

5<sup>th</sup> World  
**Nursing and Nursing Care  
Congress**

March 11-12, 2019 Orlando, USA

**Posters**



## 5<sup>th</sup> World NURSING AND NURSING CARE CONGRESS

March 11-12, 2019 Orlando, USA

### **Communication and civility workshop in healthcare and the effects on patient satisfaction and the work environment**

**Leah Lax**

Creighton University, USA

**Purpose:** Numerous studies have shown that effective communication in the health care realm is vital to improving patient satisfaction scores, a healthier work environment, and patient safety and quality outcomes. The purpose of this project is to provide a program for staff on using civility when effectively communicating patient needs in the health care environment; then, evaluate their knowledge, patient satisfaction scores, and the work environment. A baseline survey, using the American Association of Critical Care Nurses's (AACN) Healthy Work Environment Assessment tool, the Nursing Incivility Scale, Hospital Consumer Assessment of Healthcare Providers and Systems (HCHAPS) scores, and a Class Evaluation Tool, which is evaluated using numbers 1-5 and, will be utilized to assess the current use of civility in communication, the workplace environment, and patient satisfaction scores

**Background:** Using civility in conversation and within the health care realm has been a relatively new topic in health care over the course of these past few years. Incivility and miscommunication have been linked to a decrease in patient satisfaction, higher nurse turnover rates, and an unhealthy work environment.

**Methods:** HCAHPS scores are pulled for the months of July, August, and September on an acute care unit in the hospital. An acute care unit with registered nurses, techs, and ancillary staff were asked to attend a 1.5 hour workshop related to civility and communication in health care. Following, participants utilized real life scenarios and role playing to apply civility in their conversations. A pre-and post-test using the AACN's Healthy Work Environment Assessment Tool, Nursing Incivility Scale, and Class Evaluation tool was utilized for measuring the educational outcomes of the workshop. The unit's HCHAPS scores were then pulled for evaluation both 1 month and 2 months after the workshop. In addition, the AACN's Healthy Work Environment assessment tool, the Class Evaluation Tool, and the Nursing Incivility Scale was given as an assessment of the working environment pre-and immediately post-workshop, 1-month post work shop, and 2 months post workshop to determine sustainability. Post communication workshop interviews were conducted amongst the staff for further evaluation of the course and staff experiences.

### **Biography**

Leah Lax is currently a DNP student specializing in Clinical Systems Administration and graduating in May 2019 from Creighton University. She received my BSN at Creighton University in 2014 and She worked as a nurse in both the cardio thoracic progressive care units at Sarasota Memorial Hospital and at the University of Kansas Hospital. She has also worked on a medical surgical unit at Sarasota Memorial Hospital where She served as unit practice council chair, research council chair, and received Nurse of Excellence on my unit in 2017.

LeahLax@creighton.edu

# 5<sup>th</sup> World NURSING AND NURSING CARE CONGRESS

March 11-12, 2019 Orlando, USA

## Transforming bedside nurses into leaders: A successful succession model

Megan Heslink & Heather Hetrick  
UPMC Hamot, USA

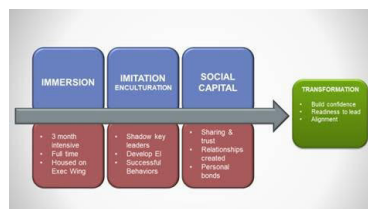
**Statement of the Problem:** There is an urgent need for proper succession planning for nursing leaders. Over the next 5 years there will be more than 67,000 leadership vacancies as a result of more than 75% of current nurse leaders leaving the workforce. Purpose statement: Develop a formal residency program for nurses who possess leadership aspirations. Allowing for immersion of the bedside nurse alongside nursing executives to participate in organizational leadership activities and experiences. Growing the bedside nurse through social capital.

**Background:** The program takes place in a 433-bed tertiary care hospital in the United States. In 2008 the organization experienced high turnover and lengthy nurse leader vacancies (up to one year) that served as a call to action for nursing executives. An idea for bringing bedside nurses with leadership aspirations off of their units to the boardroom evolved. Through this process, the bedside nurse would be afforded the opportunity to leave their assigned unit to fully integrate with the nursing executive process, allowing them participation, observation, and imitation of various leadership styles. The application guidelines and process for panel interviews with nursing executives were established. Precursors for bedside registered nurses to be considered for residency selection include; two years clinical experience, a Bachelor of Science in Nursing (BSN), and a good work record. In addition, active membership within the organization's five shared governance councils was integral to narrowing candidate selection.

**Methodology:** A three-month full-time intensive program relocating the bedside nurse to the executive wing allowing for full immersion. The Nurse Leader Resident (NLR) will develop successful behaviors through shadowing of key leaders. The immersive experience is what makes this program successful. Social capital is created allowing for sharing, trust, relationships, personal bonds and connections to be established. Throughout the three-month program the NLR completes assigned readings, attends meetings, journals their experiences, participates in weekly debriefings, actively contributes in discussions and serves as a project manager to assigned by the Chief Nursing Officer (CNO).

**Findings:** Since program inception in 2008, 45 bedside nurses have completed the NLR program, with 84% hired into a leadership role within the organization. The program has become a powerful tool for succession planning and retention within the organization. There are now numerous applicants for the residency and multiple candidates for any leadership vacancies. Those choosing not to elect into a leadership role remain at the organization as influential informal leaders supporting the shared governance structure.

**Conclusion:** The programs structure, strategy, goals, and outcomes allow the participant to replicate this program within their own health care organization.



### Biography

Megan Heslink is a Senior Professional Staff Nurse at UPMC Hamot. She has been a nurse for 19 years and held various roles in acute and post-acute settings. Megan is certified as a hospice and palliative nurse and has her BSN. She is also a recent graduate of the Nurse Leader Residency Program in 2018.

Heather Hetrick is a Senior Professional Staff Nurse II at UPMC Hamot. She has been a nurse for 10 years and has her MSN. Heather holds a certification in Medical Surgical Nursing and has experience working in a variety of acute care settings at UPMC Hamot and recently was named a DAISY award recipient. She also graduated from the Nurse Leader Residency Program in 2018.

heslinkm@upmc.edu  
diluziohs@upmc.edu

5<sup>th</sup> World  
**NURSING AND NURSING CARE CONGRESS**

March 11-12, 2019 Orlando, USA

**The effect of perioperative body temperature management on unplanned hypothermia**

**Hsiao-Wen Tsai**

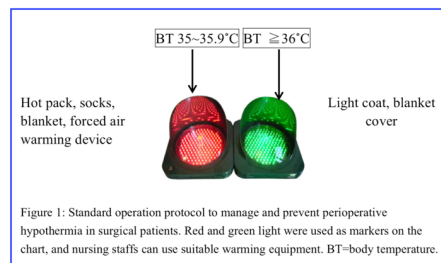
Kaohsiung Municipal Hsiao-Kang Hospital, Taiwan

**Statement of the Problem:** Surgical Site Infections (SSI) are significantly associated with longer inpatient length of stay, higher medical expense and poor life quality. It is estimated that 40~60% of SSI is preventable. Unplanned hypothermia could predispose to SSI and might occur in 50% of patients undergoing anesthesia in the operation room. World Health Organization (WHO) have suggested that maintaining peri- operative normothermia above 36° C is effective in reducing SSI. The purpose of this study is to describe the experience of team work from surgical ward, operation room and anesthesia department to improve body temperature management for inpatients undergoing surgery.

**Methodology & Theoretical Orientation:** An inter-departmental improvement program was initiated to use warming equipment, establish hypothermia guideline and hand-over system. The guideline kept peri- operative body temperatures with various warming equipment according to body temperature.

**Findings:** Peri-operative body temperature monitoring and complete hand-over reached 100%. Unplanned hypothermia decreased from 38.2% (335/884) to 29.2% (121/418) during transfer from ward to operation room and decreased from 27% to 1.5% during transfer from operation room to the post-anesthesia care unit.

**Conclusion & Significance:** An inter-departmental body temperature management protocol reduced peri- operative hypothermia. A team work between surgery ward, operation room and anesthesia department provided continuous body temperature monitoring and suitable warming guideline thus ensured the peri- operative care quality.



**Biography**

Head nurse Hsiao-Wen Tasi has her expertise in adult nursing and passion in improving the surgical care quality. She has clinical experience in emergency department, intensive care unit and surgical ward. She has 16 years of experience in nursing care, patient safety, teaching and administration in Kaohsiung Municipal Hsiao-Kang Hospital.

910139@kmu.org.tw

**Notes:**

5<sup>th</sup> World  
**NURSING AND NURSING CARE CONGRESS**

March 11-12, 2019 Orlando, USA

**A basic study to develop a self-evaluation scale of outreach activity implementation by multidisciplinary teams for persons with mental health concerns**

**Yuki Kamada**

Saga University, Japan

**Objective:** This was a basic research aiming to develop a self-evaluation scale of outreach activity implementation by multidisciplinary teams for persons with mental health concerns and examine the scale's reliability and validity.

**Method:** Based on the interview with professionals having experience of concept analysis of outreach activities for persons with mental health concerns and operational experiences of outreach support for them, we devised a draft of a scale with 25 items. As the first step to verifying its reliability and validity, we conducted a questionnaire survey with the professionals having the experiences of operational outreach activities with persons with mental health concerns. For this study, we obtained approval from the ethical committee of the university to which the representative of this study belongs (Approval No. 29-86).

**Result:** The subjects were 4 males and 11 females, with an average age of  $43.3 \pm 0.724$  years and outreach experience of  $7.3 \pm 6.47$  years. Through principal component analysis, 5 factors were extracted. The cumulative contribution ratio was 84.34%, and the coefficient of the whole Cronbach's alpha was 0.963 ( $p < 0.05$ ).

**Discussion:** The 25 items of the draft scale were found to have one-dimensional property as an item group for a self-evaluated scale of outreach implementation with persons with mental health concerns, along with internal consistency among the items of the whole scale items. We will carry out a nationwide survey to examine its reliability and validity further.

**Biography**

Yuki Kamada is a Master of Science Nursing student at Saga University Graduate School of Medical Science, JPN. She has experienced nursing for Mentally disabled and dementia in the community and hospital and has expertise in Mental Health Care. She challenges to improve the quality of Community Mental Health Outreach Service.

16512003@edu.cc.saga-u.ac.jp

**Notes:**

5<sup>th</sup> World  
**Nursing and Nursing Care  
Congress**

March 11-12, 2019 Orlando, USA

**Accepted Abstracts**



5<sup>th</sup> World  
**NURSING AND NURSING CARE CONGRESS**

March 11-12, 2019 Orlando, USA

**Predictors of health outcome among patients with Type II Diabetes Mellitus**

**Norman B Juarena**

Davao Medical School Foundation Inc., Philippines

**D**iabetes Mellitus is a common chronic condition almost worldwide. The management of this disease is a lifelong care with complex course of therapy which requires thorough understanding of the disease and adherence to treatment regimen. However, Diabetes Mellitus remains to be a major public health challenge worldwide. The study examined the factors that predict the health outcomes among patients with Type II Diabetes Mellitus utilizing a descriptive-analytical design. The study was composed of 128 patients who were 18 years old and above, diagnosed at least a year with Type II Diabetes Mellitus, no previous surgeries or hospitalization, independent and with little assistance in self-care activities, able to read, understand and sign informed consent, lives in a home setting, and currently on an outpatient status. Most of the patients were 60 years and above and were females with vocational education, married, retired, with more than 16 years of diagnosis, with perceived good health status, mostly weighing below 50 kilograms, and were within the 1.54 to 1.69 meters of height range. In terms of treatments as perceived barriers to action, 60 patients (46.88%) agreed that there are too many treatments to manage. Most patients considered situational influences a moderate problem. The adherence level to health-promoting behaviors of the patients was rated good. The health outcomes of the patients in terms of body mass index, lipid profile, fasting blood sugar, and glycosylated hemoglobin A1c had normal results. Sex and weight were predictors of health outcomes for body mass index. Weight was a predictor of health outcomes for lipid profile. Dietary behavior, civil status and weight predicted the health outcomes for glycosylated hemoglobin A1c.

youngmasternbj@gmail.com

5<sup>th</sup> World

## NURSING AND NURSING CARE CONGRESS

March 11-12, 2019 Orlando, USA

### **The effect of progressive muscle relaxation techniques to decrease blood pressure for patients with hypertension in Mataram**

**Dedy Arisjulyanto**

Universitas Gadjah Mada, Indonesia

**Purpose:** Hypertension is one of the leading causes of mortality in Indonesia, there is a significantly increasing trend in annual hypertension prevalence in Indonesia. Hypertension is one of the most common diseases in NTB, the prevalence of hypertension measured based on blood pressure in NTB is 1,523,574 (32.4%), it is higher than the national rate (1,255,537 (26.7%) of 4,702,389 people). The highest prevalence of hypertension in Mataram City is in Cakranegara Primary Care, there are 724 people with hypertension in this primary care working area. The purpose of this study is to determine the average number of patient's hypertension rate at Cakranegara Primary Care before and after given muscle relaxation techniques.

**Method:** This study uses "Quasi Experiment Design" with control group as comparison. The population in this study are 724 hypertension patients and 27 patients as sample based on inclusion and exclusion criteria.

**Results:** The results of this study indicate that the T-test calculation using Quasi Experiment Design shows the difference of average of hypertension rate before and after given progressive muscle relaxation technique. It is 10,306 mmHg in intervention group and 1,425 mmHg in control group. The p-value in the intervention group is 0.000 that is smaller than  $\alpha = 0.05$  and the p-value of control group is 0.431 that is greater than  $\alpha = 0.05$ .

**Conclusion:** From this study, we can conclude that there is a difference of hypertension rate between intervention and control group. We hope this progressive muscle relaxation technique can be used as an appropriate alternative or complementing treatment to control Hypertension rate.

Daeitumuma@gmail.com



5<sup>th</sup> World  
**NURSING AND NURSING CARE CONGRESS**

March 11-12, 2019 Orlando, USA

**Improving linkage to care in the HIV clinic setting**

**Denisha Cuffee**

University of Maryland Baltimore, USA

**Statement of Problem:** Linkage-to-Care Templates (LTCTs) within Human Immunodeficiency Virus (HIV) patient Electronic Medical Records (EMRs) are not all being routinely completed at discharge or closed out within the allotted timeframe. The HIV clinic's current practice is to efficiently discharge patients and effectively link the patient to a primary care provider after discharge. Incomplete EMR LTCTs compromise follow-up care and result ultimately in poor patient outcomes. The purpose of this Doctor of Nursing Practice (DNP) project is to increase the number of completed LTCTs via use of a point-of-care reminder pop-up placed in Outlook calendar of case managers treating HIV patients aged 18 and older in a HIV health clinic.

Linkage-to-Care (LTC) is a key determinant in improving outcomes for HIV patients. Studies have demonstrated that any form of a reminder method can aid staff in adhering to the standard of practice. In particular, linkage to a primary care provider reliably improved HIV patient outcome. Studies also show that thorough LTC provided by an HIV clinic may have profound positive influence on whether patients follow through with appointments with providers and stay linked to care. Methods: A pre-intervention questionnaire was administered to the clinic staff to assess current barriers to linking patients to care. Staff education and training was conducted on setting Outlook calendar reminders for efficiently discharging (linking to care) patients. EMR audits will be conducted to track completed discharges. Significance: The results of this project can help staff efficiently link patients living with HIV to primary care, which in return improve patients' overall outcome. Linking patients to care effectively has the opportunity to decrease HIV related complications, comorbidities, and mortality.

frecklesdlc@umaryland.edu

5<sup>th</sup> World  
**NURSING AND NURSING CARE CONGRESS**

March 11-12, 2019 Orlando, USA

**Psychiatric patient satisfaction scores: Improving scores by reducing mental health stigmas of health care professionals**

**Ruth Ann Cangialosi**  
Northern Kentucky University, USA

**Statement of the Problem:** Negative attitudes and beliefs of health care professionals towards mental illness can negatively impact patient care delivery and patient outcomes. Current literature suggests that many health care professionals have stigmas towards mental health. The broad population affected by mental health disparities includes anyone who suffers from a mental illness, including anxiety, depression, and substance abuse.

**Methodology & Theoretical Orientation:** A current gap in published literature exists in reducing disparities towards those with mental illness. The theoretical foundation of Peplau, Watson, and Barker, provided the foundational base that those with mental illness need to provide a patient-centered approach that is free of stigmas and bias. Quantitative methodology was utilized to observe, interpret and explain mental health stigmas amongst health care workers. A pre-test and post-test design using an established data collection tool discovered relationships between mental health stigmas and patient satisfaction scores.

**Findings:** The results demonstrated that the participating healthcare providers did harbor stigmas towards mental health. Stigmas were determined from empirical literature to be detrimental to the care and outcomes for patients diagnosed with mental illness.

**Conclusion & Significance:** It was concluded that mental health stigmas do exist with the mental health professionals and that these stigmas negatively impact patient care and outcomes. It was also concluded that these stigmas can be reduced through staff interventions. It was shown that mental health stigmas are global in nature and pose a threat to public health, societal health, and the individual health of people.

dr.cangialosi@gmail.com

5<sup>th</sup> World  
**NURSING AND NURSING CARE CONGRESS**

March 11-12, 2019 Orlando, USA

**Application of trans-theoretical model of change on foot care management among diabetic patients:  
Prevention better than cure**

**Faiza Abou El-Soud**

King Saud Bin Abdel Aziz University, KSA

Diabetic foot ulcer is one of the most common consequences of uncontrolled blood glucose level, which takes place in 15% of people with diabetes, and precedes 84% of all diabetes-related lower-leg amputations that have the adverse effect on the diabetic patients causing physical, psychosocial, and financial burden as well as an economic burden on health care system.

**Aim:** The aim of the study is to improve foot care management among diabetic patients by applying the Trans theoretical Model of Change.

**Design:** A quasi-experimental design was conducted with a systematic random sample.

**Study sample:** 154 patients who were selected from the registration system were divided equally into (77 study group) and (77 control group).

**Setting:** The study was conducted at the outpatient diabetic clinic affiliated to Tanta University Hospital and Segar Primary Health Care Center affiliated to Ministry of Health, Tanat Governorate, Egypt.

**Tools:** Three tools were used for the purpose of data collection (I) Bio-socio-demographic characteristics questionnaire; (II); ( II) Trans-theoretical Model scale and (III) Diabetes Management Self-Efficacy Scale (DMSES). A survey was conducted by using Arabic version of self-reporting questionnaire to assess the stages of change and self-efficacy among the studied groups as a baseline and during the implementation of foot care intervention program.

**Results:** Results revealed that, there was a statistical significant difference in the stages of change of the Trans theoretical Model for diabetic foot care management of the study group compared to the control group at 2, 4, and 6 months after implementation of intervention program. In addition, there was a statistical significant difference in Diabetes Management Self-Efficacy Levels between study groups who received program intervention compared to control group 6 months after intervention.

**Recommendation:** Encouraging nurses who are dealing with diabetic patients to use the Trans theoretical Model of change or other health promotion models to enhance diabetic patient for foot care management, and adoption of healthy behavior.

soudf@ksau-hs.edu.sa

**Notes:**

5<sup>th</sup> World

# NURSING AND NURSING CARE CONGRESS

March 11-12, 2019 Orlando, USA

## Implementation of an oral care protocol to prevent hospital acquired pneumonia in geriatric patients

**Lanaya Davis**

University of Maryland, USA

**Statement of problem:** Hospital Acquired Pneumonia (HAP) is the second most common hospital acquired infection and is responsible for 20-33% of mortality rates from infection. Patients with HAP also have higher 30-days hospital readmission rates compared to patients without a hospital acquired infection. Nationwide, HAP accounts for 32.5-35.4 million discharges annually. According to the Centres for Disease Control, 5-7% of hospitalizations due to pneumonia end in death. The oral cavity is a high reservoir for infection, and Evidence-Based practice suggests oral hygiene interventions to prevent HAP. HAP is more common in at risk individuals, and there are four routes of transmission: (1) through aspiration of oral contents (food, oropharyngeal secretions, or gastrointestinal contents), (2) from infectious sites, (3) from inhalation of aerosols that are infected, and (4) from extra-pulmonary sites. Aspiration of infectious organisms remains the number one way to acquire HAP, so reducing oral bacteria is critical in HAP prevention. **Methods:** This project took place over a 14-week time span. Education sessions was provided to staff to ensure appropriate use of oral care equipment. A five question pre and post education test was administered to measure retention of information. Staff documented each time oral care was performed, and they also documented all of the supplies that were used. **Conclusion and significance:** The results of this project can help establish a standardized protocol to prevent HAP in elderly patients being treated in a hospital setting. Effective implementation of this protocol could potentially decrease the number of cases of HAP in a hospital setting which in turn decreases the overall costs spent to treat this diagnosis.

joneslan06@umaryland.edu

5<sup>th</sup> World

## NURSING AND NURSING CARE CONGRESS

March 11-12, 2019 Orlando, USA

### **Competencies of nurse managers to manage standards-based nursing practice and the impact of an educational intervention on effectiveness, adoption and implementation of these competencies**

**Leda Danao**

Centro Escolar University, Philippines

**Statement of the problem:** Nurse Managers (NMs) play strategic roles in delivering quality healthcare and meeting client expectations at reasonable costs. There is little information about NMs' competencies to do so. This research study addressed the competencies of NMs to manage standards-based nursing practice and the impact of a Nurse Manager Competencies (NMC) educational intervention on these competencies

**Theoretical orientation and methodology:** Competencies were adapted from the American Organization of Nurse Executives (AONE) (2015) Competency Model. The RE-AIM framework (Gaglio, et.al.,2013; Glasgow, 1999) guided the impact assessment. A randomized controlled trial was conducted. 103 NMs from four public hospitals in Central Philippines were randomly assigned to the intervention (n=63) and control (n=40) arms and attended a 60-minute small group educational session about NMC or Women's Health, respectively. The NMC session focused on NM competencies, managerial processes and standards of nursing practice. Data were collected through self-administered questionnaires.

**Findings:** Baseline competencies of nurse managers were higher in the domains of Communication and relationships management, Knowledge of the healthcare environment and Professionalism; and lower in the Leadership and Business skills and principles domains. Examples of higher competencies include Dedication to patient safety, Decision making, Clinical practice knowledge, Clinical skills and Ethics; lower competencies examples include Marketing, Cost benefit analysis, Information management and technology, Research process and Succession planning. Knowledge competencies were higher than Skill competencies. NMs who received the NMC intervention had significantly higher competencies to manage standards-based nursing practice (Effective) and were more likely to Adopt and Implement these competencies than NMs who did not. Conclusion: NMs have both high and low competencies. Receipt of an NMC intervention appeared to significantly increase NM competencies, as well as the adoption and implementation of these competencies.

**Recommendation:** NM competencies in the Leadership, and Business skills and principles domains are priority areas for capacity-boosting activities such as NMC educational sessions.

Ledadanao@gmail.com

5<sup>th</sup> World  
**NURSING AND NURSING CARE CONGRESS**

March 11-12, 2019 Orlando, USA

**Hypertension and diabetes clubs in the government agencies**

**Nina Allen Galema**

Center for Health Development – National Capital Region, Philippines

**Statement of the Problem:** Non-Communicable Diseases (NCDs) continue to be the top leading cause of deaths both in the Philippines and worldwide. People are dying between the ages 30 and 70 years old due to these chronic and irreversible diseases and have caused a global burden.

**Methodology:** The Center for Health Development – National Capital Region (CHD-NCR) urged the creation of Health Clubs not only in the communities but also in the workplaces in 2017. This is to ensure continuity of care, raise the effectiveness of lifestyle changes and prevent complications focusing on the two most common and easily detectable clinical manifestations of NCDs: hypertension and diabetes. The CHD-NCR reached out to national and regional government agencies to train health staff on the Philippine Package of Essential Non-communicable Diseases Interventions (PhilPEN), adopted from the World Health Organization (WHO). It consists of guidelines for the integrated management of hypertension and diabetes through a total risk approach. The client is assessed and managed using estimates of the client's risk of a cardiovascular event in the next ten years. Health services available are made available to all government employees 25 years old and above diagnosed with hypertension and diabetes which include the provision of free maintenance medicines such as Amlodipine, Losartan, Metformin and Gliclazide.

**Conclusion and Significance:** Currently, there are 15 government agencies with organized and functional hypertension and diabetes clubs. As of March 31, 2018, 98,380 were risk assessed using the PhilPEN, 31,553 were diagnosed with hypertension, 7,315 were diagnosed with diabetes, 6,050 were diagnosed with both hypertension and diabetes and 21,734 were found to be at 30% and above risk for cardiovascular accident. There are 12M hypertensive adults in the country and only 8% of them were diagnosed. This is alarming and people need to see that it is time for urgent action to fight against lifestyle-related NCDs.

nittany927@yahoo.com

**Notes:**