more approachable. Additionally, establishing APN role will improve nurses' image and career prospects which will increase nurses retention and satisfaction rate. However, nurses expressed that Pakistan's political and legislative structure, opposition from the physicians, lack of quality nursing education, and unacceptability from general public would be the major limitations for establishing APN role. Some nurses also expressed the opposition from seasoned nurses and nursing leaders as one of the barriers.

**Conclusion and significance:** It is critical to develop APN role in Pakistan to address the growing need for healthcare access, improved patient and population outcomes, and increased recognition of nursing profession and career opportunities.

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