

5th World
**Nursing and Nursing Care
Congress**

March 11-12, 2019 Orlando, USA



Scientific Tracks & Abstracts



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Transforming bedside nurses into leaders: A successful succession model

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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.

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Geriatric falls: Contributing factors and ways to prevent

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In the past decades, fall incident has been recognized as one of the leading causes of fatal or non-fatal injuries among elderly. Common consequences may result to different kinds of fractures from the hip, thigh bone, pelvis and spine. This may also cause severe head injuries that lead to death. Fall usually happens as a person aged. Mostly, 65 years old and up falls annually depending how frailty an older adult gets. Geriatric falls threaten the financial capability, safety and independence of geriatric population especially when dealing with their ADL (Activity Daily Living). An average cost of \$30,000 is consumed in treating fall injuries depending on the type of medical needs to be done. Moreover, it also affects the elders' quality of life which result to depression, social isolation, and feeling of helplessness. However, falling is not an inevitable result of aging. This research presents a review of literature on the contributing factors and ways to prevent falls. Recommendations present useful guide for medical professionals and family members on how to reduce such incident from happening.

Biography

Grace is a Registered Nurse from New York, USA & Philippines. An alumna from Manila Tytana College (formerly Manila Doctor's College) took her Bachelor of Science in Nursing back in 2008. She worked as a Staff Nurse in the Philippines under MediCard HMO (OPD Clinic) and eventually assigned at Medical-Dental clinic of Senate of the Philippines. IV Therapist trained for years. Grace is a member of (AVANY) Association of Vascular Access New York Metro Network, and a formerly member of Philippine Nurses Association (PNA-NY). She just got her certificate as a Ventilator Trained Nurse and doing Geriatric nursing practice in Bronx, New York as one of the Nursing Supervisor/ Charge Nurse.

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Education, a required weapon to improve medical practices and medical care

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Education is one of the multiple factors which can interfere in promoting health care all around the world. So, education will empower people and individuals to better control and improve their own health and much more to improve the relation between physicians to physicians, physicians and nurses, physicians and patients and at last nurses to patients in practicing and delivering health care.

From different perspective, education can have different aspect. From a spiritual approach, all caregivers should be aware that every patient have their own beliefs, and their spirituality should not be a hindrance in the practice and delivery of health care whether the patient faith differs from its faith. Because spirituality - an almost universal character by which people seek hope and meaning of their lives. He is present in all people. A desire for transcendence-to be connected with someone or something beyond and greater than ourselves (Carson 1993). As a matter of fact, spirituality is a coping method among people experiencing a variety of illnesses, mild to critical illness as well as terminal illness and end of life issues.

The emphasis is going to the bond between nurses-patients, since the nurse is the people who spends more time with the patient than any other member of the health provider team. Nurses should have a humanistic approach to their patients rather than a mechanical view upon them, because their task is not resuming in doing simply a list of routine works such as taking care of the medication, dressing the wounds, visiting the patients etc., but taking care of the whole person-body and mind.

Spiritual care has its importance in practicing and delivering health care, but as it is mentioned above, it is part of our education (health caregivers) and nurses are the best people to identify the patients' need since nurses are people who spend much more time with the patients. More often patient needs to be connected with their culture, a powerful being depending of their belief, and at that moment the nurse has to put the patient on the track by asking what they really want and kindly propose if they want such a thing. And afterward, they can ask for a cultural object, asking you to pray, to read some kind of text or phrases or whatever they might need according to their need. Some people think by doing that they can deny their faith or belief. But if your belief is firm, then helping your patient to cope with his disease by using a spiritual care method won't affect your faith. When approaching the patient about spirituality, you might have different beliefs, but it's not a reason not to help him. Another thing is that the patient could select you specially for the task base on your relation while in the ward. Being concerned about the condition of your patient and want to see his improvement leave you no choice but to help him.

Some patients intend to a spiritual distress, because of their suffering, losing faith in their powerful being making them worse even though a good treatment is in place because they had mind nothing bad is going to happen them as long as they believe in this powerful being. The caregivers specially the nurse should have the ability to approach the patient asking about his belief and to have faith.

All is a matter of education. A spiritual approach of education is very important in improving health care all over the world. Because you just see the outside of the patient body, but you do not know the inner fight he's going through. All caregivers should be aware about this and even more the nurses since they spend more time with the patients than physicians. Spirituality is a hindrance in practicing and delivering health care in the whole world.

Biography

Vilbrun Dorsainvil is a generalist physician doing his social service in Haiti. He trained in Dominican Republic at Instituto Tecnológico de Santo Domingo (INTEC) and in his home country at Université de la Fondation Aristide (UniFA). He is a President of Christian Medical Society and Nursing Association – CMSNA in Haiti.

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Occupational exposures to sharp injury among health care providers in Ethiopia regional hospitals

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Background: According to World Health Organization pooled estimate, the annual incidence of sharps injury in Africa was ranged from 2.10 to 4.68 per person per year, but research data in Ethiopia is limited. The aim of the study was to investigate sharps injury prevalence and associated risk factors

Methods: Institution based cross-sectional study was conducted with 200 Health Care Providers (HCP) in Northeast Ethiopia. Proportionate stratified sampling was used to select HCP. Sharps injury during the last 12 months was an outcome variable. Data was collected adapting the World Health Organization best practices for injections and related procedures toolkit. Bivariate and multivariate logistic regression analysis was carried out to identify sharps injury associated risk factors

Results: In total, 195 HCP participated with a response rate of 97.5%. The prevalence of sharps injury was 32.8%. Following adjustment for covariates health care workers who had no in-service job training ($p < 0.001$, OR = 4.7, 95% CI = 2.05–10.56) and HCP who had previous exposure to sharps injury (p -value = 0.002, OR = 3.7, 95% CI = 1.62–8.27) were more likely to experience sharp injuries.

Conclusions: This study revealed 32.8% or at least three out of ten HCP exposed to sharps injury. This was found statistically significant among HCP who had no in-service job training and who had previous exposure to sharps injury. Thus, training HCP perhaps increases their skill and curiosity to reduce exposure to sharps injury.

Biography

Nigussie Tadesse sharew is an expert nurse practitioner (MSc Adult health Nursing holder) who is currently working as a lecturer at Debre Berhan University. Nigussie is currently serving as a dean of college of Health science, Debre Berhan University. Nigussie has received various certifications on many aspects of nursing care. He is providing a free community service on live broadcasts about numerous nursing issues. Moreover, he has been pursuing various research projects which could possibly improve the quality of nursing care in Ethiopia. Some of the articles which are being considered for publication includes, A systematic review and meta-analysis of Infant and young child feeding practice in Ethiopia, A systematic review and meta-analysis of predictors of cervical cancer screening in sub Saharan Africa and adherence to dietary and physical activity recommendation among diabetic patients in Ethiopia. Nigussie is highly motivated to take a part at any international stage which could improve his research experience and expertise.

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Achieving universal health coverage in Nigeria: An analysis of nursing leadership issues, challenges and opportunities

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Africa Centre for Health Leadership, Nigeria

World Health Assembly (WHA) Resolution 2005 urged countries to develop their health financing systems to “ensure that all people have access to needed key promotive, preventive, curative and rehabilitative health services of good quality at an affordable cost without the risk of financial hardship linked to paying for care. The goal is a 100% coverage of population groups and their families in line with the Goal 3 of the SDGs to “ensure healthy lives and promote well-being for all at all ages” Nigeria’s intervention to achieve this is the National Health Insurance Scheme which was launched in 2005. Nurses are at the frontline in ensuring that this program achieves its objectives and targets.

Purpose: Purpose of this study was to review the status of the program vis-à-vis the role and contribution of Nurses towards the achievement of its goals and objectives. Using the System thinking approach and the Results Chain Model,

Methodology: A qualitative methodology was employed consisting of in-depth interviews of 100 Nurse leaders, 100 Health Care directors, 50 program managers and 4 focus group discussions for clinical nurse specialists. A desk review was also carried out focusing on the national health policies, strategic plans and frameworks and implementation plan of the NHIS.

Findings: The review indicates that out of pocket spending was 60%; 7% of the population was covered by pre-payment and risk-pooling scheme and 2% coverage of vulnerable groups. The morale of the nursing teams was low as a result of interprofessional rivalry and lopsided decision-making processes based on ethnic and religious considerations. Other findings include inadequate facilities, basic working tools and equipment, lack of team approach and a retention plan.

Conclusion and Significance: It examined the issues, challenges, opportunities and the way forward in empowering nurses to be more productive in supporting the program.

Biography

Godwin Etim Asuquo is an international public health leader with about 20 years’ experience in nursing, reproductive health and child rights, governance, HIV/AIDS/ TB and primary health care program management including health systems strengthening. He has consistently worked in senior leadership positions delivering impactful results for communities served in Africa including Nigeria, Chad, Senegal, Egypt, Morocco, Ethiopia, Rwanda, South Africa and Tanzania. Tasks undertaken during these assignments range from policy development, program management, training, research, organizational development, and strengthening capacity for HIV/AIDS, obstetrical care and human resources for health. He was until June 2018, the Chief of Party/Program Director for Save the Children’s Global Fund Program in Tanzania. He is currently providing leadership to the Africa Centre for Health Leadership in Nigeria. Previously, he served as Primary Health Coordinator, Nurse and midwives Educator and a Lecturer in Public Health and Nursing at the University of Maiduguri and Imo State University in Nigeria.

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The historical development and current status of nursing (evaluation of nursing in Nigeria)

Olufunke Ajayi
Obafemi Awolowo University, Nigeria

Nursing as a profession dated back to Florence Nightingale. Its evolution and development as well as challenges facing it in Nigeria have not been sufficiently documented. It is against this background that this paper is designed to provide a historical perspective of nursing, its growth, problem and prospects in Nigeria. The paper concludes that the nursing profession in Nigeria is dynamic and growing but beset with challenges. Recommendations were made to redress the challenges.

Biography

Ajayi Olufunke Abiodun is a nurse - Chief Nursing Officer (Preventive Health) at the Obafemi Awolowo University, Medical and Health Services, Health Centre, Ile-Ife, Osun State Nigeria. She is also a Barrister and Solicitor. She manages patients and clients both at the hospital and in the community especially in the field of public and community health and applies her knowledge of law. She has master's in public administration, B. Sc. Nursing Administration, LLB in Law, BL in Law; Registered Nurse (RN), Registered Mid-wife (RM); Registered Public Health Nurse (RPHN).

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A hermeneutic phenomenological study of horizontal violence in nursing education

Maria Sparmer

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The purpose of this qualitative hermeneutic phenomenological study was to describe the perceptions and experiences of practicing Registered Nurses (RN) regarding their clinical experience with faculty and Horizontal Violence (HV) during their nursing education. The problem is HV, a phenomenon in nursing that has increased in frequency and severity, affects learning and the general well-being of the learner, the nurse, and the patient. Horizontal Violence is compromising nursing's professional image, nurse recruitment and retention, and disturbing patient safety and satisfaction rates. Additionally, HV among nurses is a primary destructive issue affecting the advancement of the nursing profession. The final purposive sample for the study included 10 participants with varying nursing degrees, employed and living in the United States at the time of the study. Three distinct yet overarching frameworks were the proper contexts and included Bandura's social-cognitive theory, Freire's Critical Pedagogy, and Watson's theory on Human Caring. Data were gathered via Survey Monkey from the American Nurses Association LinkedIn group in November 2017. Five major themes were identified from the data analysis: (a) Lack of individual understanding of HV, (b) Lack of reporting structures for HV in clinical settings, (c) HV occurred in peer to peer and hierarchical settings, (d) Lack of an institutional policy for HV recourse, and (e) Deficient teaching on HV. Recommendations for practice included (a) enhancing education on HV for the student, practicing nurse, management team, and all members within the patient delivery team. Two recommendations for future research included a quantitative correlation study of theme 1 and a quantitative comparative study of themes 1, 2, 3, 4, and 5 to compare HV operationalized constructs.

Biography

Maria Sparmer is a Registered nurse with over 30-years' experience in various clinical settings and an educator with over 15 years' experience in higher education and the private sector. She did her BSN study at Central Connecticut State University. She has completed her PhD at Northcentral University. She did her MSN at University of Hartford. She also has a work experience in Three Rivers Community College for more than 5 years. She has worked as a Instructional specialist at UConn School of Nursing for about 4 years. She has a work experience of being a Professor, Division of Nursing at Greater Hartford Community College for about 10 years. Currently she is working as a Director of Nursing at Porter and Chester Institute in Connecticut.

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Nurses’ strategies for drowsy driving prevention: A qualitative, multiple case study

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Statement of the Problem: Worldwide each year, drowsy driving causes thousands of deaths and injuries. The purpose of this qualitative, exploratory multiple case study was to explore the strategies nurses implemented to lessen the possibility of driving while drowsy after working nights in hospitals, nursing homes, and home health facilities. Twelve nurses participated by answering 11 demographic questions and 11 semi-structured questions in telephone interviews to identify similarities and patterns relating to driving challenges after night-shift work and strategies for sleepy driving prevention. The semi-structured interviews included 11 scripted questions, in the same order, without conversation. Three major themes emerged from the data analysis. Theme 1: Fatigue is a significant challenge that impedes driving home safely. Theme 2: Multiple strategies are helpful, but they do not replace the body’s need for sleep. Theme 3: Night nurses experience significant additional stressors relating to caring for family, school, and multiple jobs. Health care administrators may use the results to gain insight for training nurses for the night shift to prevent drowsy driving injuries and fatalities. The results of the study may offer a platform for further investigation that may uncover best-practice strategies for health care administrators staffing other types of 24-hour medical care facilities.

Participant Response	Percentage of Responses
Night Driving Challenges	100%
Had fatigue and drowsiness prior to leaving work and during the drive home	91%
Had slower reaction times	75%
Had difficulties gaging vehicle speed and distance from other vehicles	66%
Had visual challenges relating to low light or glare on windshield	58%
Night Driving Strategies	
Offered strategies to stay alert while driving	100%
Ate a snack during the drive	91%
Drank coffee on the drive	75%
Stopped on the way home for a nap	41%
Used an electronic alarm to warn when nodding off	16%
Stressors/Anxiety of Night Workers	
Expressed stress/anxiety-producing issues	100%
Cared for children under the age of 12	58%
Attended school full time or took courses	50%
Worked on more than one job	41%
Cared for aging parents over the age 65	8%

Biography

Rhodes has her expertise in evaluation and passion in improving the safety and wellbeing of health care workers. The transtheoretical model of change and the theory of planned behavior guided her research and adds new knowledge to the issue of drowsy driving prevention among nurses. Dr. Rhodes identified in this doctoral research that leaders who focus on employee wellbeing and safety could increase business results in three areas: productivity, organizational commitment, and life satisfaction. Rhodes believes her research will enhance the field of health administration by teaching leaders that creating well-being and safety for employees will increase the likelihood of achieving organizational goals regardless of industry pressures.

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Nurses' perspective of patient advocacy: A systematic mixed studies review

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Background: Nursing advocacy is a relatively modern concept and became a very important function of nursing practice as it is considered a fundamental value of professional nursing. Patient advocacy is a complex concept and there have been inconsistencies on the use of this concept and the literature indicate immaturity of the concept.

Purpose: The purpose of this review is to present the current states of evidence to report on nurses' attitude and perception toward patient advocacy.

Search Methods: We searched for evidence regarding nurses' attitude, perceptions, feelings, thoughts, or behaviors toward patient advocacy in three databases: CINHALL, MEDLINE, and OVID. Gray literature and online resources were used during the search strategy. There was no restriction to the date of publication.

Search Criteria: The inclusion criteria were studies on nurses' attitude, perception, feelings, thoughts, and behaviors toward patient advocacy published in academic journals in English language. Qualitative, quantitative, or mixed-method research studies were included in the review. The review excluded studies focused on pediatric and/or neonatal nurses.

Appraisal Process: The Critical Appraisal Skills Program (CASP) as a quality assessment tool was used as a framework to review the quality of the full-text articles. The articles were assessed against each CASP criterion. Each article was awarded a value score out of 20 to signify its adherence to the CASP criteria.

Results: A total of 22 studies were eligible, of the 987 studies retrieved from selected databases. The total appraisal points of the articles ranged from 13-19 out of 20. The review resulted in two findings: (1) regardless of their clinical areas, nurses consistently have positive attitude toward patient advocacy, and (2) the patient advocacy process includes four elements: (1) morally inappropriate client situation, (2) a professional nurse, (3) advocacy-specific nursing interventions, and (4) the consequences of the advocacy intervention.

Conclusion: The Patient Advocacy Process Model can be effective in defining the multidimensional construct of the advocacy. Preparing professional nurses for the advocacy role is essential part of quality nursing care.

Biography

Usama Saleh has more than 16 years of experience and expertise in nursing clinical practice, clinical education, and academic leadership. He assumed various positions starting as an RN caring for oncology patients, clinical instructor at the University of Kentucky, Oncology Clinical Educator, Director of Nursing Education Department at a King Fahad Medical City and a Nursing Department Chair at Herzing University.

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Perception and prevention of HIV/AIDS amongst selected students of Obafemi Awolowo University, Nigeria

Olufunke Ajayi
Obafemi Awolowo University, Nigeria

Acquired Immunodeficiency Syndrome (AIDS) caused by Human Immunodeficiency Virus (HIV) has continued to pose serious challenges worldwide. According to Anjali Singh and Shikha Jain (2009), nearly half of the new HIV infections are occurring in young people. The statistics is even more alarming when we consider its prevalence among students. For instance, according to United Nations Programme on HIV/AIDS (UNAIDS) (1998), about 5% of all new infections around the world occur among students whose ages range between 15 and 24, the age range within which most students begin their sexual lives.

It is against this background that this study sets out critically to examine the level of awareness and perception of University students of HIV/AIDS using Obafemi Awolowo University, Ile-Ife, Nigeria as a case study. To achieve the objectives of the study questionnaire was designed and administered on 1400 randomly selected students of the University drawn from the different faculties. Eventually 450 could be retrieved out of which 260 proved usable and could be analysed. The data were analysed using descriptive statistics and cross tabulations were made to aid further discussion of the data.

The results of the survey revealed that the greater number of respondents believed that Human Immunodeficiency Virus can be contracted from being raped (94%), while 93.5% believed it is through blood transfusion, but 90.8% has the opinion of through sex; moreover respondents have varied views on causes of HIV and the one that occurred most frequently was needle (91.2%), closely followed by tattoo, body piercing and visiting the barbers which accounts for 89.2%.

When both sexes opinion were asked for, a lesser percentage from both viewed it as an ordinary infection, while 64.1% of male and 63.3% of female see it as a deadly disease and not withstanding 30% female as against 24.8% male have the opinion that HIV is an incurable disease.

The study concluded that since there is no cure for HIV/AIDS and life prolonging drugs are expensive and largely unavailable in less developed countries, and in this survey, most of the students do not have awareness of the major cause of HIV/AIDS, thus prevention will remain the backbone of programmes to curb the HIV/AIDS epidemic for the foreseeable future, which will be in form of comprehensive programme i.e. prevention, care, treatment and support interventions.

Biography

Ajayi Olufunke Abiodun is a nurse - Chief Nursing Officer (Preventive Health) at the Obafemi Awolowo University, Medical and Health Services, Health Centre, Ile-Ife, Osun State Nigeria. She is also a Barrister and Solicitor. She manages patients and clients both at the hospital and in the community especially in the field of public and community health and applies her knowledge of law. She has master's in public administration, B. Sc. Nursing Administration, LLB in Law, BL in Law; Registered Nurse (RN), Registered Mid-wife (RM); Registered Public Health Nurse (RPHN).

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Workplace evaluation: Strategic tool for supporting nursing practices

Ana Carla Parra Labigalini Restituti
IQG Health Service Accreditation, Brazil

The Brazilian Program of Nursing Services Certification of IQG- Health Services Accreditation was structured to assist in the repositioning of the nurse as a coordinator of patient care. The Certification discusses the redesign of the care model and the conditions of the workplace in which nursing is inserted. The characteristics that may favor nursing practices are evaluated by the "Practice Environment Scale of the Nursing Work Index (PESNWI)". The objective of the study is to identify the factors that have the greatest impact on the evaluation of the work environment and their relationships, so that the evaluated health institutions can create strategies to develop an environment that supports nursing practices. A cross-sectional study with a quantitative approach carried out in 2 general Brazilian hospitals registered in the Nursing Services Certification Program in 2018. The percentage of 70% in the PESNWI responses was used to define the environment as favorable. The Mann-Whitney non-parametric test was used to compare dimensions by professional and by position. A significance level of 5% (p-value<0.05) was considered. Between May and November of 2018, of the total of 1410 nursing professionals, 1104 (78.3%) answered the questionnaire. From these professionals, 26.4% were nurses and 73.6% were nursing technicians, and the majority (60%) of those evaluated worked during the daytime period. The factors related to the research as being strongly favorable and redesign of nursing care and optimization of available resources. However, the dimension of "human resources and adequate material to ensure quality of care" was identified as both favorable and unfavorable. The quality management program was considered as favorable to the workplace in this dimension and the perception of lack of time at the bedside and team, as unfavorable. The results make it possible to elucidate the most relevant factors for the ensure that available resources are used for assertive interventions. The development of nursing leadership is essential to identify the real needs of the teams and ensure that resources are used for assertive interventions.

Dimension	Factors	Negative Percentage
Human resources and adequate materials to ensure the quality of care.	16. Support services are adequate and allow nurses to spend more time with patients.	725 (65.7%)
Human resources and adequate materials to ensure the quality of care.	17. There is enough time and opportunity for the nurse to discuss issues of patient / client / doctors / resident and other nurses.	684 (62%)
Participation of nurses in the workplace.	29. The Administration listens and responds to the concerns of professionals.	572 (51.8%)
Dimension	Factors	Positive Percentage
Human resources and adequate materials to ensure the quality of care.	15. There is a safety and quality management program.	989 (89.6%)
Nursing fundamentals for quality and safety.	33. Nursing care is based on a model of multiprofessional care.	961 (87%)
Nursing fundamentals for quality and safety.	35. The Executive Board expects high standards of nursing care.	455 (83.5%)

Biography

Graduated in Nursing from FAMEMA - Medical School of Marília / MBA in Health Management from Faculdade Getúlio Vargas / Acting for 8 years at IQG Health Services Accreditation as a leading evaluator of Health Services Accreditation / Professional Evaluation Experience and Consultant in Health Services Methodology ONA and ACI-Qmentum / HSO / Team Development Specialist / Advisory on Corporate Governance, Compliance, Clinical Governance, Process Management, Design Thinking, and knowledge and use of 6D and A3 tools. Experience in implementation of Organizational Strategies Planning, Implementation of Patient Quality and Safety Policy.

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Latest and noninvasive methods for treatment of fibroid

Manar Jabbar Hussein
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High Intensity Focused Ultrasound (HIFU) or Focus Ultrasound Surgery (FUS) is a new technology for the treatment of Uterine fibroids, adenomyoma, adenomyosis and certain cancers. It is a non-invasive surgery that uses focused ultrasound to generate highly localized heat to treat tumors either benign or malignant.

Why HIFU?

- Computerized, non-invasive surgical procedure, which does not require surgical incision.
- No loss of blood and no need for blood transfusion.
- Focused ultrasound uses an acoustic lens to concentrate multiple intersecting beams of ultrasound on a target.
- Nearly no damage to surrounding healthy tissues.
- May keep uterine function.
- Short treatment time.
- Short recovery period.

And all subjects that related to HIFU including composition, indications of use, complications.

And other types of treatment that includes PT ablation, laparoscopic fibroid removal, open surgery, medical and conservative managements.

Biography

Manar Jabbar Hussein is a Specialist in obstetrics and gynecology (F.I.C.M.S.) Iraqi board degree in obstetrics and gynecology. She did her Master class in aesthetic gynecology from British Academy of Continuous Medical Education and has completed her M.B.Ch.B. in medicine and general surgery from Mosul medical college.

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Innovative approaches in nursing practice in Africa

Samson Adekunle

Federal Teaching Hospital Abakaliki, Nigeria

Introduction: Innovation can be thought of as taking two things that already exist and putting them together in a new way.

Challenges: About 80 percent of people in developing countries rely on local health care for health care. This is often in the form of ill-equipped clinics and local healers. There are no ambulances or 911 numbers. People often must walk, sometimes for days, to get to a decent clinic or hospital. People with medical problems often can do nothing about them because they can't afford medicine or a visit to the doctor. Many people don't practice rudimentary disease prevention measures such as keeping water covered, washing vegetables, brushing teeth, vaccinating children, taking the garbage away from the house and screening windows against flies and mosquitos

Technology driven innovations: What Africa can teach the world even though it often seems that nurses in Africa work against insurmountable odds, it is very important to realize that Africa does in fact have some lessons to teach the world regarding innovation in nursing education and practice. In Africa it is often a daily struggle and challenge to be a nurse and to carry out nursing care within such a resource constrained environment. The lack of relevant resources can make nursing care a very complex task; however, Africa does teach one to be creative and resourceful. The nurse in Africa must find ways to make do and to find ways around an obstacle; this requires the nurses to be creative with less or to devise ways to get the job done with what is available. Historically we have had very little solid real-time disease surveillance and monitoring data on Africa, and as such have had to rely upon a few sentinel sites and modeling estimates to track the spread and prevalence of disease. As a nursing student who has spent some time with practitioners in Nigeria, I can tell you this is extremely frustrating. You can see all the evidence around you, but in most places, there is no infrastructure to monitor and evaluate it. Since then it has been clear to me that one of the biggest obstacles to improving the lives of the world's poorest people is the ability to accurately measure in real time the burden of ill-health. Because if we can't measure it, how can we do anything about it? Cell phones are changing that. For the first time we are seeing good quality data that can tell us Who is dying and from what, who is sick, and where clusters of disease are occurring? By removing the guesswork, this information has huge potential to inform global and national health strategies. Nigeria in the 1980s, I can tell you this is extremely frustrating. You can see all the evidence around you, but you can't do anything about it. Smartphone technology is also aiding patient management as well. I Wander is an app that monitors Alzheimer's patients through a small GPS tracking device. I Wander involves a discrete monitoring device located in a watch which can, upon evaluation, provide several different courses of action from directing the patient home to performing a group call to emergency services and the caregiver. In the Tanzanian village of Shirati, Dr. Buire Changi, chief medical officer, with a retinue of nurses oversee a 200-bed hospital. He frequently diagnoses skin conditions such as Kaposi's sarcoma and candidiasis in Human Immunodeficiency Virus (HIV) positive patients. Despite his experience, Dr. Changi may need a second physician to confirm his findings. His patients need to be triaged and some referred to a larger hospital. The decision to seek a second opinion is crucial. If Dr. Changi chooses to refer the patient, it is an expensive five-hour bus journey to the Mwanza regional hospital. He uses First Derm, a mobile app that enables him to use a smartphone-connected dermatoscope to take photographs of his patient's skin lesions. These photos are then reviewed by a consultant in Dar es Salaam and the patients are triaged. Though the patients may still have an uncomfortable five- hour journey to Mwanza, they are referred with confidence that the journey is worth the discomfort.

Biography

Samson is currently a final year student at the Basic school of nursing Federal teaching hospital Abakaliki in Ebonyi state in Nigeria. His major research focus is on transtracheal oxygen therapy and the impact of chronic illness, predominately in those with autoimmune diseases. He is a member of the governing council of the Nigerian University Nursing Students Association (NUNSA)

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