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The nursing faculty shortage: Predictors job satisfaction and intent to stay in academe

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The retention of nursing faculty in the United States is a growing concern as the faculty vacancy rate has increased both at state and national levels where unfilled positions directly affect the supply and demand of the nursing workforce. One of the challenges faced by deans and directors of schools of nursing is to identify strategies that will encourage faculty to remain in academe. Several studies have examined recruitment and retention of nurses in the clinical setting however, current empirical data on the factors that contribute to the job satisfaction and job dissatisfaction of nursing faculty in higher education is limited. The purpose of this descriptive study was to utilize Herzberg's Motivation-Hygiene Theory of Job Satisfaction to explore the factors that predict nursing faculty's intent to stay in academe. Participants included a convenience sample of nursing faculty teaching in baccalaureate and graduate nursing programs in Florida. Research findings indicated that highly educated, experienced nursing faculty reported having more intent to stay in academe. Conversely, age, health-related conditions, and family responsibilities were not significantly related to intent to stay. A significant relationship was found between the motivation-hygiene factor score and the intent to stay. The significant relationship between the motivational factors (Job satisfiers) and the hygiene factors (job dis-satisfiers) and intent to stay indicated that the nursing faculty overall were satisfied with their jobs. The results provide support that Herzberg's Motivation-Hygiene Theory is a strong predictor of nursing faculty's intent to stay in academe in Florida.

Post-tonsillectomy pain control in adults undergoing outpatient

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Even though notable advances in anesthetic and surgical techniques have appeared in recent years, morbidity associated with tonsillectomy and specially pain, is still an important clinical problem. Assess the influence of a specific protocol for the control of postoperative pain and compare the frequency of complications in patients with and without it. Descriptive, observational and prospective study was conducted. Adult tonsillectomized patients in outpatient surgery. 2 groups: group 1, 65 patients to whom a variable analgesic treatment was given; group 2, 50 patients with analgesic protocol and preoperative nursing interview. For the evaluation of pain in a numerical scale from 0 to 10. Surgical techniques: cold dissection or electric dissection. On the 4th day, group 1 (without protocol) presented a media of 4.8 points in a numerical scale from 0 to 10, group 2 (with protocol) presented mean of 3, $p=0.0002$. Group 1, 22 patients (36%) had to go to the emergency service, in group 2, 8 (16%) did so, $p=0.019$. On the 4th day patients operated with cold dissection presented 3.7 points in a numerical scale from 0 to 10 as opposed to those operated with electric dissection who presented 4.4 points. A specific protocol applied on adult tonsillectomized patients in outpatient surgery is useful to obtain less pain and less complications.

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Dimensions of loneliness

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In greater numbers our aging population is living both longer and at home. Many have a paucity of supports and affiliations exposing them to the experience of loneliness. This presentation examines the progression from alone to lonely to loneliness. Some theoretical constructs which help develop insights into lonely will be discussed. Finally suggestions for adaptive interventions will be identified.

Risk factors for the prevention of cardiovascular disease

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Introduction: Cardiovascular diseases are the leading cause of morbidity and mortality in the developed world, their frequency is increasing in less developed countries. In an individual, more risk factors present higher risk for cardiovascular disease. The majority of cardiovascular disease is caused by risk factors that can be controlled, treated or modified, such as high blood pressure, cholesterol, overweight/obesity, tobacco use, lack of physical activity and diabetes. Very important is the education of patients which should be initiated as soon as we discovered one of the risk factors for developing cardiovascular disease. Without a well-informed patient, we cannot expect success in a change of lifestyle. The education of patients involved family members, media, the health care system (dietitians, nurses, physicians, psychologists). The aim of the research was to find out patient's lifestyles and to determine their knowledge about risk factors for cardiovascular disease.

Methods: The study was based on quantitative methodology. As a research method we used a questionnaire with close-type questions. The study included two groups of patients. First were included patients who don't have cardiovascular disease (healthy group) and the second group of patients was patients who have been treated for cardiovascular disease. For data processing we used descriptive statistics, and for determining statistically significant differences between groups we used a t-test. Computer program SPSS 20.0 was used.

Results: We found statistically significant difference with regard eating habits ($t=6.706$; $p<0.001$) and physical activity ($t=3.415$; $p=0.013$) between study groups of patients. Patients who have been treated for cardiovascular disease live unhealthier than patients who don't have cardiovascular disease. We also found that 72% of patients who have cardiovascular diseases have overweight; while it we found that, in a healthy group 80% have normal body weight. Patients who have been treated for cardiovascular disease were statistically significant ($t=7.234$; $p<0.001$) often depressed, and also living more stressful ($t=8.641$; $p=0.033$). In both groups of patients we did not detect statistically significant differences in the presence of cardiovascular disease in the family (72% and 80%).

Discussion and Conclusion: Change in lifestyle is undoubtedly one of the most important and also one of the most difficult tasks. It usually covers changes in diet, reduce excess weight, and increase physical activity and the abandonment of many bad habits (smoking, alcohol). To reduce morbidity of cardiovascular diseases, it is an important health education in all areas of health care. Here is the important role of nurses who have to provide individual, comprehensive and caring treatment for every patient. But on other hand every patient must also take responsibility for their own health.

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The impact of displaying emotional competence within peer to peer interactions and the care of behavioral health patients

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Emotional competence is a skill set vital to professional nursing practice. Emotional competence refers to the ability to appropriately manage and express one's emotions. Management of one's emotions within both peer to peer and patient interactions is imperative in a psychiatric/behavioral health unit. Additionally, emotionally competent professionals effectively deal with their emotions in situations, without suppressing others. In emotionally competent environments, individuals display a mutual respect for patients and colleagues, a commitment to take responsibility for actions and behaviors, a desire to respectfully correct faulty situations, and the ability to assume full responsibility for self-actions. This presentation will provide an overview of a descriptive study which explored the concept of emotional competence in today's health care environment from practicing psychiatric registered nurses on inpatient nursing units. Registered nurses were asked to identify interactions of emotional competence experienced on nursing units. Content analysis revealed deficits in emotional competence by the following themes: self-awareness, mood management, self-motivation, empathy, and managing relationships. Results can assist managers, administrators and educators on ways to develop emotionally competent programs/environments that are vital to building strong individuals, team, and interdisciplinary networks.

Psychosocial factors and health - related quality of life in liver transplant recipients

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Background: With the development of surgical technology, the health-related quality of life (HRQOL) in liver transplant recipients had improved. But the HRQOL of them were still influenced by multiple factors.

Objective: To test a predictive model of psychosocial factors (perceived social support, perceived self-efficacy, cognitive appraisal of health and coping strategies) influenced HRQOL of liver transplant recipients.

Methods: Convenience sampling was used to recruit patients in a transplant follow-up center of Beijing. A total of 242 liver transplant patients were included. Scales with good reliability and validity were used to collect data. The hypothesized model was tested and modified using structural equation model.

Results: For MCS final model (model of psychosocial factors influenced mental component summary of HRQOL in liver transplant recipients), the fit indices were $\chi^2=73.920$ ($df=23$), CFI=0.923, RMSEA=0.096. Perceived social support had a direct positive effect on MCS ($\beta=0.16$, $p<0.01$). Coping strategies influenced MCS directly ($\beta=-0.20$, $p<0.05$). Cognitive appraisal of health had a direct negative effect on MCS ($\beta=-0.31$, $p<0.01$), and had a direct positive effect to coping strategies ($\beta=0.51$, $p<0.01$). Self-efficacy had a direct positive effect on MCS ($\beta=0.19$, $p<0.05$). In addition, self-efficacy had a direct negative effect on cognitive appraisal of health ($\beta=-0.68$, $p<0.001$). For PCS final model (model of psychosocial factors influenced physical component summary of HRQOL in liver transplant recipients), the fit indices were $\chi^2=67.122$ ($df=22$), CFI=0.917, RMSEA=0.092. Self-efficacy had a direct negative effect on cognitive appraisal of health ($\beta=-0.68$, $p<0.001$); Cognitive appraisal of health had a direct positive effect on coping strategies ($\beta=0.44$, $p<0.05$), but the effect to the PCS was not significant ($0.05<p<0.1$).

Conclusions: The results indicated a good fit to predict model. Social support had a direct effect on MCS. The mediating role of cognitive appraisal of health and coping strategies in the relationship between self-efficacy and MCS was supported. The predict model of MCS and PCS can be the foundation for further research and practice on HRQOL in liver transplant recipients.

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The predictors of health status of premature infant's mothers

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Medicine technology advances, continuous improvement of caring skills, and the implementation of a national health insurance payment system have increased access to health care services and the survival rate of premature infants. However, these outcomes have not improved premature infants' mothers' stress and the parent-child relationship. Thus this study employed a cross-sectional design. With convenience sampling, a total of 203 mothers of premature infants were recruited from two medical centers and four community teaching hospitals in southern Taiwan. The Hung Postpartum Stress Scale, Social Support Scale, Beck Depression Inventory, and Chinese Health Questionnaire were used to assess the mothers' psychosocial features during the first six weeks postpartum. Mothers' health status differed significantly according to levels of postpartum stress and depression. The important health status predictors were age, education, postpartum stress, and depression level. The concerns and needs of mothers of premature infants differed from those of full-term mothers during the first six weeks postpartum; premature infants' health status was found to be a major perceived stressor for their mothers. In addition to age and education level, postpartum stress and depression levels predicted health status in mothers of premature infants. Health care providers should evaluate the postpartum concerns and needs of mothers of premature infants and provide timely care to reduce their postpartum stress and depression levels, thereby promoting postpartum health. Future studies should explore postpartum stress, social support, depression, and health status each postpartum week, which could serve as a reference for nursing interventions.

Global pediatric nursing educator innovations

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This presentation is focused on ethnographic study of the experience of the author being a Nursing Fulbright Scholar travelling to a different country and culture, particularly within a higher education and healthcare setting and focusing on nursing students learning in nursing care of children and families course. The presentation has two main purposes. First, it will discuss the benefits and the experiences of being a Fulbright scholar in the Middle East in higher education, in healthcare, and doing outreach in the community. Second, it will share observations relevant to teaching and research experiences in pediatric nursing and nursing education, including perceived barriers, international and intercultural issues. The field work for this project was substantially based at Bethlehem University (BU) in Bethlehem, and included visits to Augusta Victoria Hospital (Jerusalem), University of Jordan (Amman), Jordan University of Science and Technology (Irbid). Research methodology was based on the Observation-Participation-Reflection model, an ethnographic approach. Initial emergent themes included the importance of personal contact with nursing faculty and nursing students globally, and the importance of understanding the health, family dynamics culture and language of families and their children globally. Nursing faculty impact the health of the children and their families through education, research and health promotion.

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A neglected healthcare issue on sexual well-being following breast cancer diagnosis and treatment among Chinese women

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Breast cancer is one of the most prevalent cancers in women worldwide. Because advances in screening and treatment have led to a significant improvement in patient survival, to evaluate the psychosocial needs of cancer survivors is becoming increasingly important. Changes in sexual well-being and sexual dysfunction are common following breast cancer diagnosis and treatment in Chinese women. This has led us to focus on life quality issues, with a particular focus on sexual well-being. Our study was mixed with qualitative and quantitative designs. Twenty patients with breast cancer were recruited for in-depth interviews. The central questions covered a patient's cancer experience and perceptions of sexual activities following breast cancer. According to the findings of the qualitative study, we performed a quantitative study using a structured questionnaire to collect data on patient's experience and attitude to sexual well-being following breast cancer diagnosis and treatment. Based on the qualitative analysis, seven main themes emerged: (1) Decrease in sexual frequency; (2) Lack of sexual interest; (3) Menopausal symptoms; (4) Body image changes; (5) Effects on marital relationship; (6) Misconceptions about sex; (7) The need for professional consultation. Our study highlights the significant changes to sexual well-being following breast cancer among Chinese women, in addition to the lack of knowledge and misconceptions of sexual activity among patients. Addressing these problems will help improve a patient's quality of life. The findings of this study could help healthcare professionals recognize the sexual issues faced by women with breast cancer and ultimately promote a healthy life.

Evaluation of compliance of drug treatment in geriatric hypertensive patients

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Objective: The purpose of this study, was evaluated the drug compliance among geriatric hypertensive patients.

Material and Method: The study was conducted between may-july 2012 elderly people followed at the ankara gmma geriatric outpatients (n=107). The participants were over the age of sixty-five and had diagnosis of hypertension and drug treatment. the data were collected with the data collection form (patient demographics, chronic diseases, drug treatment) and the medication adherence self-efficacy scale-short form (mases-sf). the data were analyzed by using percentage, the student t-test and one way anova.

Results: The mean age of participants was 74.7±6.0. Participants were woman in 69.2%, had diabetes mellitus in 36.4% and 44% of patients used five or more number of drugs. cronbach alpha value was 0.99 for mases-sf. the mean score for drug compliance was 45.05±6.06 (total score 52). geriatric patient's drug compliance mean scores were higher who do not need to be reminded of time to take drugs and living alone (p <0.05).

Conclusion: In conclusion, geriatric patient's drug compliance scores relatively high compared to the total score and their personal characteristics were effective on drug compliance. therefore, it is suggested that the geriatric patients drug compliance should be evaluated and the elderly people educated according to their needs.

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Simulation boosts competence & confidence: A review of literature

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Simulation education imitates real life in a safe environment. Students can learn and practice skills without harm to a patient through simulation education. This article's purpose is to determine the effects of simulation on student's clinical competency and self-confidence. CINAHL was used to review 26 studies using either low or high-fidelity simulation (HFS) between the years, 2005-2014. Likert-type scales, qualitative and quantitative data, questionnaires, and self-evaluations were used to determine the effects of simulation on a student's perceived confidence and student's competence. The studies reveal that simulation used as an adjunct to traditional education indeed improves competency confidence. More longitudinal studies are needed to track progress over time as well as more random control studies to reduce bias. It will also be beneficial to study when simulation should be introduced.

Gender discrimination in nursing and male nurses in turkey: Literature review

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Turkey

Background: Roles specific to social gender are more salient in developing Islamic countries like Turkey. However the professions chosen by men and women differ explicitly in Turkey, all of the nursing schools accept male nursing students since the reframed Nursing Act was approved on 25 April 2007. There are very few studies on experiences of male nurses or male nursing students who recently stepped into the nursing society.

Aim: The aim of this study was to review the literature in Turkish on gender discrimination in nursing, to define the problem areas and point out applicable solution recommendations.

Method: The literature review was based on related databases, Türk MEDLINE with the keywords "nursing, male nurses, gender discrimination."

Results: Literature review showed that gender discrimination is still prevalent within nursing profession. In a study on nurses as well as other professionals such as teachers, police officers and academicians, despite the relatively positive opinions on male nursing it was suggested that male nurses could be an obstacle on female nurses' career plans, they could not practice in each clinics, it could be difficult for patients to accept male nurses and they could not establish an effective communication. Literature reveals that so thought male nurses to work in clinics that physical strength is needed are seeking academic career in nursing and directing positions instead of clinic practice. Moreover, male nurses experiencing communication problems with physicians, female nurses, patients and patient's relatives due to gender discrimination have been reported. The most frequent but not the last complaint of male nurses and male nursing students is the title of the nursing profession in Turkish which is "Hemşire". The word "Hemşire" means also "sister" in Turkish and due this fact, patients, patient's relatives and other healthcare workers hesitate to call them "hemşire-nurse" and prefer to call them "erkek hemşire-male nurse".

Conclusion: As a result, nursing faculty should prepare male nursing students to interact effectively with female clients as well. Role modeling the therapeutic relationship with clients is one strategy that may help male students. In general, the faculty should provide equal learning opportunities to nursing students. Programs expressing the gender equality in nursing should be developed by the coordinated efforts of nursing society and mass media. Male nurses practicing abroad should be invited to meetings or trainings on nursing and role models should be introduced.

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Assessment of the quality of life in women with a diagnosis of urogenital prolapse

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Introduction and hypothesis: The aim of this descriptive study was to assess the severity of symptoms and their impact on quality of life in women with a diagnosis of urogenital prolapse.

Methods: The study included a total of 179 women with a diagnosis of urogenital prolapse who applied to the gynecology outpatient clinic of Etlik Zübeyde Hanım Women's Health Teaching and Research Hospital, Ankara, Turkey, between July-October 2010. The "Descriptive Information Questionnaire" developed by the authors and an adapted version of "The Prolapsus-Related Quality of Life (P-QOL) Questionnaire" were used to collect data. The SPSS 15.0 software package was used for statistical analysis.

Results: In this study, 68.1% of women recruited from the gynecology outpatient clinic were aged 52 and over, and 46.9% had graduated from primary school. 44.1% of women's parity was 3-4, 97% of women had a history of giving birth vaginally. 72.6% of women were in the postmenopausal period and 29.1% of women had a history of urogenital prolapse in their family. 77.7% of women had not previously applied to a hospital, even though they had experienced symptoms related to urogenital prolapse, 43.6% of women had applied to a hospital concerning urinary incontinence. It was found that 52% of women were diagnosed with cystocele, 57% had a third degree or higher urogenital prolapse. Urogenital prolapse affects women's general health perceptions, physical-social activities, personal relationships, quality of sleep.

The relationship between socio-demographic factors, partner support, PND, and physical activity

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Background: Postnatal depression (PND) is defined as a psychological mood disorder that occurs in a mother within six weeks of her giving birth. It refers to an episode that causes mood disturbance and it could begin in, or extend into, the postpartum period. It is thought to have a high impact upon the mother's health as well as the family's functioning and the child's development. Psychosocial factors, socioeconomic factors, leisure and physical activity may all contribute to postpartum mood and ability to cope with responsibilities. The aim of this study was to investigate the factors associated with physical activity participation and PND in postpartum women.

Methods: The study used a cross-sectional correlational design. A sample of 150 postpartum women was sent a package of six standardised questionnaires.

Results: Psycho-social factors, parental confidence, partner support, and social support predicted PND and the mothers' physical activity. There was no association between physical activity participation and PND. The factors that predicted PND were the mother's age, the baby's age, having someone to rely on for childcare, level of partner support, level of parental confidence, and being willing to ask for help; the predictors of the mother's physical activity participation were baby's age, mother's education level, family income, the number of children, parental confidence, partner support, lack of time, lack of information, lack of confidence, lack of knowledge and poor access to public transport.

Conclusion: Several factors were associated with PND and participation in physical activity, but there was no association between PND and physical activity.

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Faculty assessment of lesbian, gay, bisexual and transgender (LGBT) health: Implications for curriculum enhancement

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The health of the lesbian, gay, bisexual and transgender (LGBT) population is a national priority. Both the Institute of Medicine (IOM) and Healthy People 2020 have stressed the need for educating all health care workers on LGBT health disparities with the ultimate aim of providing culturally-sensitive care that will promote productive, long and healthy lives for all LGBT persons across the lifespan. The impetus to dedicate a concerted effort to understand and address the need of LGBT population has also been highlighted by mandates from the Joint Commission (JC). Health care facilities seeking JC accreditation must demonstrate capacity and compliance to the mandates which relate to the unique needs of the LGBT population. To better meet the needs of the LGBT population, a large urban private university initiated steps to revise its curricula across bachelors, masters, and doctoral programs. We began the process by first assessing faculty baseline knowledge as well as readiness to address LGBT issues and concerns in education, practice, and research. This presentation will discuss the findings from this survey. Analysis of survey results will serve as the basis for planning faculty development programs and to align the curriculum with the above mentioned national health priorities.

Program satisfaction and student activation as correlates of academic performance among senior nursing students

Joanne Mae Evangelista Nava
San Beda College, Philippines

Inherent in the delivery of quality education is the identification of predictors that will help educators prepare and assist students to become academically successful. This quantitative study investigated on program satisfaction and student activation as correlates of academic performance. Utilizing the Nursing Student Satisfaction Scale (NSSS) Student Activation Measure (SAM) and Grade Point Average (GPA), a cross-sectional survey was conducted among 220 senior nursing students from selected schools in Metro Manila with Level II accreditation granted by the Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU). Results of the survey revealed a significant relationship between program satisfaction and student activation ($r=0.402$, $p<0.01$). The environment subscale of NSSS, which refers to student' satisfaction of the school's classrooms, nursing laboratories and libraries, was found to have a significant relationship with academic performance ($r=0.134$, $p<0.05$). However, no significant correlations existed between academic performance and student activation ($r=-0.109$, $p=n.s.$). It is suggested that school administrators and faculty members strive to increase the level of satisfaction of students as it allows them to become more activated and engaged in learning. Improvement in facilities must be prioritized as it is important in teaching the necessary competencies in nursing and helping students to excel academically.

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Enticing student's engagement

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A nursing student's level of engagement is extremely important. Their engagement efforts impact their current and future learning, interactions, and ultimately, ongoing retention within the nursing profession. The level of engagement with the nursing role and responsibilities will contribute toward the patient's quality of healing. Interventions toward wellness, provided with engagement, create nurturing and supportive caring. Student education must facilitate engagement by being relevant and evidence-based. The current concept of student engagement is outlined in the following sections: engagement definitions, nursing student engagement, classroom engagement, and clinical engagement. Engagement is not a new teaching strategy, however, it has recently become extremely popular and effective as traditional lectured education is becoming replaced by more active and participatory teaching and learning methods.

Enticing student's engagement

Kim Bissett

Johns Hopkins Medicine, USA

An accepted role of the Johns Hopkins Hospital, Department of Nursing Standards of Care (SOC) Committee is to be champions of Evidence-based Practice (EBP) in their respective departments. These members are expected to facilitate EBP projects and mentor others in leading projects to completion. While there is considerable belief in EBP among the members, there is also a wide variation in skill and ability. Most members described themselves as novices in the EBP process. As a result, many EBP projects were attempted without proper direction or measurable outcomes. Even fewer translated the results of their EBP projects into practice changes or improvements. This project involved using a bundled set of multidimensional interventions over a 1 year period to improved EBP competency among the Nursing SOC Committee. The specific aims of this study were to establish a baseline competency level for nursing SOC representatives using a tool developed from the Johns Hopkins Nursing Evidence-based Practice Model (JHNEBP); provide multi-dimensional educational interventions to boost EBP competency; and reassess competency levels. It was expected that educational interventions would increase competence levels of nursing SOC members thereby empowering them to lead or mentor EBP projects from beginning to end. The primary outcome variable was change in Nursing SOC Committee competency from pre-assessment to post-intervention as evidenced by an increase in fully translated and published EBP projects. Secondary outcome variables included improved participant competency scores post intervention. This project will describe the process steps, bundled set of interventions and participant report of improvement in EBP competency.

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Implementation of the hybrid educational extension learning partnership (HEELP) nursing model

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Educators are accountable for ensuring students receive the essential curricular competencies needed to pass the NCLEX the first time and ultimately provide safe competent care in the practice setting. Student pass rates on the national council licensure examination (NCLEX) continue to be one of the primary indicators of program evaluation. A systematic program evaluation plan is an optimal approach for continuous improvements. However, when curricular issues occur, the steps within the process of revising a program evaluation plan can be laborious, time-consuming, and oftentimes the results not evident for years. In the interim, it would be sensible to establish a plan that would facilitate immediate results. The purpose of this abstract proposal is to introduce the hybrid educational extension learning partnership (HEELP) nursing model. The HEELP® nursing model is a transformational approach to student learning and faculty development by way of resource sharing. The aim of the model is to develop collaborative partnerships between lower performing schools with higher performing schools based on NCLEX pass rates. The faculty of the higher performing schools offers HEELP® by way of resource sharing. Specifically, the HEELP® faculty will assess student's areas of weakness, design a tailored learning plan, implement the plan, and conduct a post intervention evaluation of student growth. Implementation of the HEELP® in nursing model between neighboring states (NC and SC) substantiated its usefulness and resulted in the emergence of new founded use related to reciprocal professional development between faculty of each program.

A qualitative systematic review employing a meta-aggregation methodology addressing the experience of patients, families and/or significant others with waiting in the context of the healthcare delivery system

Leslie Rittenmeyer

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This systematic review considered studies with a focus on patients, family members and/or significant others, of any age, who had experience with the phenomenon of waiting in the context of the healthcare system. Following a systematic search 2481 studies were identified. Based on review of title and/or abstract 2388 studies were excluded. Ninety-three full text papers were retrieved for detailed examination against inclusion/exclusion criteria spelled out in the published protocol; 55 of those were excluded leaving 40 studies for appraisal of methodological quality. The methods for this systematic review followed those endorsed by the Joanna Briggs Institute, University of Adelaide, Adelaide, AU.

Conclusions: During times of waiting patients, families and/or significant others describe the experience as frustrating, paternalistically insulting, stressful and anxiety producing. There is no doubt that for many, waiting is a fearful, turbulent experience and one in which the healthcare system affords patients, families and/or significant others little opportunity to have the power to influence time and outcomes. A disconnect exists between healthcare system providers and patients, families and/or significant others regarding the meaning of waiting. For those who work in healthcare waiting is part of the culture, and is considered routine and normalized. For those who must wait the waiting is personal, fearful, and sometimes tortuous. Feelings of frustration, stress and anxiety were described frequently. Healthcare providers may be able to lessen the impact of the experience through a variety of empathic interventions.

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Early detection of psychosis; why should we care?

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Psychotic disorders, and particularly schizophrenia, are generally associated with poor outcome. An important factor in this association is the period of untreated psychosis; duration of untreated psychosis (DUP). The term DUP covers a number of different elements - the reason for the delay may reside within the patient, the mechanisms of referral, or the recognition by the treating team. The start of the DUP usually is defined by the onset of clear cut positive psychotic symptoms and its end is defined by the commencement of antipsychotic treatment. Early detection teams are aimed to shorten the duration of untreated psychosis in order to achieve better functional outcome. Early detection has been mainly focused on the presence of positive psychotic symptoms like delusions and hallucinations. We showed the usefulness of broadening the focus of early detection to negative symptoms which are characterized by a decrease of the ability to emotionally respond. The relationship between duration of untreated psychosis (DUP) and negative symptoms is strong and persistent, even after 8 years of follow-up, and so far has been underestimated. Negative symptoms are resistant to treatment and therefore prevention seem the best available option to ameliorate the course of psychotic disorders. In this presentation you will learn more about the prognosis of psychotic disorder, the DUP concept will be discussed as well as interventions to shorten it and to what extent shortening of DUP will be effective.

Huddle and its meaning: Morning synergy

Roberto Sombillo
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Introduction: The transfer of essential information and the responsibility for care of the patient from one health care provider to another is an integral component of communication in health care. It can be noted that one of the implications is efficient care delivery. However, as this concept of information sharing becomes very crucial and useful in hospital operations, the need for the participants of the huddle to bring out their concept and significant learning may similarly be relevant and be understood.

Research Questions: What are the common themes emerging from the word descriptors from the participants of the AM huddle? What important learning can be derived from the AM huddle? What eidetic symbol maybe used to describe AM Huddle?

Instrumentation: The AM Huddle Tool was an open ended tool that have asked the participants to write short answers to three questions related to the activity.

Analysis of Data: Data was analyzed utilizing three layers of reduction process of written statements. Three levels of coding were similarly done to come up with a sub themes and major themes.

Results: Relationship and Team Work are the themes of the AM Huddle. The meaning associated with the themes was synergy. Working as a team was the significant learning of the participants in the AM Huddle. The synergy towards the resolution of issues and concerns raised during the huddle was likewise highlighted. The symbol derived from the themes was yin yang. This symbol represents the significant learning of the huddle and the product of the relationship created by the team work.

Recommendations: The AM Huddle as a relevant avenue for collaboration and teamwork among members of the health team should be continued. Synergy as a source of harmony should be fostered across the hospital operations.

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Reducing heart failure 30-day readmissions: Results of implementation of best practices

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Heart failure (HF) is one of the leading causes for hospital admissions, with approximately 870 000 annual hospitalizations and 30-day readmissions rates of 19.6%. The cost of HF treatment is increasing, and CMS is placing increasing pressure on institutions to reduce length of stay and 30-day readmissions. 30-day HF readmissions can be reduced if multiple interventions are implemented, including 7 day follow up. The processes in which to implement multiple HF evidence based strategies and assure 7 day follow up can be a challenge for hospitals. Twelve (urban and suburban) area hospitals in a Midwest state agreed to participate in a multisystem collaborative (CH) between May 1, 2012 and March 30, 2013 to implement evidence based strategies to reduce 30 day readmissions. A process matrix was developed to assist CH to identify goals for improvement. Through 4 in-person meeting and 8 webinars, 12 learning sessions were designed to focus on one or more of 6 process metrics based on CH needs and experiences. A comparison of Medicare Fee-for Service beneficiaries' 30-day readmission included claims data collected between May 1, 2011 through April 30, 2012 of participating hospitals, and May 1, 2012 through March 30, 2013 of state wide non-participating hospitals. Bringing together hospitals from multiple healthcare systems within a region to share best practice can improve 7 day follow up and reduce HF 30 day readmissions. Implementation evidence based strategies required a team commitment from both staff and physicians.

Laughter is the best medicine: An interactive and research based approach to reducing stress

Gene C Haynes
Learn 2 Laugh Inc., USA

In this interactive seminar, the author will share new research that confirms laughter as an alternative means for better health, increasing work productivity, improving work place moral, team building and communication. In addition, the presenter will cover how one can improve their health by simply laughing. Audience members will engage in fun new exercises and ice breakers, proven to not only boost the immune system and improve health. The exercises consist of laughing and breathing without jokes, humor or comedy. The laughter yoga trend recently had media coverage by CNN and The Discovery Channel. Audience members will learn how to incorporate laughter into the classroom and workplace. He has studies the proved changes in health by simply laughing. Research has also shown how it improves our social well-being. During tough economic times many are stressed. This presentation will teach audience member how something so simple as laughing can help to change the world we live in.

Learning Objectives:

1. To increase the audience members awareness of the old adage "laughter is the best medicine"
2. Educate audience members on the research of laughter by Norman Cousins, Dr. Patch Adams and Dr. Madan Kataria
3. Audience members will learn new methods of reducing stress for themselves and how to incorporate laughter into their daily lives
4. Learn how to apply the benefits of including laughter as part of the work day
5. Encourage health professional to incorporate laughter within their practice

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Clinical practice guidelines for the African American women with HIV and secondary dyslipidemia

Rose Knapp

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Despite initiatives by the American Heart Association and the National Institute of Health, cardiovascular disease remains the number one killer of African-American women in the United States. This alarming health disparity in diagnosis, treatment, and research specific to women particularly African-American women must be reduced to improve their overall health and longevity. African-American women are also at a greater risk for HIV. The antiretroviral therapy which has prolonged the life of patients with HIV unfortunately predisposes them to secondary dyslipidemia, a significant reversible risk factor for cardiovascular disease. African-American women with HIV are greatly predisposed to cardiovascular disease as a result of their ethnicity, gender, lifestyle, and antiretroviral therapy. Clinical practice standards including managing complex drug-drug interactions and life-style modifications must be developed for this unique patient population. Along with clinical practice standards, it is imperative that providers take a leadership role to break the barriers to quality healthcare, implement patient education programs and foster patient empowerment to prevent the continued high mortality rates in African-American women with HIV as a result of cardiovascular disease.

Procedural sedation: Sine qua non in pediatric emergency medicine

Joe Nemeth

Montreal General Hospital, Canada

Procedural sedation and analgesia (PSA) is a vital tool in pediatric emergency medicine (PEM). There are many procedures and investigations undertaken in PEM which cause fear, apprehension and pain all of which can be mitigated with the use of medication. A review of the indications for PSA and the current medication armamentarium will be discussed.