

World Congress on
Nursing and Healthcare

November 21, 2022 | Webinar

Scientific Tracks & Abstracts



Sessions

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Title: **Family Centered Neonatal Care-Evidence to Practice**

Ciba Sunil Raphael, Danat Al Emarat hospital for Women and Children, UAE

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Shuxian Zhang, Jinan University, China

Title: **The Effectiveness of Blended Multidisciplinary Training Methods for the Management of Obstetric Haemorrhage: The Lessons from London - Mbeya Project in Tanzania**

Bernard Asumwisye Mbwele, University of Dar es Salaam, Tanzania

Title: **Is there Any Impact of Women's Anxiety on ART Outcomes?**

Amira Sallem, University of Monastir, Tunisia

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Supporting Caring Efficacy in Nurses through Standardization of Communication

Glenn D Pascual

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Background: Patient satisfaction scores are one of the measurements of performance and quality of care. Hospitals are facing up to two percent reward or penalty of their total Medicare reimbursement based on the results of clinical processes and patient experience measures.

Local Problem: The staff addressed the lack of standardized care experience behaviors to facilitate and enhance nurse communication.

Methods: Lewin's change theory is the theoretical framework used for this project. Intervention: Behavior standards were developed and implemented on a 50 bed medical-surgical unit from August 25 to November 25, 2020, to support caring efficacy in nurses through standardization of communication.

Results: Forty-eight nurses participated in this quality improvement project. A statistically significant difference was found between the pre-and post-Caring Efficacy Scale (CES) scores after the implementation of the behavior standard $p < .0001$ ($p = 3.8475E-10$).

Conclusion: The use of standardized behavior standards was an effective intervention to improve the nursing communication process. The intervention can be easily replicated and sustained in a strategic care experience program, while ensuring better patient outcomes and strategically improving nurse and patient satisfaction.

Key Words: Behavior Standards; HCAHPS Scores; Nursing Communication; Patient Satisfaction

Recent Publications

1. Allenbaugh J, Corbelli J, Rack L, Rubio D, Spagnoletti C. A brief communication curriculum improves resident and nurse communication skills and patient satisfaction. *Journal of General Internal Medicine*. 2019;34(7):1167-1173. doi.org/10.1007/s11606-019-04951-6
2. Aviles Gonzalez CI, Galletta M, Melis P, Contu P, Watson J, Finco G, Jimenez Herrera MF. Cultural adaptation and psychometric validation of the caring efficacy scale in a sample of Italian nurses. *PloS One*. 2019;14(5):e0217106. doi:10.1371/journal.pone.0217106
3. Bansal M, Abdallah A, Pennisi A, Arnaoutakis K, Makhoul I, Mehta P. Improving communication on intent of chemotherapy using QOPI scores and PDSA cycles. *Journal of Cancer Education*. 2016; 31(4):736-741. doi.org/10.1007/s13187-015-0897-x

Biography

Glenn D. Pascual is a Healthcare Leader and Internationally Published Author. He works as a Director of Operations, Critical Care Services, Business Strategy and Care Experience at Kaiser Permanente.

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Family Centered Neonatal Care-Evidence yo Practice

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Family-centered care is a philosophy of care that embraces a partnership between staff and families. It has become an integral part of providing high quality neonatal care. Unrestricted parental presence in the NICU, parental involvement in infant care giving, open communication with parents are basic tenets of family-centered care in our Neonatal unit. By virtue of their continual presence and role in the NICU, Nurses are in a unique position to support family-centered care. There is growing evidence that relationship based, family centered and developmentally supportive approach to NICU Care is effective in reducing neonatal morbidity and improving neurobehavioral development of preterm infants. The main components of this approach are: opening of (NICUs) to parents, involvement of parents in care of their baby, parents' psychological support, Neonatal Individualized Developmental Care Program (NIDCAP), breast milk feeding and kangaroo mother care.

Neonatal care with a family focus helps minimize adverse effects with:

*A Family-Centered Care philosophy

*Family-friendly facilities

*Family oriented training and support

>Ensure appropriate environment for babies in NICU

>Ensure safety & efficacy of neonatal treatments.

>Develop policies & programs that promote parenting skills & encourage maximum involvement of families in care

>Promote meaningful long-term follow-up for all high-risk NICU survivors.

Evidence suggest that Family integrated care is the voice of the modern family in Neonatal unit and provides significant benefit not only in terms of infant medical outcomes, but will also reduce stress, anxiety and depression in the family; improve their ability to cope and through structured competency based educational programmes will result in true partnership with parents. In this presentation the historical perspective and recent evidence will be discussed also highlighted the basic principles of A Family-Centered Care and then compared the various existing professional and parent focused neonatal care programmes and the advantages over those traditional models of care. The results & outcomes of this practice will also be presented. Family-Centered Care provides parents with training, education, support which enables them to be primary caregivers and gives them confidence, knowledge and independence to take care of their infants while in the neonatal unit and post discharge that may have complex medical needs.

Biography

Ciba Sunil Raphael is currently the NICU Unit Manager/Training and Education Coordinator, NRP Instructor at Medcare Woman and Child Hospital, a prestigious division of Aster DM Healthcare Group of Hospitals in Dubai. She passionately continue to contribute more than 24 years of her clinical and management experience and expertise in the field of patient care and has crossed many milestones and received accolades during her extensive work experience. Glenn D. Pascual is a Healthcare Leader and Internationally Published Author. He works as a Director of Operations, Critical Care Services, Business Strategy and Care Experience at Kaiser Permanente.

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Obstacles to Home-Based Dietary Management for Caregivers of Children with Citrin Deficiency: A Qualitative Study

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Statement of the Problem: Dietary management is the most important and effective treatment for citrin deficiency, as well as a decisive factor in the clinical outcome of patients. However, the dietary management ability of caregivers of children with citrin deficiency is generally poor, especially in East Asia where carbohydrate-based diets are predominant. The aim of this study was to identify the difficulties that caregivers encounter in the process of home-based dietary management and the reasons responsible for these challenges.

Methodology & Theoretical Orientation: A qualitative study with a grounded theory approach was conducted to identify the reasons responsible for the irrational dietary management behaviors of caregivers. A semi-structured, in-depth interview was conducted with all participants, either face-to-face or online, according to the relevant interview guide.

Findings: Grounded theory was employed to identify three themes (covering 12 sub-themes) related to the dilemma of dietary management: dietary management that is difficult to implement; conflicts with traditional concepts; and the notion that children are only a part of family life. The first theme describes the objective difficulties that caregivers encounter in the process of dietary management; the second theme describes the underlying reasons responsible for the non-adherent behavior of caregivers; the third theme further reveals the self-compromise by caregivers in the face of multiple difficulties.

Conclusion & Significance: This study reflects the adverse effects of multi-dimensional contradictions on the adherence of caregivers to dietary management. These findings reveal that the dietary management of citrin deficiency is not only a rational process, rather it is deeply embedded in family, social and dietary traditions. The result of this study is helpful to improve the efficiency of dietary management in children with Citrin deficiency, as well as provides evidence for the formulation of dietary management strategies.

Recent publications

1. Okano Y, Ohura T, Sakamoto O, Inui A. Current treatment for citrin deficiency during NICCD and adaptation/compensation stages: strategy to prevent CTLN2. *Mol Genet Metab.* 2019;127:175–83. <https://doi.org/10.1016/j.ymgme.2019.06.004>.
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3. Saheki T, Kobayashi K, Terashi M, Ohura T, Yanagawa Y, Okano Y, Hattori T, Fujimoto H, Mutoh K, Kizaki Z, et al. Reduced carbohydrate intake in citrin-deficient subjects. *J Inher Metab Dis.* 2008;31:386–94. <https://doi.org/10.1007/s10545-008-0752-x>.

Biography

Shuxian Yang is currently working at school of Nursing, Jinan University

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The Effectiveness of Blended Multidisciplinary Training Methods for the Management of Obstetric Haemorrhage: The Lessons from London - Mbeya Project in Tanzania

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The Maternal Mortality Rate (MMR) in Tanzania is 524-556 per 100,000 lives which is 78 times higher compared to that of the UK. In Mbeya, only half of the pregnant women receive the minimum standard for obstetric care while maternal deaths are at 776 per 100,000 live births with 68.9% mainly attributed to obstetric haemorrhage.

Methodology: A quasi-experiment of training Health Care Providers (HCP) on the management of Perioperative Obstetric Haemorrhage (POH) that was conducted in the 4 hospitals of Mbeya region. The study aimed at measuring the impact of blended online training and face-to-face with low fidelity simulation manikin-based practice. The Training for management of obstetric haemorrhage used multidisciplinary trainers from London, United Kingdom and Mbeya, Tanzania and multidisciplinary HCP in Mbeya. The HCP were recruited and followed over 8 months while trained for the identification of risks of POH, improvement of POH management and reduction Mortality Rates were measured before training and after training.

Results: A cohort of 34 Health care workers in multidisciplinary teams 11 Obstetricians Anaesthetic Nurse 3 (8.8%), Clinical Officer (Health Assistant) 3 (8.8%), Lab Technician 1 (2.9%), Medical Doctor and Obstetrician 11 (32.4%), Midwife 9 (26.5%), Nurse 4 (11.8%), Sonographer 3 (8.8%). There were proportional change in Obstetrics and Surgical Skills for Obstetric haemorrhage (68.8%), Sonographical skills (57.6%), Anaesthetic skills (69.7%), Blood Transfusion (90.9%) and the combined effect of 100% change with a mean score difference of 0.25 95% CI (0.05 – 0.66). Maternal mortality rates changed from 399 / 100,000 live births to 127/ 100,000 live births. For death attribution to by obstetric hemorrhage, the mortality were reduced from 95/100,000 live births to 21/100,000 live births.

Conclusion: The multidisciplinary team approach by blended face to face and online training on managing Obstetric Hemorrhage has a potential impact on the reduction of maternal mortality rates when obstetric hemorrhage has been taken into consideration.

Recent publications

1. Mbwele B, Ide NL, Mrema JG, Ward S.A.P, Melnick JA, Manongi R. Learning from health care workers'opinions for improving quality of neonatal health care in Kilimanjaro region, northeast Tanzania. *Annals of Medical and Health Sciences Research*, 2014 Jan, 4, (1):105-114 doi: 10.4103/2141-9248.126614
2. Mbwele B. Assessing the quality of the management skills required for lower respiratory tract infections in Kilimanjaro, Tanzania, *Health*, 2014 Jan 7; 6 (1):15-26 doi: 10.4236/health.2014.61004
3. Mbwele B, Reddy E, Reyburn H. A rapid assessment of the quality of neonatal healthcare in Kilimanjaro region, northeast Tanzania. *BMC Pediatrics*. 2012 Nov 21; 12(1):182. doi:10.1186/1471-2431-12-182

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In 2009 to 2011 he was trained for Masters of Science in Clinical Research where he was the best performer in academic research. he worked for Quality of neonatal care in Kilimanjaro region using qualitative and quantitative approaches with experts from London School of Hygiene and Tropical Medicine, LSHTM and Duke University at KCMC. He found a local NGO, Vijiji International with a special database for reducing reproductive health burdens in the densely populated Maasai communities. In 2012 he was Trained by the Institute for Quality of Health Care at Radboud Medical University, Nijmegen, The Netherlands for Quality Improvement in Infectious diseases. Currently, he is working with Christian Social Services commission (CSSC) as a Continuous Quality Improvement Specialist and Clinical Team Lead for HIV/AIDS care and treatment program. He oversees clinical Quality improvement in 96 CTC sites and 322 PMTCT sites in Mwanza, Geita and Rorya District on Mara region. Dr Mbwele, successfully worked for development of a Guideline for stepwise certification of towards accreditation of Health Care facilities using SAFE CARE standards in collaboration with the Ministry of Health and PharmAccess.