
Scientific Tracks & Sessions

May 16, 2022

Nursing Forum 2022



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Mental Health & Psychiatry Nursing | Neonatal Critical Care | Nursing Management | Neonatal Surgery | Advanced Nursing Practices | Rehabilitation therapy

Chair

Ivan Noe Martinez Salazar

Military Central Hospital | Mexico

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COVID and motivation to quit smoking – data from Polish National Quitline

Magdalena Cedzyńska

National Research Institute of Oncology, Poland

Smoking remains one of the biggest public health challenges worldwide. According to World Health Organization (WHO) data, about 8 million people die annually because of tobacco-related diseases. One of the pieces of information that has often appeared in the reports of scientists is the relationship between tobacco smoking and the course of SARS-CoV 2. Smoking any kind of tobacco reduces lung capacity and increases the risk of many respiratory infections and can increase the severity of respiratory diseases. COVID-19 is an infectious disease that primarily attacks the lungs. Smoking impairs lung function, making it harder for the body to fight off coronaviruses and other respiratory diseases. Available research suggests that smokers are at a higher risk of developing severe COVID-19 outcomes and death. The aim of the present study was to assess whether and how the COVID-19 pandemic impacted decisions about quitting smoking. 4072 records of anonymized data were obtained between April 15, 2020 and May 31, 2021 from the Polish National Quit line operating at the Maria Skłodowska-Curie National Research Institute of Oncology in Warsaw, Poland. All callers, apart from standard questions, were asked about the COVID-19 pandemic and its influence on their decisions on smoking continuation or cessation. In our study, we found that the pandemic itself had no effect on the decision to quit smoking, although it did positively affect the speed of the decision to give up smoking in those who were already thinking about quitting. We also investigated that after the pandemic, a vast majority of heavy smokers, but not heavy smokers, want to maintain abstinence. Moreover, in case of failure, they want to make another attempt to quit. These results suggest once again that the health threat related to the pandemic has a far-reaching influence on making quitting decisions.

Recent Publications

1. The COVID-19 Pandemic and Smoking Cessation—A Real-Time Data Analysis from the Polish National Quitline. *Int. J. Environ. Res. Public Health* 2022, 19, 2016.

2. Smoking and SARS-CoV-2: Are Polish health professionals at higher risk of infection? *Tobacco Induced Diseases*. 2020;18(June): 52
3. Time trends in tobacco-attributable cancer mortality in Poland -direct estimation method. *Nowotwory. Journal of Oncology* 2017; 67(4): 227-235.

Speaker Biography

Magdalena Cedzynska is a psychologist, senior researcher and director of smoking cessation service at the National Research Institute of Oncology. She is engaged in cancer primary prevention through tobacco control, with special attention to the treatment of tobacco dependence. For more than 12 years, she took part as a researcher and coordinator in many national and international projects, clinical trials and observations. She coordinated the first "Open-label observation of effectiveness and safety of cytisine in smoking cessation", whose results were published in *Tobacco Control*. In the years 2007–2010, she was coordinator and investigator in the clinical trial "The effects of Tabex (cytisine) on the success of attempts to stop smoking", which resulted in a paper in the *New England Journal of Medicine*. She was also administrator of the "Randomized placebo controlled trial assessing the efficacy and safety of BP1.4979 in smoking cessation". In years 2009-2011 investigator in internal projects „Tobacco smoking and survivals in non-small cell lung carcinoma treated with radiochemiotherapy”, „Treatment of tobacco dependence of patients with diagnosed cancer of head or neck” , „Change in lifestyle and way of coping with stress and results of treatment of patients with diagnosed cancer of head or neck.” She contributed to the development of the Consensus of Medical Health Care Providers on the Diagnosis and Treatment of Tobacco Dependence. She has coordinated and lectured on over 50 courses on tobacco dependence treatment for health professionals all over Poland. As a member of the International Network of Women Against Tobacco (INWAT) Europe Advisory Board, she is interested and engaged, especially in women and tobacco control issues. She has co-authored over 20 peer-reviewed scientific publications, 7 books, chapters, monographs and educational programs. She gave many oral presentations at conferences and abstracts and posters.

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Burnout levels and individual and organizational performances in Italian nurses

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Burnout syndrome negatively affects the individual's social, physical and psychological life and it might be associated with overthrowing ethics, impaired work realization, work absence, inappropriate communication with patients and a large number of job variations. The aim of the present study was to assess how burnout syndrome influenced both individual and organizational nursing performance according to sex and work experience. An on-line questionnaire explored demographic characteristics such as sex, age and years of work experience; burnout levels among participants; and individual and organizational nursing work performance. Significant differences between burnout sub-dimensions and items belonging to the Nursing Individual Work Performance Questionnaire (p.05) and organizational performance (p.05). This study highlighted how both individual and organizational nursing performance were strongly influenced by burnout levels. Therefore, the issue of burnout was important as a research priority and further studies will be desirable to evaluate the uniqueness of the impact of different factors on burnout since the literature

suggested the importance that nurses might become aware of their own sources of exhaustion from their work.


Recent Publications

1. Triage Systems in Mass Casualty Incidents and Disasters: A Review Study with A Worldwide Approach. Open Access Maced J Med Sci. 2019; 7(3):482-494.
2. Burn-out an "occupational phenomenon". WHO News. 15 June 2021.
3. Prevalence of Burnout among Italian Nurses: a descriptive study. Acta Bio-medica: Atenei Parmensis. 2020 Sep;91(4): 2020117.

Speaker Biography

Elsa Vitale, PhD, MSN, BSN, RN, is currently a registered nurse at the Health Local Company of Bari, Italy and also a contract professor for the University of Bari, Italy, for the degree courses in Nursing and Nursing and Midwifery Sciences. She had the opportunity to publish and review numerous manuscripts related to holistic nursing, leadership, gerontology, education, orthopedics, immunology and self-care. She is frequently invited to address nurses, encouraging them to follow in Florence Nightingale's footsteps. She publishes the majority of her work in various nursing fields.

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Psychometric properties of the Eortc QLQ-C30 in Uganda

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Generic instruments used to assess self-reported HRQoL need validation. Such Instruments adapted for use among Ugandans with cancer are lacking; A study aimed at evaluating the psychometric properties of EORTC QLQ-C30 in adults with cancer in Uganda. A cross-sectional study was conducted on adult patients with various types of cancer, cared for at the Uganda Cancer Institute. 385 patients answered the EORTC QLQ-C30 in Luganda and English are the two most spoken languages in the country. The two The language versions were evaluated with regard to data quality (floor and ceiling effects and missing responses), reliability (internal consistency) and validity (construct, known-group and criterion). Construct validity was examined through CFA. Mean scores were compared. To assess known-group validity, we compared disease stages across groups. Criterion validity It was examined according to associations between two QLQ-C30 subscales (Global QoL and physical function) and the Karnofsky Performance Scale (KPS). On several scales, floor and ceiling effects were observed in Luganda and English versions All EORTC scales with the exception of cognitive function (Luganda=English=0.50) had acceptable Cronbach's alpha values (0.79–0.96). The CFA Both versions yielded good fit indices for both versions (RMSEA=0.08, SRMR=0.05 and CFI=0.93). Known-group validity was demonstrated with statistically significant better HRQoL reported. Patients in stages I–II compared to patients in stages III–IV Positive evidence supported criterion validity. Correlations existed between KPS and the subscales. Physical function (Luganda $r=0.75$, English $r=0.75$) and overall quality of life (Luganda $r=0.59$, English $r=0.72$). The Luganda and English versions of the EORTC QLQ-C30 appear to be Valid and reliable measures can

be recommended for use in clinical research to assess HRQoL in adult Ugandans with cancer However, the cognitive scale did not reach This is acceptable internal consistency and needs further evaluation.

Recent Publications

1. Factors that influence delays in health care seeking, diagnosis and treatment for breast cancer patients in Uganda. *European Journal of Surgical Oncology*
2. Psychometric properties of the EORTC QLQ-C30 in Uganda. *Health and Quality of Life Outcomes*
3. Few Losses to Follow-up in a Sub-Saharan African Cancer Cohort via Active Mobile Health Follow-up: The African Breast Cancer-Disparities in Outcomes Study. *American Journal of Epidemiology*.

Speaker Biography

Allen Naamala Mayanja is the Principal Nursing Officer in charge of the Nursing Department (Chief Nurse) at Uganda Cancer Institute (the only cancer care facility in the country)-Kampala – Uganda. She is a PhD student at Makerere University-Kampala, Uganda. She holds a masters' degree in Health Systems Management (MBA) and a bachelors' degree in Nursing Science (BSN), both from Makerere University, as well as Diplomas in Nursing and Midwifery from Mulago School of Nursing and Midwifery-Kampala, Uganda. She has a working experience of over 28 years (since March 1993) as a clinical practitioner, an administrator, lecturer and research supervisor at different institutions, including Mulago National Referral hospital, Uganda Cancer Institute, Makerere University, department of Nursing, Tutors College and Mulago School of Nurses and Midwives, all in Kampala, Uganda, among others. She has been a member of AORTIC since 2013 (membership no. 2422955), a member of the United Kingdom Oncology Nurses Society (since 2017) and many other research-related associations.

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It is incorrect to determine fever and hyperthermia by looking at temperatures above 38 degrees Celsius. Why?

K. M. Yacob

Marma Health Centre, India

Today, fever is defined as a temperature of 38 degrees Celsius (100.40 F). The same temperature is used to determine hyperthermia.

1. In fever and hyperthermia, not only the temperature rises. Other factors are changing. Some of the other factors are increasing, while some are decreasing. Those factors must also be considered. Fever and hyperthermia are not the only temperatures above 38 degrees Celsius. This is just one of many factors.

2. The temperature of the fever only rises below 42 degrees Celsius. In hyperthermia, it is not 42 degrees Celsius, but the temperature rises with the intensity of the heat. When the body needs more heat, the immune system raises the temperature to above 42 degrees Celsius only in heatloving situations. The same temperature cannot be used to measure uncontrolled and heat-hating hyperthermia.

3. Who created the temperature between 38 C and 42 C and for what purpose is very important. The same test is wrong for fevers that are spontaneously generated by the immune system with a clear goal and for hyperthermia that is not caused by anyone without a specific goal.

4. A temperature rise is a signal of fever and hyperthermia, which are caused by contradictory substances and can be eliminated by contradictory substances. There are many symptoms, signs, signals and functions that do not distinguish between fever and hyperthermia.

Regardless of these, it is unscientific to assume that temperatures above 38 C are the criteria for determining the difference between fever and hyperthermia.

What is fever? (Yacobs Fever Definition).

"If essential blood circulation decreases to organs, fever is a sensible and discreet action of the immune system to increase essential blood circulation as a self-defense mechanism of the body to sustain the life or organ." The answer to any question

about fever can be found in this definition of fever. Fever is more than just a temperature rise above 38 degrees. Fever includes signs and symptoms, signals and actions of immune system activity that occur only in the presence of fever and not in the absence of fever.

What is hyperthermia? (Yacobs Hyperthermia Definition).

"Hyperthermia is a condition in which there are signs, symptoms, signals and actions of overheating of the body by objects or their activity inside or outside the body."

Recent Publications

1. The Purpose of Temperature of Fever in Covid -19. Journal of Health and Medical Research
2. The Fever temperature never damages the cells of the brain or harm the body. Journal of Neonatal Studies
3. Fever is not a symptom of any disease. None of the diseases require fever as its symptom. Journal of Health and Medical Research.

Speaker Biography

Yacob Mathai has been a practising physician in the field of healthcare in the state of Kerala in India for the last 34 years and he is very much interested in basic research. His attention is to spread the awareness of fever, inflammation and back pain. He is a writer. He has already printed and published ten books on these subjects. He wrote hundreds of articles for various magazines.

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