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Living with the *BRCA* gene-Experiences of women, husbands and relatives following diagnosis and bilateral risk reducing mastectomy up to 18 months post surgery

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The BRCA gene and its implications have been at the forefront of the medical, nursing and media news especially since Angelina Jolie disclosed her status and her preventative surgery. Referral rates to breast care centers of women seeking surgery around the globe have increased substantially. Hereditary breast cancer accounts for approximately 5-10% of all breast cancers and women who have BRCA 1 or 2 mutations have an approximate lifetime risk of 60-85% of developing breast cancer and a 50-60% chance of developing ovarian cancer. As a result of these facts many women as opposed to screening, choose bilateral preventative surgery and in many breast care centers around the world, the care of such women is sub optimal or non-existent. Services are geared toward breast cancer patients. There is limited Qualitative research to help clinicians understand what it is like to live with the BRCA gene and the long term experiences of preventative surgery for the women, partners and relatives. This is required in order to meet the physical and psychological needs of such a group. This qualitative prospective Phenomenological study underpinned by Gadamerian philosophy therefore, included eight women with the BRCA gene who underwent bilateral mastectomy with reconstruction. Five husbands and five relatives also took part in the semi structured interviews. Women were interviewed pre- surgery and again at 6, 12 and 18 months. Husbands were interviewed pre and post-surgery and relatives on one occasion. Results yield rich data that have major implications for clinical practice.

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Invigorating organizational culture and health care management

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Public health is the well-being of people. Its supervision is controlled by the state. Normalizing practices include building organizational culture that stimulates creativity and innovation. Health care quality system comprises of quality standards definition, parallel delivery of health care and these standards regulate to reinforce eminent standards of health care. Organizational culture directly affects during the analogous of health care and standards. Health care work environment stipulates corroboration, information disclosure and learning latitudes commend employment attitude and ethics, employee productivity and organizational adeptness. Creativity, innovation and health care culture's boundary physical, social, psychological and work latitudes should be semi permeable, satisfactorily confined in order to focus the energy of health care sector for achieving its mission, but satisfactorily liberal so that there is a robust exchange of ideas with its environment, thereby maintaining the efficient resonance and synergy between the two. This semi permeable boundary is the trait of healthy open system as it makes possible for the health care sector to get feedback from its environment for the purpose of fostering larger acclimatization. The determinants of health care structure are structure, strategy, support mechanisms and behavior that instigate innovation and open communication. These determinants influence the values, norms and beliefs which are directly proportional to creativity and innovation of individuals and groups. Health care work instigates organizational trust on employees work satisfaction and organizational commitment.

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