

50<sup>th</sup> Global Congress on  
**Nursing Care and Research**  
September 20, 2022 | Webinar

**Keynote Forum**



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### Innovative measures in Oncology Nursing Practice during COVID -19

**Background:** To date, there have been over 537 million cases worldwide of infection with severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) that gives rise to COVID-19, with the number of deaths reaching over 6.3 Million as of 16 June 2022. Observed that the percentage of patients being admitted to intensive care units requiring ventilation, or ultimately dying, was 39% compared to 8% in non-cancer patients ( $p=0.0003$ ).

**Objectives:** The pandemic crisis has changed the working environment and job requirements dramatically. Telehealth has replaced follow-up for non-urgent visits. Therefore, the need for a triage process for oncology facilities rapidly became essential for our clinical practice. The main objective of the project was to provide guidance to timely and appropriate care for patients with acute symptoms and to decrease the number of unnecessary visits to the hospital.

**Methodology:** Patients were informed about the phone service through posters, pamphlets, cards, and SMS texts. The telephone assessment tool used by nursing is based on a standardized Tool Kit from the UK Oncology Nurses Society (UKONS) that uses a Red, Amber and Green (RAG) scoring system. The study was implemented from July 2020 till Sep 2021

**Results:** In 14 months, 10,811 patients called 2656 cases related to COVID 19 issues; 9% of the calls were related to clinical symptoms, and 91% related to other reasons. An average of 15 patients per day, making a total of 471 patients called with clinical symptoms and were classified according to the RAG scoring system as follow: 102 Red, 183 Amber, and 186 Green; of the patients classified as red, 72 (61%) were told to present immediately to the Emergency Department. 89% of the respondent patients would have either called the physician (47%) or gone to the clinic (42%) without appointment if the phone service had not been available.

### Recent Publications

1. High incidence of microsatellite instability and loss of heterozygosity in three loci in breast cancer patients receiving chemotherapy: a prospective study  
High incidence of microsatellite instability and loss of heterozygosity in three loci in breast cancer patients receiving chemotherapy: a prospective study. BMC Cancer, Biomedcentral · Aug 1, 2012
2. Impact of Oncotype DX testing on adjuvant treatment  
Impact of Oncotype DX testing on adjuvant treatment. Asia-Pacific Journal of Clinical Oncology 2014 · Aug 4, 2014
3. Everolimus with endocrine therapy as a treatment option in ER + MBC failing at  
Everolimus with endocrine therapy as a treatment option in ER + MBC failing at Pan Arab Journal of Oncology · Aug 7, 2014

### Biography

Khaled Al Qawasmeh qualified with a Masters's Degree in Clinical Oncology nursing from the University of Pennsylvania, USA. He is Oncology Certified Nurse Since 2009. As a clinical research nurse, his job involves the coordination of clinical research studies. He has published in National and International peer-reviewed Journals, his main interest is in the field of Oncology.

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### Stephanie R Paulmeno

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#### **The Suicide crisis, PTSD & mental health issues for Nurses: Risk identification, building strength & resilience, and preventive actions**

The nations of the world have faced staggering death tolls and many forms of human suffering over the COVID-19 pandemic. We have had repeated COVID surges as the virus mutated, as viruses do. We faced endless workdays and fear of loss of our own lives. Healthcare providers went from being designated as heroes to being vilified around mask-use, vaccines and social isolation. The burden has been unequally felt by different nations, different populations, different socio-economic groups, and different health professionals. All of this renders a toll either through the direct trauma of caregivers and family members caring for the infected and dying, or through the secondary trauma of those who witnessed it from afar. In huge numbers, nurses have been and continue to be on the front line of this prolonged tragedy. Healthcare studies and literature supports that nurses are heavily impacted by work-related and work-generated distress. Reactions that follow trauma, repetitive trauma, and prolonged trauma encountered in nursing workplaces includes PTSD, suicide risk, depression, anxiety, grief reactions, and substance use and misuse. In contemplating nurses' roles and functions in high-trauma settings, places with high-frequency death rates, & in fields of practice where infant & child mortality is high, it is easy to appreciate the degree of emotional trauma experienced by these nurses. It is more difficult to innately recognize other dynamics that contribute to similar emotional jeopardy for nurses; things like bullying, workplace violence, toxic work environments, inadequate staffing and supplies, a lack of transparency, and poor leadership at any level. Post-traumatic stress disorders and other sequela of trauma are not confined to the aforementioned work domains; they can occur in any working environment. The high-stress circumstance in which people in many countries have been living over recent years has taken a toll.

By their very nature, people entering nursing tend to be high on the compassion index; nurses exude a desire to help others, which means we often suffer with those for whom we render care. We want to help alleviate death and suffering, and many times we cannot. Nurses are very good at showing concern for others through kind words, thoughts and deeds, but less good at offering self-compassion.

The prolonged COVID-19 pandemic brought its own risk-factors to bear on the mental and physical health of nurses, which are entwined. U.S.-based data revealed that one in four nurses experiences PTSD during their career under normal circumstances. Behavioral health practitioners know that self-medicating & behavioral maladaptations are PTSD responses, as well as responses to depression and anxiety. Research shows that nurses have suffered with these symptoms since long before COVID-19. Nursing during this prolonged pandemic has intensified this. Deaths by suicide and suicide attempts among nurses in America are high in general, and in fact higher than among physicians. Who, after all, is at the bedside offering compassionate care all day and all night long? During the pre-pandemic period one study showed that the suicide risk of all health professionals is not equal. The suicide risk of female nurses' was already twice as high as that of women in general. If we compare nurses to physicians, the study showed that female nurses are 70% more likely to die by suicide than female doctors. Our LGBTQ+ colleagues have additional risk factors that are distinctly associated with how they, themselves, are treated by healthcare professionals when they

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are the patients. New and younger nurses face greater coping challenges than more experienced nurses.

The gap to be addressed in this program is that nurses need learn to recognize and reduce their personal and work-related risk factors, and to become aware of and use personal and profession-based protective factors. Nurses at many levels of practice must develop proficiency in instituting changes around factors that contribute to toxic workplaces, poor staffing levels, and inadequate supplies and equipment. Nurses must develop proficiency in recognizing personal warning signs of stress, as well as in being able to recognize and identify overt or subtle signs in over-stressed colleagues. Once recognized, they need to learn how to build strength and resilience. This program addresses recognizing a range of behavioral health and suicide risk factors, strategies for effectively discussing and intervening when a problem is suspected, and for dealing with suicide prevention. This includes recognizing risk factors/warning signs, tapping into protective factors, conducting effective on-the-job screenings, and learning how to implement preventive actions and referrals when confronted with a possible suicide crisis of a colleague, or anyone else. Resources and references are provided.

## Recent Publications

1. Fostering An Empathic Approach: An in-service curriculum for non-medical professionals, paraprofessionals and families of aphasic clients. Gerontology & Geriatrics Education · Apr 1, 1982
2. Psychogeriatric Care: A specialty within a specialty Psychogeriatric Care: A specialty within a specialty. Nursing Management · Feb 1, 1987 Nursing
3. Intentional and Unintentional Substance Misuse in the Elderly Intentional and Unintentional Substance Misuse in the Elderly. Presentation: Contemporary Forums, Psychiatric Nursing, Philadelphia, · Apr 25, 2007

## Biography

Stephanie R Paulmeno, CEO & founder brings 50 years of registered nursing & board certified clinical practice in public health, case management & dementia care. She's had clinical, managerial, administrative & leadership roles, in nursing, gerontology & public, population & community health. She is a Doctorate-prepared nurse, a Master's prepared gerontologist and licensed nursing home administrator. She brings capacity & coalition-building expertise to Boards, CEOs and administrators of health, social services, & mental health & addiction programs. She serves as President of several Boards and on multiple task forces and work groups.

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