

2016

# Nursing Abstracts

Second Annual  
International Conference  
on Nursing  
2-5 May 2016, Athens,  
Greece

Edited by Gregory T.  
Papanikos

THE ATHENS INSTITUTE FOR EDUCATION AND  
RESEARCH





Nursing Abstracts  
2<sup>nd</sup> Annual International  
Conference on  
Nursing  
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Edited by Gregory T. Papanikos

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# Preface

This abstract book includes all the summaries of the papers presented at the *2<sup>nd</sup> Annual International Conference on Nursing, 2-6 May 2016*, organized by the Nursing Research Unit of the Athens Institute for Education and Research. In total there were 55 papers, coming from 18 different countries (Australia, Brazil, Canada, Chile, China, Costa Rica, Czech Republic, Finland, Japan, Netherlands, Norway, Rwanda, Saudi Arabia, Slovakia, South Africa, Turkey, UK, and USA). The conference was organized into 14 sessions that included areas of Nursing and other related fields. As it is the publication policy of the Institute, the papers presented in this conference will be considered for publication in one of the books of ATINER.

The Institute was established in 1995 as an independent academic organization with the mission to become a forum where academics and researchers from all over the world could meet in Athens and exchange ideas on their research and consider the future developments of their fields of study. Our mission is to make ATHENS a place where academics and researchers from all over the world meet to discuss the developments of their discipline and present their work. To serve this purpose, conferences are organized along the lines of well established and well defined scientific disciplines. In addition, interdisciplinary conferences are also organized because they serve the mission statement of the Institute. Since 1995, ATINER has organized more than 150 international conferences and has published over 100 books. Academically, the Institute is organized into four research divisions and nineteen research units. Each research unit organizes at least one annual conference and undertakes various small and large research projects.

I would like to thank all the participants, the members of the organizing and academic committee and most importantly the administration staff of ATINER for putting this conference together.

**Gregory T. Papanikos**  
**President**



**FINAL CONFERENCE PROGRAM**  
**2<sup>nd</sup> Annual International Conference on Nursing, 2-6 May 2016**  
**Athens, Greece**

**PROGRAM**

**Conference Venue: Titania Hotel, 52 Panepistimiou Avenue, Athens, Greece**

**Monday 2 May 2016**

**07:30-08:30 Registration and Refreshments**

**30-09:00 (ROOM B) Welcome & Opening Remarks**

Dr. Gregory T. Papanikos, President, ATINER.  
 Dr. George Poulos, Vice-President of Research, ATINER & Emeritus Professor, University of South Africa, South Africa.

**09:15-10:30 Session I (ROOM F-10<sup>th</sup> FLOOR): Clinical Research in Health Care Quality I**

**Chair: Despina Katzoli, Researher, ATINER**

Sandra Regan, Associate Professor, Western University, Canada. Meeting Home Care Need through an Interprofessional Technology-Enhanced Home Care Model.

Jaroslav Stanciak, Associate Professor, University of SS. Cyril and Methodius Trnava, Slovakia & Jozef Novotny, Professor, College of Polytechnics, Czech Republic. The Efficacy of Radon Balneotherapy on Ankylosing Spondylitis.

Israel B. Sonti, Associate Lecturer, Nelson Mandela Metropolitan University, South Africa & \*Sindiwe James, Senior Lecturer, Nelson Mandela Metropolitan University, South Africa. Factors Influencing Effective Consultation of Advanced Midwives by General Midwives in Nelson Mandela Bay Obstetric Units.

Leyla Muslu, Instructor, Akdeniz University, Turkey, Melek Ardahan, Assoc. Prof. Dr., Ege University, Turkey Ilhan Gunbayi, Prof. Dr., Akdeniz University, Turkey. Metaphorical Images of Adults with Type 2 Diabetes Mellitus on Their Disease.

Xiaozhen Sun, Senior Registered Nurse, The First Hospital Affiliated to Zhengzhou University, China. Observation on the Effect of Acupuncture Points Massage in Control of Vomiting and Pain after TACE.

Kaixia Li, Senior Registered Nurse, The First Hospital Affiliated to Zhengzhou University, China, Lina Song, Head Nurse, The First Hospital Affiliated to Zhengzhou University, China, Gang Wu, The First Hospital Affiliated to Zhengzhou University, China & Xinwei Han, The First Hospital Affiliated to Zhengzhou University, China. The Nursing of Interventional Treatment in Benign Airway Stenosis.

**10:30-12:00 Session II (ROOM F-10<sup>th</sup> FLOOR): Clinical Education I**

**Chair: \*Sindiwe James**, Senior Lecturer, Nelson Mandela Metropolitan University, South Africa

\*Karien Jooste, Director, School of Nursing, University of the Western Cape, South Africa & Jose Frantz, Dean, Faculty of Community and Health Sciences, University of the Western Cape, South Africa. Re-Designing Health Care Academic Leaders in a Higher Education Context.

Hiroko Tokumoto, Professor, Saitama Prefecture University, Japan, Makiko Arai, Instructor, Saitama Prefecture University, Japan & Katsura Goto, Associate Professor, Saitama Prefecture University, Japan. The Reflection Model For The Clinical Nursing Education with that the Novice Faculty Can Develop His/Her Clinical Education Competency.

David Andrews, Professor, University of Windsor, Canada, Judy Bornais, Experiential Learning Specialist and Teaching Leadership Chair, University of Windsor, Canada & Jess C. Dixon, University of Windsor, Canada. Threat or Opportunity? Peer Observation of Teaching in Higher Education.

\*Audrey Cund, Lecturer, University of the West of

**10:30-12:00 Session III (ROOM G-10<sup>th</sup> FLOOR): Teaching Methods and Learning Practices, Student Experiences & Other Issues**

**Chair: Israel B. Sonti**, Associate Lecturer, Nelson Mandela Metropolitan University, South Africa

Julia Booth, Senior Lecturer, Coventry University, U.K. & Alastair Gray, Senior Lecturer, Coventry University, U.K. The Benefits of Providing an Online Learning Environment, for a Range of Health Professionals, which Facilitates the Acquisition of the Principles of Health Assessment.

Jennifer Stewart, Assistant Professor, Johns Hopkins University, USA, Bridgette Brawner, Assistant Professor, University of Pennsylvania, USA & Robin Steven, Assistant Professor, University of Pennsylvania, USA. Predictors of HIV/AIDS Programming in African American Churches: Implications for HIV Prevention, Testing and Care.

Ragna Ingeborg Engelién, Senior Lecturer, Gjøvik University College, Norway & Solveig Struksnes, Associate Professor, Gjøvik University College, Norway. May I Wash You? - Learning through Experiencing Vulnerability and Controlled Trials.

William Luchtefeld, Adult Nurse Practitioner, University

Scotland, U.K. & * <u>Louise Johnston</u> , Lecturer, University of the West of Scotland, U.K. Student Experience of Transition from FE to HEL.	of Illinois – Chicago, USA. Diana C. Sundara, RN, Ph.D., Case Manager in Home Based Primary Care, Department of Veterans Affairs, St. Louis, MO, USA. Victoria Baker, Ph.D., CNM, CPH, Associated Professor, Frontier Nursing University, Hyden, Kentucky, USA. Nsabimana Damien, MD. Medical Director, Kibogora Hospital, Rwanda, Africa. Assessment of Caregiver Burden in Rwanda, Africa.
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<b>12:00-13:30 Session IV (ROOM F-10<sup>th</sup> FLOOR): Updates in Nursing Education I</b>	<b>12:00-13:30 Session V (ROOM G-10<sup>th</sup> FLOOR): Compassionate Practice Education. Development of a Unique Multi-source Feedback Tool (MSFT) to Drive-up a Culture of Compassionate Care and Practice Education</b>
<b>Chair:</b> * <u>Karien Jooste</u> , Director, School of Nursing, University of the Western Cape, South Africa	<b>Chair:</b> * <u>Audrey Cund</u> , Lecturer, University of the West of Scotland, U.K
* <u>Cigdem Canbolat Seyman</u> , Research Assistant, Hacettepe University, Turkey & Sevim Sen, Ph.D. Student, Sakarya University, Turkey. Nursing and Professional Organization in Turkey. Felicity Daniels, Associate Professor, University of the Western Cape, South Africa. Bachelor of Nursing Programme's Relevance to the Practice Environment. <u>Carole Germaine</u> , Senior Lecturer, Birmingham City University, U.K. & <u>Catharine Jenkins</u> , Senior Lecturer, Birmingham City University, U.K. Problem-Based Learning: Application of Theory to Practice in Mental Health Nurse Education. Maude Hebert, Professor, University of Quebec in Trois-Rivières, Canada. Transition Perceptions of Women's Health with Breast Cancer. Alastair Gray, Senior Lecturer, Coventry University, U.K. Advanced or Advancing Nursing Practice: The Future Direction for Nursing?	* <u>Stephen O'Brien</u> , Head of School of Health, Nursing and Midwifery, Coventry University, U.K., <u>Louise Price</u> , Senior Lecturer, Coventry University, U.K. & <u>Carol Chamley</u> , Senior Lecturer, Coventry University, U.K. Compassionate Practice Education. Development of a Unique Multi-source Feedback Tool (MSFT) to Drive-up a Culture of Compassionate Care and Practice Education. (Panel) * <u>Carol Anne Chamley</u> , Senior Lecturer, Coventry University, U.K. & <u>Jason Pritchard</u> , Lecturer, Senior Lecturer, Coventry University, U.K. Augmented Reality: An Innovative Approach to Teaching and Learning the Principles and Practice of Paediatric Orthopaedic Care. (Panel)

**13:30-14:30 Lunch**

**14:30-16:30 Urban Walk (Details during registration)**

<b>16:30-18:00 Session VI (ROOM F-10<sup>th</sup> FLOOR): Clinical Research in Health Care Quality II</b>
<b>Chair:</b> * <u>Carol Anne Chamley</u> , Senior Lecturer, Coventry University, U.K.
<u>Luz Angelica Munoz</u> , Professor, Universidad Andrés Bello, Chile, Estela Arcos, Professor, Universidad Andrés Bello, Chile, Ximena Sánchez, Professor, Universidad de Playa Ancha, Chile, Christine Bailey, Associate Research, Universidad de Playa Ancha, Chile, Luis González, Postgraduate Student, Universidad Andrés Bello, Chile & Antonia Vollrath, Assistant Professor, Universidad Andrés Bello, Chile. Social Capital of Older Women Users of Primary Health Care in Chile. <u>Jozef Novotny</u> , Professor, College of Polytechnics, Czech Republic & Jaroslav Stanciak, Associate Professor, University of SS. Cyril and Methodius Trnava, Slovakia. Can Energy Drinks be a Gateway to Addiction? Vicky Williams, Consultant Nurse, University Hospitals Coventry and Warwickshire NHS Trust, U.K. Advanced Nursing Practice in the Care of Older People and Its Impact on Quality of Care. * <u>Sirpa Salin</u> , Principal Lecturer, Tampere University of Applied Sciences, Finland & * <u>Hannele Laaksonen</u> , Principal Lecturer, Tampere University of Applied Sciences, Finland. Management of Nursing Homes and Sheltered Housing in Finland.

<b>18:00-20:00 Session VII (ROOM B-10<sup>th</sup> Floor): An International Symposium on Diabetes</b>
<b>Chair:</b> George Poulos, Vice-President of Research, ATINER & Emeritus Professor, University of South Africa, South Africa.
* <u>Lucia-Doina Popov</u> , Head of Pathophysiology and Pharmacology Department, Institute of Cellular Biology and Pathology "N. Simionescu" of the Romanian Academy, Romania. Cardiomyocyte Mitochondrial Networking in Diabetes. * <u>Fatima Regina Silva</u> , Professor, Federal University of Santa Catarina, Brazil, Camila Pires Mendes, MSc Student, Federal University of Santa Catarina, Brazil, Bárbara Graziela Postal, MSc Student, Federal University of Santa Catarina, Brazil, Mayara Brich, Undergraduated Student, Federal University of Santa Catarina, Brazil, Ana Luiza Ludwig Moraes, Undergraduated Student, Federal University of Santa Catarina, Brazil, Allisson Jhonatan Gomes

Castro, Ph.D., Pos-Doc Student, Federal University of Santa Catarina, Brazil, Patricia Devantier Neuenfeldt, Ph.D., Pos-Doc Student, Federal University of Santa Catarina, Brazil, Ricardo José Nunes, Professor, Federal University of Santa Catarina, Brazil & Marisa Jádna Silva Frederico, Ph.D., Pos-Doc Student, Federal University of Santa Catarina, Brazil. Mechanism of Action of New Associated Analogues Glibenclamide/Pioglitazone on Glucose Homeostasis. Yasser Bustanji, Professor, University of Jordan, Jordan, Mohammad Hudaib, University of Jordan, Jordan, Hatim AlKhatib, University of Jordan, Jordan, Mohammad Mohammad, University of Jordan, Jordan & Ihab Almasri, Al-Azhar University, Gaza Strip. Identification of New Compounds from *Ginkgo Biloba* Extract as Potential Pancreatic and Hormone Sensitive Lipase Inhibitors for Management of Obesity. (PHA)  
Andriana Margariti, Lecturer, Queen's University Belfast, UK. Restoring the Endothelial Cell Function in Diabetic Patients through the Novel and Powerful Approach of Cell Reprogramming.

**21:00-23:00 Greek Night and Dinner (Details during registration)**

**Tuesday 3 May 2016**

**09:00-11:00 Session VIII (ROOM F-10<sup>th</sup> FLOOR): Clinical Research in Health Care Quality III**

**Chair:** \*Sirpa Salin, Principal Lecturer, Tampere University of Applied Sciences, Finland

Dimitra Loukissa, Professor, North Park University, USA. Managing Agitation and Challenging Behaviors in Older Adults with Dementia: A Systematic Review.

Pammla Petrucka, Professor, University Of Saskatchewan, Canada & Sandra Bassendowski, Professor, University Of Saskatchewan, Canada. Creating the Mobius: Local and Global Health Revisited.

Hayriye Unlu, Associate Professor, Baskent University, Turkey & Nevin Dogan, Lecturer, Baskent University, Turkey. Self Esteem and Social View Anxiety in Cosmetic Surgery Patient.

\*Sheila Mokoboto-Zwane, Senior Lecturer, University of South Africa, South Africa & Phumzile L. Dlamini, MSc Student, University of South Africa, South Africa. Knowledge, Attitudes and Practices Associated with Prevention of Mother-to-Child Transmission of HIV in Breastfeeding HIV-Positive Mothers.

\*Geralyn Sue Prullage, Nurse Educator, University of Rwanda, Rwanda. Survey to Assess Readiness for the Implementation of Essential Care of the Small Baby in Rwanda.

\*Judy Bornais, Experiential Learning Specialist and Teaching Leadership Chair, University of Windsor, Canada, Abeer Omar, Research Coordinator, St. Clair College and the Director of Clinical Research at the Canadian Cardiac Centre, Canada, Jamie Crawley, Assistant Professor, University of Windsor, Canada & Maher El-Masri, Professor, Research Chair, University of Windsor, Canada. Why do Patients Visit the Emergency Department for Non-urgent Care?: The Patient's Perspective.

Zeynep Guney, Academic Staff, School of Health, Adnan Menderes University, Turkey & Serpil Köz, Nurse/Master Student, Institute of Health Sciences, Adnan Menderes University, Turkey. The Relationship between Sleep Apnea and Its Risk Factors and Coronary Artery Disease in Adult Patients Admitted to Coronary Angiography. (NUR)

**11:00-12:30 Session IX (ROOM F-10<sup>th</sup> FLOOR):  
Updates in Nursing Education I**

**Chair:** \*Judy Bornais, Experiential Learning Specialist and Teaching Leadership Chair, University of Windsor, Canada

Robie (Vickie) Hughes, Associate Professor, Appalachian State University, USA. Is There a Relationship Between Night Shift and Errors? What Nurse Leaders Need to Know.

Patricia Fell, Associate Professor, Birmingham City University, U.K., Kerry Dobbins, Researcher, Birmingham City University, U.K. & Philip Dee, Senior Lecturer, Birmingham City University, U.K. Exploring Student Nurses' Views and Experiences of Learning Bioscience whilst on Placement.

Malcolm Day, Assistant Professor, University of Nottingham, U.K. Developing Clear and Transparent Guidelines for Recognition of Prior Learning: The Case for Nurse Education. (Tuesday May 3, 2016)

Yvonne Ten Hoeve, Ph.D. Candidate, University of Groningen, The Netherlands, Stynke Castelein, Senior Researcher, Lentis Psychiatric Institute, The Netherlands, Gerard J. Jansen, Senior Lecturer and Researcher, Hanze University of Applied Sciences, The Netherlands, Wiebren S. Jansen, Assistant Professor, Utrecht University, The Netherlands & Petrie Roodbol, Professor, University of Groningen, The Netherlands. Predicting Factors of Nursing Students' Positive Orientation and

**11:00-12:30 Session X (ROOM G-10<sup>th</sup> FLOOR):  
Teaching Methods and Learning Practices, Student Experiences & Other Issues II**

**Chair:** \*Sheila Mokoboto-Zwane, Senior Lecturer, University of South Africa, South Africa

\*Mitzy Reichembach, Associate Professor, Federal University of Paraná, Brazil & Gabriella Lemes Rodrigues de Oliveira, Ph.D. Student, Federal University of Paraná, Brazil. Care Technology in Nursing: Peripheral Intravenous Full Safety Catheter.

Lizy Mathew, Associate Professor, The William Paterson University of New Jersey, USA. The Effect of Multitasking and Grade Performance of Undergraduate Nursing Students.

Solveig Struksnes, Associate Professor, Gjøvik University College, Norway & Ragna Ingeborg Engelién, Senior Lecturer, Gjøvik University College, Norway. Nursing Students' Conception of Clinical Skills Training Before and After Their First Clinical Placement: A Quantitative, Evaluative Study.

Iris Mujica, Assistant Professor, McMaster University, Canada, Janet Landeen, Associate Professor, McMaster University, Canada, Lynn Martin, Assistant Professor, McMaster University, Canada & Olive Wahoush, Associate Professor, McMaster University, Canada. BScN Students' Reentry Process Following an International Immersive Global Health Clinical Experience. (Tuesday 3 May 2016, morning session)

Attitudes towards Nursing.	* <u>Derby Munoz-Rojas</u> , Professor, University of Costa Rica, Costa Rica, Brian McCabe, Assistant Professor, University of Miami, USA & Rosa M. Gonzalez-Guarda, Associate Professor, University of Miami, USA. Psychometric Characteristics of the Attitudes toward Intimate Partner Violence among College Students in Costa Rica.
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<b>12:30-14:00 Session XI (ROOM F-10<sup>th</sup> FLOOR): Clinical Education</b>	<b>12:30-14:00 Session XII (ROOM G-10<sup>th</sup> FLOOR): Care of Mother and The New Born</b>
<b>Chair:</b> *Geraldyn Sue Prullage, Nurse Educator, University of Rwanda, Rwanda	<b>Chair:</b> * <u>Mitzy Reichembach</u> , Associate Professor, Federal University of Paraná, Brazil
<u>Allie Brown</u> , Clinical Assistant Professor, The University of Tennessee Knoxville, USA, <u>Deb Chyka</u> , Clinical Assistant Professor, The University of Tennessee Knoxville, USA, <u>Laurie Acred-Natelson</u> , Clinical Instructor, The University of Tennessee Knoxville, USA & <u>Phillip Moore</u> , Clinical Instructor, The University of Tennessee Knoxville, USA. Enhancing Orientation and Evaluation on Dedicated Education Units (DEU's). <u>Najla Alharbi</u> , Undergraduate Student, King Saud Bin Abdul-Aziz University, Saudi Arabia, <u>Hadeel Al-Hawsawi</u> , Undergraduate Student, King Saud Bin Abdul-Aziz University, Saudi Arabia, <u>Amani Albandar</u> , Undergraduate Student, King Saud Bin Abdul-Aziz University, Saudi Arabia & <u>Amal Ibrahim Khalil</u> , Associate Professor, King Saud Bin Abdul-Aziz University, Saudi Arabia. Prevalence of Internet Addiction among College Students and Its Association with their Mental Health and Academic Achievements.	<u>Abeer Orabi</u> , Assistant Professor, King Saud Bin Abdulaziz University for Health Sciences, Saudi Arabia & <u>Pushpamala Ramaiah</u> , Professor, College of Nursing, India. Effectiveness of a Planned Educational Program on Preeclampsia for Primigravida Women. (Tuesday May 3, 2016, afternoon session) <u>Thembelihle Sylvia Patience Nxongo</u> , Lecturer, Durban University of Technology, South Africa, <u>Maureen Nokuthula Sibiyi</u> , Head of Nursing Department, Durban University of Technology, South Africa & <u>Nomthandazo S Gwele</u> , Deputy Vice Chancellor Academic, Durban University of Technology, South Africa. Implementation of the Basic Antenatal Care Approach: A Tailored Practice Framework for eThekweni District, KwaZulu-Natal, South Africa. <u>Nermin Peker</u> , Midwife, Adnan Menderes University, Turkey & <u>Sibel Şeker</u> , Assistant Professor, Adnan Menderes University, Turkey. The Effect of Kangaroo Care on Preterm Newborns Growth and Mother-Infant Relationship.

**14:00-15:00 Lunch**

<b>15:00-16:30 Session XIII (ROOM F-10<sup>th</sup> FLOOR): Updates in Nursing Education II</b>
<b>Chair:</b> Dimitra Loukissa, Professor, North Park University, USA.
<u>Hora Ejtehadi Davari</u> , Associate Professor, Birmingham City University, U.K., <u>Storms Menri</u> , Nursing Student, Birmingham City University, U.K., <u>Salim Khan</u> , Associate Professor, Birmingham City University, U.K., <u>Marian Johnson</u> , Senior Lecturer, Birmingham City University, U.K., <u>Luke Breakwell</u> , Staff Nurse, City Hospital Sandwell and West Birmingham Hospitals, U.K., <u>Roger Addo</u> , Student Academic Mentor, Birmingham City University, U.K., <u>Katherine Hood</u> , Student Academic Mentor, Birmingham City University, U.K., <u>Luke Kearns</u> , Student Academic Mentor, Birmingham City University, U.K., <u>Casey Mackenzie</u> , Student Academic Mentor, Birmingham City University, U.K. & <u>Israel Showemimo</u> , Student Academic Mentor, Birmingham City University, U.K. Enhancing Student Engagement: A Student Led Physiology Drop in Centre. <u>Margaret Fink</u> , Associate Professor, Dominican University of California, USA. Evaluating the Use of Standardized Patients in Teaching Spiritual Care at the End of Life. <u>Summer Huntley-Dale</u> , Assistant Professor, Western Carolina University, USA. Health Promoting Behaviors of Nursing Faculty and Perceived Levels of Stress. <u>Celia Quinlivan</u> , Lecturer, University of the West of the Scotland, U.K. Student Nurses' Experience of Clinical Simulation and How Prepared they Were for their First Clinical Placement. <u>Mercy Thomas</u> , Nurse Educator, The Royal Children's Hospital, Australia, <u>Stacey Richards</u> , Nurse Educator, The Royal Children's Hospital, Australia & <u>Kirsten Davidson</u> , Clinical Support Nurse, The Royal Children's Hospital, Australia. Securing the Future of Nursing – An Evaluation of a Structured Orientation Program for Graduate Paediatric Nurses.

**20:30- 22:00 Dinner (Details during registration)**

<b>Wednesday 4 May 2016</b> <b>Cruise: (Details during registration)</b>
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<b>Thursday 5 May 2016</b> <b>Delphi Visit: (Details during registration)</b>
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**Najla Alharbi**

Undergraduate Student, King Saud Bin Abdul-Aziz University, Saudi Arabia

**Hadeel Al-Hawsawi**

Undergraduate Student, King Saud Bin Abdul-Aziz University, Saudi Arabia

**Amani Albandar**

Undergraduate Student, King Saud Bin Abdul-Aziz University, Saudi Arabia

&

**Amal Ibrahim Khalil**

Associate Professor, King Saud Bin Abdul-Aziz University, Saudi Arabia

## **Prevalence of Internet Addiction among College Students and Its Association with their Mental Health and Academic Achievements**

**The Objective** was to investigate the prevalence of Internet Addiction (IA) and its association with the mental health and academic achievements among colleges' students, at King Saud Bin Abdul-Aziz University for Health Sciences, Jeddah.

**Methods:** A descriptive correlation exploratory design was used with 142 female students selected conveniently from College of Nursing and Allied Medical Health Sciences, King Saud Bin Abdul-Aziz University for Health Sciences, Jeddah. A self-administered Arabic version of Young, (1995) IA scale and depression scale developed by Radolof.(1977) were used to investigate the prevalence of IA and discover the association with the students' mental health and academic achievements.

**Results:** The respondents were 142 female students, equally selected from College of Nursing and Allied Medical Health Sciences. Almost 2/3 of participants 59.6% are average on-line users compared with 38.4% and 2.1% experiencing both occasional and significant problems in their lives respectively. Majority 70.4% were rarely experienced with depressive symptoms compared with 19.8% and only 9.8% were experienced sometimes and occasionally. A significant correlation was found between IA, time spent on intranet, and depressive symptoms ( $r = .335$  and  $.205$ ) respectively with no significant association on the academic achievements of the students.

**Conclusion:** Majority of the participant students are addicted to intranet with greater vulnerability for psychological morbidity of depressive symptoms. Therefore, conducting in-service training programs of intranet use and promoting a supportive environment of counseling and recreational activities will decrease the psychological morbidity of stress and depression among college students.

**David Andrews**

Professor, University of Windsor, Canada

**Judy Bornais**

Experiential Learning Specialist and Teaching Leadership Chair,  
University of Windsor, Canada

&

**Jess C. Dixon**

University of Windsor, Canada

## **Threat or Opportunity? Peer Observation of Teaching in Higher Education**

It is common practice for faculty members on university campuses across Canada to spend approximately 40% of their time teaching, 40% of their time doing research and 20% of their time dedicated to service. Although it is commonplace for instructors to receive feedback regarding aspects of their research (e.g., research ethics applications, manuscripts), limited feedback is generally provided in the area of teaching. In fact, aside from student evaluation of teaching scores, very few instructors in Canada receive any additional feedback on their teaching, in part because there is a prevailing disposition that the classroom should be off limits to any kind of review. Moreover, there is consensus in the literature that students' assessments of teaching on their own do not accurately reflect the teaching effectiveness of instructors (Atkinson and Bolt, 2010; Fraile & Bosch-Morell, 2015; Lomas and Nicholls, 2005). How can instructors expect to become more effective in their teaching without feedback or training? One approach to instructor development in the area of teaching and learning is through Peer Observation of Teaching (POT). In 2012, the University of Windsor initiated a Peer Collaboration Network designed to provide instructors with the opportunity to participate in reciprocal classroom observations and receive feedback on teaching aspects of their choosing. The importance of feedback, as a way for instructors to enhance their development as teachers, cannot be understated (Donnelly, 2007).

Through qualitative findings from a study implemented at the University of Windsor, this session will illustrate that POT can be an opportunity, rather than a threat, as it relates to the development of teaching practices. In addition, this session will share how an initiative like POT can be implemented at other institutions to enhance instruction and student learning within nursing, and how the impact(s) of such an initiative can be measured.



**Judy Bornais**

Experiential Learning Specialist and Teaching Leadership Chair,  
University of Windsor, Canada

**Abeer Omar**

Research Coordinator, St. Clair College and the Director of Clinical  
Research at the Canadian Cardiac Centre, Canada

**Jamie Crawley**

Assistant Professor, University of Windsor, Canada

&

**Maher El-Masri**

Professor, Research Chair, University of Windsor, Canada

## **Why do Patients Visit the Emergency Department for Non-urgent Care?: The Patient's Perspective**

Emergency departments (ED) are heavily utilized in the province of Ontario, Canada, with the most current statistics reporting approximately 5.3 million visits to the emergency department in 2012/13 (Ontario Health Quality Council, 2014). Although some patients present with life-threatening situations that require immediate attention, emergency departments have been utilized for non-urgent medical ailments and primary care instead of providing emergency care (Han & Wells, 2003). National data indicates that 45% of all ED visits were by low-acuity or non-urgent patients (Canadian Institute for Health Information, 2014). Proper care of patients needing the EDs can be comprised when non-urgent patients decide to utilize the ED rather than other primary care facilities (Che-Hung Tsai, Liang, & Pearson, 2010). Heavily used emergency departments can result in long waits before patients are seen and assessed, with ambulances diverted to other hospitals and most significantly, delays in treatment for urgent cases. While research has been done on the use of emergency departments, little qualitative data is available concerning the reasons for non-urgent ED visits from the perspectives of patients who make such visits. This session will provide the qualitative data findings from a larger mixed-methods study which examined the demographic, prognostic, and socio-economic characteristics of individuals who utilize the emergency department for non-urgent visits. Following Research Ethics Board approval and informed consent, qualitative data were collected from participants who attended the emergency department from four mid-sized EDs in Southwestern Ontario, Canada. Three themes emerged from the study and will be presented: 'Efficiency of care', 'Referral by another healthcare practitioner' and 'Lack of access. Examining the patient's perspective and the reasons they visit the emergency department for non-urgent care are essential to adequately address the current situation.

**Julia Booth**

Senior Lecturer, Coventry University, UK

&

**Alastair Gray**

Senior Lecturer, Coventry University, UK

**The Benefits of Providing an Online Learning Environment, for a Range of Health Professionals, which Facilitates the Acquisition of the Principles of Health Assessment**

As the roles of health professionals changes and expands there is an ever-increasing appetite for non-medical practitioners to develop their physical assessment knowledge and skills base in the drive to improve patient experience and outcomes.

Academics as course designers in the School of Nursing, Midwifery and Health at Coventry University have provided this mode of online delivery in relation to health assessment practice to a large and growing number of students over recent years. Its popularity is based primarily on the flexible access, the provision of a variety of learning tools, group interaction and the facilitative support provided by the course team whilst individuals continue with their role in practice, a mode of study supported by a number of authors (Kala et al 2010, Taylor, Abbott and Hudson, 2008)

Specifically the Module content is accessed via the online learning platform known as 'Moodle', which hosts the learning tools and resources. These are released on a week by week basis, in order to provide an achievable level of on-going engagement. This approach has acted to avoid overwhelming individual participants with the mass of course content. Group interaction is fostered each week by posing a specific clinical question which is posted for students to consider and share their responses, via a discussion forum. Tutorial support is provided in a variety of ways to meet the target audience which includes, Skype booked tutorials, email and telephone contact.

The assessment strategy evaluates both breadth and depth of learning using two methods: first the use of multiple choice questions through an online examination; secondly the submission of an analytical case study, which requires an exploration of assessment and physical examination of a clinical case which the student has managed within their own specialist area.

This presentation will set out the course design and consider how it operates. It will also address how theory applied to practice is encouraged. It will further report on the impact of this module and how it is making a difference in practice through raising the knowledge and confidence levels of its students as they make that difference in practice.

**Allie Brown**

Clinical Assistant Professor, The University of Tennessee Knoxville,  
USA

**Deb Chyka**

Clinical Assistant Professor, The University of Tennessee Knoxville,  
USA

**Laurie Acred-Natelson,**

Clinical Instructor, The University of Tennessee Knoxville, USA  
&

**Phillip Moore**

Clinical Instructor, The University of Tennessee Knoxville, USA

**Enhancing Orientation and Evaluation on Dedicated  
Education Units (DEU's)**

The Dedicated Education Unit (DEU) clinical teaching model has been used successfully in our program for the past five years. Changing healthcare environments necessitated creating more efficient methods for orientation and evaluation. Original orientation sessions required nurses to be away from patient care. Faculty recognized a need to design an orientation module that would decrease staff time away from patient care. Feedback from nurses, unit managers, clinical faculty, students and administration was essential for this project. One academic partner was particularly helpful with promoting our efforts to place the orientation and evaluation on their intranet system for easy access by their nurses, thus minimizing time away from direct patient care. This development was useful as we initiated additional strategies to place uniform orientation materials and evaluation forms for all DEU's on intranets for clinical partners. Three other clinical partners are in various developmental stages of converting staff orientation materials to an online format. Other strategies of this task force included: revising materials for student orientation and re-designing evaluation processes and tools now used consistently in all DEU's. Outcomes of this project include: improved efficiency for nurses, decreased time away from patients, clear student expectations and enhanced evaluation processes. Strengthening relationships between academic and clinical partners is crucial in preparing the future workforce. The strategies we used to develop an enhanced orientation and evaluation process for staff nurses and students on DEU's can be replicated in other settings. Continuous monitoring of dynamic developments in clinical settings is essential for identifying strategies to improve nursing education. Collaborative efforts between clinical and academic partners maximize learning opportunities and contribute to safe patient outcomes.

**Yasser Bustanji**

Professor, University of Jordan, Jordan

**Mohammad Hudaib**

University of Jordan, Jordan, Hatim AlKhatib, University of Jordan,  
Jordan

**Mohammad Mohammad**

University of Jordan, Jordan

&

**Ihhab Almasri**

Al-Azhar University, Gaza Strip

## **Identification of New Compounds from Ginkgo Biloba Extract as Potential Pancreatic and Hormone Sensitive Lipase Inhibitors for Management of Obesity**

Obesity is a worldwide problem that is rapidly affecting both developed and developing countries. According to a recent report from the World Health Organization, it is estimated that worldwide more than 1 billion adults are overweight, at least 300 million of them clinically obese. *Ginkgo biloba* L. (Ginkgoaceae) has been used for medical purposes for centuries in traditional Chinese medicine. The standard extracts of *G. biloba* leaves are now more usually used as dietary supplements or phytomedicines in Western countries.

In this study the methanolic extract of *Ginkgo biloba* L. (Ginkgoaceae) was investigated as an inhibitor of pancreatic lipase (PL) and Hormone sensitive lipase (HSL) in an attempt to explain its hypolipidemic activity. The lipase activity was quantified by a colorimetric assay that measures the release of p-nitrophenol in well controlled studies.

*In vitro* assay of *G. biloba* leaves extract inhibited both PL and HSL in a dose dependent manner with micro molar activities. Further investigations were performed employing theoretical docking simulations and experimental testing to uncover the active constituents responsible for *G. biloba* antilipase activity. Different ginkgolides A, B, C, J, K L, and bilobalide were identified and tested for their potential PL and HSL inhibition.

Using molecular docking, terpene trilactones, including ginkgolides and bilobalide, were found to fit within the binding pocket of PL via several attractive interactions with key amino acids. Experimentally, ginkgolides A, B and bilobalide were found to inhibit PL significantly ( $IC_{50} = 22.9, 90.0$  and  $60.1 \mu\text{g/mL}$ , respectively). More over these terpene trilactones could also inhibit the HSL in the same manner. Our findings demonstrated that the hypolipidemic effects of *G. biloba* extract can be attributed to the inhibition of PL by, at least in part, terpene trilactones. In conclusion, this work can be considered a new step towards the discovery of new natural safe hypolipidemic PL inhibitors.

**Cigdem Canbolat Seyman**

Research Assistant, Hacettepe University, Turkey

&

**Sevim Sen**

Ph.D. Student, Sakarya University, Turkey

## **Nursing and Professional Organization in Turkey**

Whether nursing is a profession or not is in debate for a long time. But nursing constitutes a great potential with both numeric majority and working with people and community. One of the most important elements that indicate the level of social development of a profession is presence and activity of organizations, associations, and publications that belong to the profession. In this article, the status and effectiveness of professional nursing organizations in Turkey are discussed.

**Carol Anne Chamley**

Senior Lecturer, Coventry University, UK

&

**Jason Pritchard**

Lecturer, Senior Lecturer, Coventry University, UK

## **Augmented Reality: An Innovative Approach to Teaching and Learning the Principles and Practice of Paediatric Orthopaedic Care**

Paediatric orthopaedics is a highly specialized and distinctive field of paediatric practice. This newly developed module aims to evaluate critically contemporary evidence-based care and management of paediatric orthopaedic and traumatic conditions, including rehabilitation and future -focused transitional care. In contrast with orthopaedic conditions of adulthood, deformity in childhood can be progressive, complex requiring long term collaborative care and management, coupled with the role of healthcare professionals in promoting musculo -skeletal health. Developed in collaboration with senior clinicians, nurses, academics and learning technologists this innovative module seeks to deliver high quality professional education. The pedagogical strategy proposed to blend traditional teaching approaches with contemporary cutting edge technology which actively and rapidly engage students, whereby learning is enhanced in real-time promptly immersing students with deeper involvement in the situated learning experiences. Therefore first generation users have been introduced to Augmented Reality during the delivery of this post registration Paediatric Orthopaedic Module.

Augmented Reality being a direct or indirect view of a physical real-world environment mediated through the use of mobile technology (phone, Tablet etc). These elements are augmented by a computer, generating sensory inputs aiming to enrich learning through visualization and understanding of related paediatric orthopaedic conditions. Thus Augmented Reality provides rich details normally hidden in one dimensional images, such as blood flow, fractures and images. By 'tapping' hot spots' on a manikin images can be manipulated to zoom in or rotate, all of which strengthen and deepen learning for clinical practice. Thus Augmented Reality takes an existing image and blends new information, being described as 'cutting edge realism techniques'. Furthermore in-virtuo learning prepares students/practitioners for professional life whereby they can be exposed to quite complex learning and skills safely. The use of the online wall/corkboard (Padlet) coupled with Augmented Reality therefore engages students in real-time activities.

This presentation will be augmented with a demonstration of Augmented Reality for the audience.

**Audrey Cund**

Lecturer, University of the West of Scotland, UK

&

**Louise Johnston**

Lecturer, University of the West of Scotland, UK

## **Student Experience of Transition from FE to HEI**

Articulation from Further education (FE) to Higher Education (HE) has been a key area of work for the University of the West of Scotland (UWS), School of Health Nursing and Midwifery. This is viewed as a mechanism to acknowledge students prior learning and facilitate entry into year two of an undergraduate pre-registration nursing programme. Harvey et al (2006) acknowledges that as a result of widening participation the student population is more diverse, calling for an increased need to support this heterogeneous student group. Gallacher (2006) also advocates that close partnership working between FE and HE institutions is required to adequately prepare students to articulate into 2<sup>nd</sup> year. Bradbury-Jones et al (2010) concur and further add that empowerment supports the academic and clinical transition and mentors and peers play a key role in their socialisation. Close collaboration with NHS providers and FE Colleges has been central to the development of this programme and the evaluation of the student experience.

**Method:** This qualitative study captures the student's transition from FE to 2<sup>nd</sup> year following completion of a bespoke module. Focus groups and questionnaires were utilised to describe and understand the student's experience. Ethical approval was granted by UWS University Ethics Committee.

**Findings:** Knowledge, preparation and confidence emerged as key themes that support the student's transition and articulation to 2<sup>nd</sup> year. Peer and Mentor support are pivotal to the students experience and sense of identity as they transition. The findings add to the growing body of evidence around student experience of articulation and provide a deeper insight into the student's experiences of academic, clinical and social transition.

**Conclusions:** The student experience is positive and the evaluation highlights that to sustain this articulation route partnership working, preparation; and peer and mentor support are factors that require further development and evaluation.

**Felicity Daniels**

Associate Professor, University of the Western Cape, South Africa

## **Bachelor of Nursing Programme's Relevance to the Practice Environment**

**Introduction:** Current concerns about the quality of programmes offered by higher education institutions relate specifically to the lack of alignment and relevance of programmes to the job market; the consequent gap between the competencies and level of competence expected by the employer and those which graduates possess. The competencies and level of competence of graduate nurses needs to be relevant to nursing practice to ensure improved patient outcomes.

**Aim/Objectives:** This study explored the experiences of graduates from a Bachelor of Nursing programme offered at a university in the Western Cape, South Africa, and that of their supervisors regarding the relevance of the programme to the graduate's world of work and explored the gaps and measures to improve the nursing programme.

**Methods:** A qualitative research approach and exploratory descriptive design was employed. In-depth interviews were conducted with graduates and their supervisors. All graduates who completed the Bachelor of Nursing programme in December 2013 and their supervisors at the clinical facilities were purposively sampled. Data was collected until data saturation was reached. A total of 20 graduates and 15 supervisors participated in the study. Data was analysed qualitatively using Thomas (2003) method of inductive analysis. All principles of research ethics and rigor were adhered to.

**Results:** Graduates and their supervisors provided insight into the adequacy, strengths, relevance and gaps in the programme with reference to the four disciplines for which graduates qualify at the end of the programme, namely, general nursing science, community nursing science, psychiatric nursing, midwifery and clinical nursing practice.

**Conclusion:** The findings of this study will be used to facilitate the alignment of the Bachelor of Nursing programme to the needs of the job market and enable graduates, in future, to better meet the patient's needs for care.



**Hora Ejtehadi Davari**

Associate Professor, Birmingham City University, UK

**Salim Khan**

Associate Professor, Birmingham City University, UK

**Marian Johnson**

Senior Lecturer, Birmingham City University, UK

**Luke Breakwell**

Staff Nurse, City Hospital Sandwell and West Birmingham Hospitals,  
UK

**Roger Addo**

Student Academic Mentor Birmingham City University, UK

**Katherine Hood**

Student Academic Mentor-Student Nurse, Birmingham City  
University, UK

**Luke Kearns**

Student Academic Mentor-Student Nurse, Birmingham City University,  
UK

**Casey Mackenzie**

Student Academic Mentor-Student Nurse, Birmingham City University,  
UK

**Israel Showemimo**

Student Academic Mentor-Student Nurse, Birmingham City University,  
UK

&

**Storms Menri**

Student Academic Mentor-Student Nurse, Birmingham City University,  
UK

## **Enhancing Student Engagement: A Student Led Physiology Drop in Centre**

**Introduction:** The Physiology Drop in Centre (PDIC) is an interactive learning resource for first year undergraduate students. Its aim is to expand and consolidate allied health student's knowledge of applied physiology in preparation for assessments and clinical placements. An innovative facet of the centre is that it is facilitated and coordinated by students in the advanced stages of their programmes who act as mentors to first year students. This initiative has provided a valuable opportunity for students and staff partnerships in an attempt to transform the way students learn and reducing student attrition rate.

**Aims:**

- To empower students to make changes in how they learn;
- To provide different modes of learning this appeals to all learning styles;
- To enhance student employability skills;
- To reduce attrition rate by providing extra academic support to students.

**Method:** Student mentors are the main workforce behind this project and are passionate in ensuring that the centre is interactive and available to student requiring additional support with their studies. Students accessing the centre identify the area of physiology they require help with and inform the mentors of this whilst booking appointments electronically. Mentors are also provided support from staffs where needed.

**Findings:** The PDIC has been well received by undergraduate students. Feedback obtained in terms of learning has been very positive. The centre had increased student confidence in physiological knowledge and its application in practice. Student Mentors have been praised for their positive attitude and friendly approachable manner.

**Conclusion:** Having students facilitating and coordinating the PDIC has led to: creating an invaluable interactive, conducive and informal learning/teaching resource which caters for a range of learning styles. This bespoke learning environment makes a student's individual needs a top priority. This innovative approach helps to reshape the teaching workforce whilst enhancing the quality of the student learning experience. Additionally, student mentors have enhanced their employability skills. The PDIC aims to expand in terms of number of student mentors and accessibility for students on a range of health programmes.

**Malcolm Day**

Assistant Professor, University of Nottingham, UK

## **Developing Clear and Transparent Guidelines for Recognition of Prior Learning: The Case for Nurse Education**

Within the UK Nursing has a relatively long history of providing Recognition of Prior Learning (RPL). A survey undertaken by the Higher Education Funding Council for England (2003) found that RPL activity was dominated by nursing. However, concerns about the quality of assessment and accountability of assessors have since been raised particularly regarding the need for institutions to enrich the information offered to academic staff on APL policy and procedure thus promoting their understanding of the process (NIACE 2008). This presentation, which is based on the outcomes of a doctoral study, describes how quality assurance processes from industry have been used to benchmark the role of the RPL practitioner so that the process of assessment can be made explicit to all involved in the RPL process. An action research approach has been taken using mixed methodology. The following research questions were asked: what principles are common to RPL practice; can these principles be developed as benchmarks to make APL practice more explicit; how might emergent benchmarks inform the career of the APL practitioner? Three cycles of research were undertaken over a 15-year period. The first cycle was conducted within the tertiary sector in Canada. The second cycle was undertaken in South Africa with a cohort of university academics and a cohort of nurse educators. The third cycle was undertaken with nurse educators in the UK.

Thirteen principles common to the practice of RPL were identified and a continuum for assessment practice was established. When resources are optimal the practitioner uses assessment methods based on the individual needs of the learner. These methods are holistic and contrary to the literature are inclusive, rather than exclusive or specific to, a competency or developmental approach to RPL. A career pathway for the RPL practitioner has been identified, which demonstrates the characteristic way the practitioner engages with an organisation to bring about changes in assessment practice. The functional role of the RPL practitioner has also been identified, which provides an explicit framework for practice that may be used to complement and support the career of the RPL practitioner and to construct a model for RPL practice.

**Lucia-Doina Popov**

Head of Pathophysiology and Pharmacology Department, Institute of Cellular Biology and Pathology "N. Simionescu" of the Romanian Academy, Romania

**Cardiomyocyte Mitochondrial Networking in Diabetes**

The transient physical connectivity of intracellular organelles gathers a particular attention nowadays as it generates a dynamically continuous network that allows organelles content exchange and signals transfer according to the cellular metabolic requirements. Evidence for such interactions in diabetic cardiomyocytes (CMs) and identification of molecules involved are now under intensive research anticipating contractile dysfunction alleviation in cardiomyopathy. The aim of this disclosure is to link electron microscopy evidence on organelles networking within diabetic left ventricular CMs to the newly identified molecules/mechanisms beyond it. The issues examined are: (i) the intermitochondrial communication, demonstrated in adjacent mitochondria by the extensive connectivity ("kissing") of their outer membranes (OMMs) and by cristae organization into coordinated pairs, while distal organelles contact is accomplished by elongated nanotubular protrusions ("nanotunneling"); together, these form the structural basis for transfer of electrochemical signals and exchange of OMMs components or matrix proteins; (ii) the mitochondrion - nucleus interaction encompass a plethora of aspects, such as the close relationship between their genomes, codification of mitochondrial proteins by the nuclear genome, the common intervention in preserving cellular energetics homeostasis, and the control of stress-induced mitochondrial dysfunction by activation of "retrograde signaling" (attribute of mitochondrial "quality control" function) and by stimulated transcription of specific nuclear genes that produce adaptive changes in mitochondrial protein levels; (iii) the OMM is physically tethered to the endoplasmic/ sarcoplasmic reticulum, mediating lipid transport between the two membranes, and assisting fragmentation ("fission") of dysfunctional mitochondria followed by removal of malfunctioning part (by "mitophagy"), and maintenance of a "healthy" mitochondrial population. Together, mitochondrial networking within CMs may encourage the transfer of "healthy" autologous mitochondria into dysfunctional CMs (i.e. the intercellular organelle transfer); such "mitochondrial therapy" portrays a novel regenerative strategy to replenish mitochondrial mass and to preserve myocardial energetics in diabetic cardiomyopathy.

**Ragna Ingeborg Engelién**

Senior Lecturer, Gjøvik University College, Norway

&

**Solveig Struksnes**

Associate Professor, Gjøvik University College, Norway

## **May I Wash You? - Learning through Experiencing Vulnerability and Controlled Trials**

**Background:** In Norway clinical skills training related to personal hygiene causes anxiety and stress among nursing students due to the fact that they use each other as "patients". To justify this learning activity more knowledge about the students' experiences and learning outcome is needed.

**Aim:** To describe how nursing students experience clinical skills training using one another as "patient".

**Design and methods:** Qualitative descriptive design. The sample was 187 nursing student in the first year of study, previous of their first clinical practice in nursing homes. Data collection was performed after skills training related to "sponge bath" for bedridden patients. The questionnaires had open-ended questions. How did you experience being the "patient"? How did you experience being the "nurse"? Did you learn anything through this exercise that may be useful in your clinical studies? If "yes", what did you learn? If "no", why not? Inductive content analysis was performed.

**Results:** The students' experiences being "patient" was condensed into 12 subcategories, underlying the four categories: Tension related to the role play, physical and mental vulnerability, assessment of the care and learning through bodily experience. Descriptions about being "nurse" ended in 12 subcategories an the four categories: Awareness of being in a role, to gain experience of being a nurse, turning one's attention to the other and feeling prepared to clinical practice.

**Conclusions:** Using one another as "patients" in the simulation exercise felt challenging, both mentally and physically. The exercise is described as educational. The importance of experiencing the patient role is emphasized. The role of the nurse was a useful experience with regard to having responsibility for the "patient" and the "assistant". To implement and master this learning situation appears to contribute to an increased confidence in meeting the practice field.

**Patricia Fell**

Associate Professor, Birmingham City University, UK

**Kerry Dobbins**

Researcher, Birmingham City University, UK

&

**Philip Dee**

Senior Lecturer, Birmingham City University, UK

## **Exploring Student Nurses' Views and Experiences of Learning Bioscience whilst on Placement**

**Introduction:** Literature suggests that student nurses can find bioscience learning challenging and may experience difficulty understanding and applying bioscience knowledge in practice (Davies, 2010; Taylor *et al.*, 2015). There is little research based evidence on student nurses' placement learning of biosciences and yet this is arguably the best environment to link bioscience theory to practice. In both UK and internationally, learning and assessment in clinical practice constitutes a significant proportion of pre-registration programme time and we need to ensure that bioscience education is fully integrated and supported within clinical placements.

**Aim:** The aim of this study was to evaluate pre-registration student nurses' experiences and perceptions of placement learning of biosciences.

**Method:** An explanatory sequential mixed methods approach was adopted. The research involved two phases. In phase one predominantly quantitative data was collected via a survey. 112 final year BSc nursing students from across fields completed the survey (response rate = 66%). The results of this phase were then built upon by conducting three focus groups (n=17) in a second qualitative research phase.

**Results:** Whilst students clearly acknowledged the relevance of bioscience to their nursing role, this study suggests that its importance is not recognised as widely by practice educators. Findings highlight inconsistencies in the quality of mentor support, the opportunities for students to learn and the priority that bioscience is given in placement education.

**Conclusions:** This study demonstrates the need for more explicit bioscience criteria in placement assessments and a greater level of mentor education to ensure more consistency in the standard of placement learning of bioscience.

**Relevance to clinical practice:** Providing insight into factors that influence student learning of bioscience during clinical placements provides focus on how HEIs and practice educators can better support students to confidently apply bioscience knowledge in order to deliver safe and effective patient care.

**Margaret Fink**

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## **Evaluating the Use of Standardized Patients in Teaching Spiritual Care at the End of Life**

**Background:** The United States can be characterized by cultural and religious diversity. Healthcare providers, especially nurses, must have the knowledge, skills, and attitudes necessary to care for patients whose religious beliefs differ from their own. At the end of life, diverse spiritual and cultural beliefs can be comforting. Yet education about spiritual and end-of-life care is often inadequate, or absent, in traditional undergraduate nursing programs. To fill this gap, an end of life simulation experience for students at a San Francisco Bay Area University was developed and tested.

**Method:** Fifty-four junior-level clinical students participated in a quasi-experimental study over the course of a day in the Spring 2014 semester. The study compared a treatment group (n=30) that experienced a simulation activity with a control group (n=24) that experienced a traditional in-classroom lecture. The simulation activity used standardized patients to portray either a Catholic, Jewish, or Muslim patient each with an end-stage cancer diagnosis. Each patient was visited by one clergy expert: either a priest, rabbi, or imam. Students participated by visiting with the patient and taking part in a simulated family conference. Participants completed a demographic survey, the researcher-developed Spiritual Care at the End of Life Questionnaire, and a student satisfaction survey.

**Results/Conclusions:** Students in the treatment group had higher scores for knowledge and confidence compared to the control group. The treatment group participants perceived that they had more knowledge and skill to care for end of life patients with similar and different religions and expressed increased comfort after the experience. The results of this study add to a growing body of knowledge about the importance of simulation to support educating future nurses around spiritual issues and end of life care.

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&

**Catharine Jenkins**

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## **Problem-Based Learning: Application of Theory to Practice in Mental Health Nurse Education**

In Problem-based learning (PBL) student nurses work collaboratively using practice-based knowledge to solve challenging problems relevant to their professional development needs. It is an effective approach to developing self-directed learning skills, communication, problem-solving and critical thinking skills (Spiers et al 2014).

The education of mental health nurses prepares them for responsible roles in which theoretical understanding, interpersonal skills, evidence and legislation underpin practice. Healthcare professionals need to be able to respond quickly and empathetically to a wide range of service user groups and situations and PBL is used extensively to assist students in their journey towards competence and professional qualification. In this nursing programme PBL is incorporated at different time points as a strategy to promote students' abilities to address increasingly complex, challenging situations.

In year two student nurses respond to the behavioural problems often associated with dementia through a PBL approach involving person-centred scenarios in a serious game. They then apply this learning within a second PBL session which is structured (using a flow chart, group exercises and role play) to clarify the approaches they will use in complex decision-making with and for vulnerable people who may lack capacity. Here the PBL reveals misconceptions and engages students in constructing therapeutic, legally correct responses to the dilemmas they will confront as qualified nurses in practice. In year three, as they transition to qualification, PBL increases the complexity of the decision making process while embedding previous learning. This, in combination with role-playing employability skills enhances self-awareness, promotes confidence and eases the transition to autonomous practice.

PBL can be adapted to engage students with a range of issues where theories do not always neatly fit with practice quandaries. Presentation debriefing will feature brainstorming ideas with participants around how students' learning needs could be met through adaptations of these techniques.



**Alastair Gray**

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## **Advanced or Advancing Nursing Practice: The Future Direction for Nursing?**

Advanced Nursing Practice roles have emerged over the last twenty five years in response to a variety of challenges, two of these are arguably pre-eminent; first a significant reduction in available doctors, and second a rise in numbers of patients with complex health needs. It is suggested that, with a major drive to respond to the first problem, with its emphasis on development of medical skills, the development of Advanced Nursing Practice has very much taken second place. This is unfortunate because advanced nursing has the potential to have a significant and unique impact on the second challenge, the rise in long term conditions (Donald et al 2013). Moreover, in some instances Advanced Nursing Practice roles have become so medically focussed that not only is Advanced Nursing Practice not evident, but neither are the recognised sub roles that are fundamental to advance practice. These sub roles include, innovation, education, research and clinical leadership. This paper argues that in the current climate it is essential that Advanced Nurse Practitioners not make their contribution through a medical replacement function, but also actively embrace the sub roles of advanced nursing practice and moreover proactively advance nursing practice (Rolfe 2014). What advanced nursing practice looks like will be articulated (Kucera, Higgins and McMillan 2010; Salussolia 1997). This all embracing approach will create roles which are truly advancing nursing practice.

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&

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### **The Relationship between Sleep Apnea and Its Risk Factors and Coronary Artery Disease in Adult Patients Admitted to Coronary Angiography**

**Objective:** This study is a cross-sectional type research conducted to determine the relationship between sleep apnea and its risk factors and coronary artery disease in adult patients admitted to coronary angiography.

**Methods:** The sample of this study was included 400 patients who were 20 years of age and over, with cognitive competence, literate, volunteer to participate in the research. The data were collected by using face-to-face interview technique. The findings of the study were included OSA risk assessed by risk factors of sleep apnea and Berlin, STOP Bang Questionnaire and coronary angiography' results. The findings were assessed by using Chi-square and regression analysis, 95% confidence interval, level of significance  $p \leq 0.05$ .

**Results:** Thickness of neck circumference was  $\geq 43$  cm in 18,5% of men,  $\geq 38$  cm in 66% of women. 86,5% of the participants did not use alcohol and 73,5% of them did not use cigarette, and the mean age of them was  $60,45 \pm 1,40$ , the mean of body mass index (BMI) was  $28,08 \pm 4,7$ . 25,2% of coronary angiography's findings were normal. Over half of the participants had OSA. In Chi-square analysis, it was found that age and marital status formed a risk for OSA in both OSA risk questionnaire. In made further analysis, it was showed that male gender was a factor increased the risk of vascular obstruction. In parallel with OSA, it was determined that vessel lesion's risk increased. Also, it was found that the rate of obstruction in sleep and snore was low level. According to the logistic regression analysis, risk factors of vessel obstruction were age (OR: 1,060, %95GA: 1,025-1,097), neck circumference (OR: 1,139, %95GA: 1,020-1,272), cigarette (OR: 3,146, %95GA: 1,273-7,771), male gender (OR: 3,443, %95GA: 1,040-1,097) and hypertension (OR: 3,291, %95GA: 1,408-7,693), and it was found that obesity OSA.

**Conclusions:** The results of this study show that elderly, neck circumference, BMI, cigarette and hypertension were associated with coronary lesion. According to this; care providers should focus on relationship between OSA and its risk factors.

**Maude Hebert**

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## **Transition Perceptions of Women's Health With Breast Cancer**

**Aim:** This study aims to propose a theoretical model of the transition process perceptions of health status of women diagnosed with breast cancer in a nursing perspective. The transition between being healthy, being diagnosed with breast cancer without experiencing systemic symptoms and being healthy again was the subject of this thesis. **Method:** Considering the current state of the literature and the purpose of research, the author has used a Grounded Theory methodology. **Data collection and analysis:** To reach diversity of women, the author uses three settings: a tertiary hospital, a secondary hospital and a university. Collection and data analysis were carried out from 32 semi-structured interviews with women at different times in the course of chronic disease and healthy women carrying the BRCA1 gene. **Summary of results:** From the conceptualization emerged three broad categories articulated in an explanatory model. The first category : perceptions of health and disease before the transition is divided according to the concepts of invulnerability, opposite to the disease perceptions of health and death, fear and doubt if heredity. Transition, the second category, begins at the moment of the diagnosis and lasts up to one year following the end of treatments.

During this transition, women react emotionally to deal with the situation, develop a new conception of life and respond to representations of cancer are simultaneous stages of transition process. The core category of the transition is defined by not feeling sick from breast cancer. The third category is the changing perceptions of health and illness after the transition which is characterized by perception of health that are more holistic and valuable. Cancer is now a surmountable event that nobody is immune. **Conclusion:** The salient point emerging from this research is to learn to live with a sword of Damocles over the head when the participants find themselves in a state of health changed.

**Robie (Vickie) Hughes**

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## **Is There a Relationship Between Night Shift and Errors? What Nurse Leaders Need to Know**

**Objective:** The aim of this systematic review was to examine the evidence regarding nurse night shift work and errors in patient care.

**Background:** Nurse night shift work has historically been associated with circadian rhythm changes, health risks, and even emotional effects. Health risks found to be related to chronic night shift work include breast cancer, obesity, Type II diabetes, menstrual disturbances, stroke, fractures, hypertension, thyroid disease, irritable bowel syndrome and cardiovascular disease. Circadian rhythm changes have been associated with sleep deprivation and even depression. Do these factors associated with working the night shift impact the performance of the nurse? Is there a relationship between nurse night shift work and error rate as compared to nurse day shift work?

**Methods:** An electronic literature search for "night shift nurse errors" was conducted using Pubmed, CINAHL, Health Source: Nursing/Academic Edition, and Cochrane Collection Plus databases. Inclusion criteria used was English language, full text available, and published dates between May 1, 2005 and May 1, 2015. Originally 52 studies were identified and their abstracts reviewed for relevance and duplication citations were removed. The remaining studies were reviewed and categorized based on Johns Hopkins Strength of Evidence Hierarchy.

**Results:** Ten studies including subjects from Turkey, Japan, China, Saudi Arabia and the United States were selected for analysis based on the inclusion criteria. Nurses who worked two consecutive night shifts had poorer perceptual and motor ability than those who worked four consecutive night shifts. Factors found to be significantly related to the occurrence of both near misses and adverse events included fewer years of experience, increased frequency of night shifts, internal ward assignments and experiencing time pressure. Tiredness was one of the factors reported by the nurses as contributing to error rate. Other factors reported as contributing to error rate included sleep deprivation, decrease in attention, and number of work hours per week. The error rate on night shift was consistently higher than the day shift rates.

**Summer Huntley-Dale**

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**Health Promoting Behaviors of Nursing Faculty and Perceived Levels of Stress**

The purpose of the quantitative descriptive correlational study was to investigate a correlation between health-promoting behaviors of nursing faculty working in North Carolina (N.C.) and perceived levels of stress. The research questions guiding the study were 1. What is the relationship between health promoting behaviors and perceived levels of stress of nursing faculty teaching in North Carolina, 2. What are the health promoting behaviors utilized by nursing faculty working in North Carolina and 3. What are the perceived levels of stress reported by faculty working in North Carolina. The Health Promotion Lifestyle Profile II (HPLP II) by Walker, Sechrist, and Pender (1995) measured health-promoting behaviors. The Perceived Stress Survey (PSS) by Cohen, Kamarck, and Mermelstein (1983) measured perceived levels of stress. The data was analyzed using the SPSS software to perform descriptive, correlation, and multiple regression analysis. The analyses depicted a statistically significant, moderately strong negative relationship between health promoting behaviors and perceived levels of stress. The study also identified a statistically significant moderately negative relationship between three subscales of the HPLP II (health responsibility, physical activity, and spiritual growth) and perceived levels of stress. The null hypothesis was rejected and it was concluded that there is a statistically significant, moderately strong negative correlation between health promoting behaviors and perceived levels of stress. Health promoting behavior does inversely affect perceived levels of stress.

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&

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## **Re-Designing Health Care Academic Leaders in a Higher Education Context**

Universities are in a highly competitive environment needing strong academic leadership. Academic leaders are appointed in positions from previous acting as only academics that could pose challenges. The purpose of the study was to understand the experiences of heads of departments on being redesigned as academic leaders in a higher education context. A qualitative design was followed and 12 individual unstructured interviews conducted with all the heads of departments in a Faculty of Community and Health Sciences. Open coding was conducted and two themes emerged which focused on the varied skills needed for academic leadership positions and how leadership skills should be developed among senior academics. The findings indicated that development of senior academics in leadership should be undertaken by a knowledgeable professional in formal or informal settings, that encourage mentorship and more regular group meetings, while addressing the core role of a leader appose to that of a manager. Implications of these findings for a faculty of health sciences and suggestions for leadership succession in future are discussed.

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**The Nursing of Interventional Treatment in Benign Airway Stenosis**

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## **Managing Agitation and Challenging Behaviors in Older Adults with Dementia: A Systematic Review**

Dementia in the older adult population is a complex condition currently affecting an estimated 35.6 million individuals worldwide. It is projected that by 2050 there will be over 115 million individuals affected. Multiple reports have been consistently highlighting the financial, emotional, and social burden of the illness on the affected individual, the family, and health care resources. Although in most recent decades there have been significant advances in the areas of genetics, neuroscience, testing, and psychopharmacology, the management of this complex condition continues to present major challenges.

Common illness related disruptive behaviors may range from wandering, restlessness, irritability, personality changes, hoarding, sexual inhibition to escalating anxiety, verbal and physical agitation and aggression. Current pharmacological and non-pharmacological interventions aim at addressing behavioral and psychological symptoms to alleviate patient anxiety, promote cognitive stimulation, address safety issues, decrease caregiver burden, and empower healthcare personnel to better care for these patients in the hospital and nursing home settings.

This article reviews published literature covering a 10-year period up to spring 2016. Advancements in the areas of behavioral, psychological, milieu interventions and main pharmacological agents are discussed in addressing challenging behaviors, as well as the importance of nursing staff involvement in identifying escalating behaviors and successfully intervening to promote safety, and decrease anxiety and agitation.

Finally, present limitations will be identified, and implications for practice will be discussed.



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## **Assessment of Caregiver Burden in Rwanda, Africa**

**Background:** Caregiver burden is the stress exhibited by family members caring for their chronically ill family member. This burden seems to exist in Rwanda just as it does in the United States. Palliative care is a new concept to Kibogora Hospital in Rwanda and caregiver burden is not assessed for, or managed in this program. Caring for an ill relative at home increases the caregiver's stress level and increases the risk of the patient being hospitalized. Rural caregivers of chronically ill persons in Rwanda, Africa are not able to have caregiver burden assessed because a tool is not available in their local language. **Aim:** The purpose of this research is to adapt the Zarit Burden Interview (ZBI) so caregivers of chronically ill persons in Rwanda can be assessed for caregiver burden. **Design:** Randomly selected caregivers in a rural, outpatient setting will be interviewed using the Zarit Burden Interview-Kinyarwanda and then cognitive debriefing will be completed. **Sample:** Up to thirty subjects: caregivers of palliative care patients. **Setting:** A rural outpatient setting in Rwanda. **Data collection:** Will be completed by 28 February 2016. The data collection includes administration of a questionnaire and then cognitive debriefing. **Results:** Mean and standard deviation will be used for continuous variables. T-test will be used to analyze the difference in ZBI scores between the different sectors. Regression analysis will be used to compare the ZBI scores with the activity of daily living (ADL) scores. **Conclusion:** After analysis of the data, and adaptation of the tool a Kinyarwanda version of the Zarit Burden Interview will be available for use in Rwanda.

**Andriana Margariti**

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**Restoring the Endothelial Cell Function in Diabetic  
Patients through the Novel and Powerful Approach of Cell  
Reprogramming**

**Lizy Mathew**

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### **The Effect of Multitasking and Grade Performance of Undergraduate Nursing Students**

The use of technology in social and educational settings has expanded over the last decade. Millennial students are more likely to multitask, using a variety of devices, in social and classroom activities. The aim of this study was to determine if in-class multitasking, specifically texting, had an impact on test scores of beginning nursing students. In this experimental study, ninety-one students enrolled in a first level nursing course were randomly assigned to texting and non-texting groups during a class lecture. The students listened to a twenty minute lecture on the concept of infection and a sexually transmitted disease. The texting group was asked to send three text messages to the instructor during the lecture. All students completed a ten question quiz that pertained to the lecture content and two questions on demographics following the lecture. Most students who participated in the study were females and had a grade point average of between 3.0 and 3.5. The results identified significant differences between the groups, with lower scores in the texting group. One may conclude that multitasking during class affects outcomes in terms of grading.

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&

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## **Knowledge, Attitudes and Practices Associated with Prevention of Mother-to-Child Transmission of HIV in Breastfeeding HIV-Positive Mothers**

**Purpose:** The study sought to explore knowledge, attitudes and practices of breastfeeding mothers living with HIV regarding post-natal PMTCT interventions and services. The study sample size was 90, and included conveniently selected breastfeeding mothers living with HIV who attended the King Sobhuza II public health unit in the Manzini region of Swaziland. Data was collected by administering a questionnaire to the 90 conveniently selected breastfeeding mothers living with HIV and attending the above-cited public health unit for post-natal healthcare services. The Statistical Package for the Social Science (SPSS version 20) was utilized for capturing of raw data and then analyzed using descriptive statistics.

The overall study results revealed that the majority of breastfeeding mothers living with HIV (77.8%) presented high levels of knowledge on PMTCT, and 90% demonstrated a positive attitude; while a further 90% also demonstrated positive behaviour towards PMTCT. However, stigma and discrimination among family members, non-disclosure of HIV status to sexual partners; as well as poverty and fear of future drug-resistance are reported as risk factors of non-adherence to ARV prophylaxis. Furthermore, inconsistent condom use, mixed-feeding methods and wet-nursing also emerged as other contributing factors to the increase of post-natal mother-to-child transmission of HIV among breastfeeding mothers living with HIV. The study concluded that the level of knowledge was very low as demonstrated by respondents who scored less than 50% on specific questions, irrespective of their level of educational background. This low level of knowledge invariably influenced the respondents' attitudes and practices.

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## **BScN Students' Reentry Process Following an International Immersive Global Health Clinical Experience**

Canadian undergraduate nursing programs have incorporated global health concepts and experiences in their curricula as these are elements of Registered Nurses' entry-level practice competencies. With their knowledge of global health concepts, nursing students are aware of local, national, and international populations' health needs. While there are multiple ways of promoting such knowledge, many nursing programs include optional clinical experiences abroad.

This study explored nursing students' reentry process following immersive global health clinical experiences in resource-limited international settings. Charmaz's Constructivist Grounded Theory approach was used and led to the development of a substantive theory named Reentry Process Theory. Data was gathered through face-to-face in-depth interviews with Level 4 nursing students, nursing alumni, and faculty from a School of Nursing in Ontario. Data analysis identified 4 conceptual categories that explain processes embedded in participants' reentry experiences: adjusting to being back, seeking understanding, making meaningful connections, and discovering a new self.

Findings revealed the importance of understanding experiences and factors that impact the lives of nursing students who have lived and studied in resource-limited international settings as individuals as learners and soon to become professional nurses. Recommendations are made for education, research, and for future undergraduate students pursuing a global health clinical experience.

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## **Social Capital of Older Women Users of Primary Health Care in Chile**

**Objective:** Establish the relationship of social capital that older women have to confront the health care with a set of variables considered relevant: age, marital status, education, family structure, religion and membership of organizations of the elderly.

**Methods:** Correlational study, implemented in a non-experimental design. Simple random sampling with a maximum estimation error of 5% and a confidence level of 99%, assuming maximum variance, were selected 113 elderly women. A survey of the Social Capital Personal scale was applied between October 6 and November 16, 2014. An analysis of psychometric properties of the instrument through Cronbach's alpha (0.863) was performed, Statistical tests of mean differences and correlations and scatter descriptive statisticians were calculated.

**Results:** 1 in 2 older women were between 64 and 73 years, with an average score of 23.9 points social capital. The bonding social capital was higher than bridging social capital. It was found that the strongest correlation was between the capital binding and age ( $r = -0.432$  ( $p < 0.01$ ), ie, the older lower capital binding. Catholic women achieved a lower average score than evangelical (23.3 points vs 25.8 points,  $p = 0.000$ ). Women with higher education had higher scores of social capital, a situation that is related to better social status and availability of social resources. Women had lower household coreless bonding social capital (11.01 points) and single-parent households without children the lower bridging social capital (8.29 points).

**Conclusion:** Precarious levels of capital are related to categories of variables that predict greater health risk, such as age, marital status and family structure.

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## **Psychometric Characteristics of the Attitudes toward Intimate Partner Violence among College Students in Costa Rica**

Dating violence is a global problem that affects young adults around the world. Attitudes toward dating violence have been identified as a prominent area to target efforts addressing this problem. Therefore, valid assessment tools are required to study this phenomena. Yet, few instruments have been developed to assess dating violence attitudes among college, and of those only a small number have been validated outside of the US, compromising our understanding about dating violence experiences in other countries. To address this gap, this study consequently examined the psychometric characteristics of the Revised Intimate Partner Violence Attitude Scale (R-IPVS) on a sample of 206 graduate students in Costa Rica. The IPVS was originally developed in 2005 by Smith and colleagues and revised in 2008 by Fincham and colleagues. Based on an exploratory factor analysis using a geomin rotation, psychometric analyses revealed that the R-IPVS has three correlated factors: abuse, control, and violence, which are consistent with the structure proposed for the R-IPVS. Regarding the factor loading, analysis suggested six items clearly show high factor loading on Factor 1 (control), while other six items have high factor loading on Factor 2 (abuse). Finally, four items show high factor loading on Factor 3 (violence). However, item 14 show poor factor loading on all the three factor. The reliability of the scale was good ( $\alpha=.071$ ), while subscales alpha Cronbach's coefficients ranged from 0.5 to 0.7. These results indicate that the Costa Rican version of the R-IPVS has a variety of potential applications and can be recommended for use in research and practice.

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## **Metaphorical Images of Adults with Type 2 Diabetes Mellitus on Their Disease**

The purpose of this study is to investigate why and what mental images (metaphors) that participants with Type 2 Diabetes Mellitus formulated to describe the concept of diabetes mellitus which they experienced based on their professional culture. This is a qualitative study with phenomenological design as the study aims to analyze Type 2 Diabetes Mellitus from the participants perspectives in details. The research sought to use qualitative methods to gather the relevant data via semi-structured interviews with the sample of 13 volunteer participants with Type 2 Diabetes Mellitus selected based on purposive sampling method and criterion sampling technique. Thus, the mapping of interview questions was carried out in three levels. Firstly, interviewers were asked an initial question as: What do you think Type 2 Diabetes Mellitus is like? A thing, a living thing, etc.? Secondly, they were asked follow-up question as why? Finally, they were asked to give their reasons for the metaphors they formulated for Type 2 Diabetes Mellitus. As a result of the findings, participants formulated 16 metaphors under 8 main themes as machine, plant, disease, animal, human, thing, traffic and others. The metaphors they formulated revealed what Type 2 Diabetes Mellitus meant to them. Thus the outcome of the research addresses important implications for the life of people with Type 2 Diabetes Mellitus on how to self-manage their disease and to be guided them.



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## **Mechanism of Action of New Associated Analogues Glibenclamide/Pioglitazone on Glucose Homeostasis**

The sulfonylurea glibenclamide is one of the most used compounds to control the hyperglycemia in diabetic patients. Pioglitazone a thiazolidinedione excels in controlling diabetes mellitus by increasing insulin sensitivity in insulin-dependent peripheral organs. Objective: To study the secretagogue activity of new analogue JO4, supported by the junction of glibenclamide structure associated with the portion of pioglitazone, on antidiabetic activity. Methods: Male adult Wistar rats fasted for 16 h were treated with JO4 (1 and 10 mg/kg, i.p). After 30 min of treatment rats received a glucose overload (4 g/kg, i.p), blood was collected at zero time, 15, 30, 60 and 180 min for glucose measurements. The serum insulin as well as in vitro insulin secretion was measured with/without JO4. Isolated pancreatic islets were incubated for 60 min in HEPES-KRb with  $^{45}\text{Ca}^{2+}$  a 37° C, pH 7.4 with  $\text{O}_2:\text{CO}_2$  (95:5 v/v). It was studied the effect and the mechanism of action of JO4 ( $10^{-6}$ ,  $10^{-9}$  and  $10^{-12}$  M) on  $^{45}\text{Ca}^{2+}$  influx in islets with/without agonist/antagonists of ionic channels or protein kinases (CEUA PP00479).Results: JO4 improved glucose tolerance and stimulated insulin secretion at 15, 30 and 60 min. In addition, JO4 stimulated in vitro insulin secretion after 30 min of incubation in isolated pancreatic islets. JO4 stimulated calcium influx that was enhanced in the presence of glibenclamide. The diazoxide and nifedipine inhibited the effect of JO4. However, flunarizine did not change the effect of JO4. Thapsigargin and dantrolene did not alter the effect of JO4. On the other hand, H89 and RO310432 blocked the stimulatory effect of JO4 in calcium influx. Conclusion: These results show the potential role of JO4 as an insulin secretagogue by acting through the  $\text{K}^+/\text{ATP}$  channels, CCDV. Beyond, PKA and PKC seem to downstream the signal transduction of JO4 for insulin secretion and glucose homeostasis. Financial support: CNPq, CAPES-PPGBQA/UFSC.

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**Implementation of the Basic Antenatal Care Approach: A Tailored Practice Framework for eThekweni District, KwaZulu-Natal, South Africa**

Globally antenatal care is advocated as the cornerstone for reducing children's deaths and improving maternal health. The World Health Organization designed and tested a Focussed Antenatal Care model for the developing countries to improve their quality of antenatal care services. South Africa has not successfully implemented this approach, referred to by South Africa as the Basic Antenatal Care approach.

A convergent parallel mixed methods design was used to assess how the Basic Antenatal Care approach was implemented in the eThekweni district. Data were collected from 12 Primary Health Care clinics using observations, retrospective record reviews and semi-structured interviews conducted with pregnant women. The quantitative data was analysed using version 21.0 of the Statistical package of social services and qualitative data was analysed using Tech's method of data analysis.

The Basic Antenatal Care approach was not being successfully implemented in the Primary Health Care clinics. Several aspects of planning, people, processes and performance were not done according to the Basic Antenatal Care Principles of Good Care and Guidelines. Although good communication was observed between the clinic staff members and the referral institutions, communication problems existed between the Primary Health Care clinics and the Emergency Medical Rescue Services and also with the pregnant women. Antenatal care and delivery plans and the midwives' counter checking of maternity charts were not recorded. Some pregnant women had positive perceptions about the antenatal care services but others had negative perceptions.

A tailored practice framework and an implementation guide were developed based on setting and client-specific factors to facilitate the implementation of the Basic Antenatal Care approach. The framework highlights the importance of cooperation between management and administration, in-service education and skills development departments/units and the operational level. Effective implementation of the Basic Antenatal approach could help to reduce South Africa's high maternal and neonatal mortality rates.

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&

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## **Can Energy Drinks be a Gateway to Addiction?**

**Objective:** The availability of caffeine-containing energy beverages, combined with aggressive marketing, has promoted their widespread use, particularly among teenagers. The caffeine content of these products is presently unregulated. By promising immediate energy and decreased fatigue, energy drink brands have created a 53.5 billion yearly industry. In 2006, more than 30% of teenagers reported using energy drinks. The wide availability of the beverages makes them readily accessible for purchase by teenagers, even though the products often retail for more than twice the price of "traditional" soft drinks. Energy drinks are used as mixers in bars. The health-hazard of these energy drinks are seen if the consumption is more than two bottles in a day. Combination of alcohol and energy drinks is more dangerous than alcohol alone. Energy drinks have become a phenomenon of our modern time and it can be a gateway to addiction.

**The aim of the present work** was to identify consumption of energy drinks with and without drugs in teenagers.

**Material and Methods:** The research was conducted per questionnaire. The respondents (n=320) were teenagers between the age of 10 to 19 years old. Respondents visited Primary School, Secondary School and High School.

**Results and Discussion:** The teenagers have used the energy drinks (with and without drugs) in increased quantity at different events, but they have very little knowledge about them. There is the importance of information about the drug abuse danger, because the way out of the circle of addiction is not easy.

**Conclusion:** Prevention as a key has irreplaceable role for health professionals. According to our results we can conclude that energy drinks be a gateway to drug addiction.

**Stephen O'Brien**

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**Louise Price**

Senior Lecturer, Coventry University, UK

&

**Carol Chamley**

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## **Compassionate Practice Education. Development of a Unique Multi-source Feedback Tool (MSFT) to Drive-up a Culture of Compassionate Care and Practice Education**

Like never before the public voice, and expectations from healthcare providers have propagated and instilled the need for change, escalated through the reported widespread failures to provide compassionate care which have led some to conclude that there is a '*crisis of compassion*'. Resonating widely within an international context there is an increasing world-wide focus on compassionate care, echoing the need for change with a global and unified call for action to refocus the delivery of high quality compassionate care. This unique project sought to learn from collaborative experiences enabling leaders in healthcare practice to assess and monitor compassion within practice settings, considering the setting as both a clinical environment and an educational provider.

Initiated by Coventry and Warwickshire Partnership Trust together with the Nursing, Midwifery and Healthcare Practice Department at Coventry University, this collaborative project aimed to develop a bespoke online Multi-source Feedback Tool (MSFT) to measure compassionate practice education. Project objectives sought to scope work unready undertaken whilst reviewing existing national and international literature. Working with developers ([www.lifeassociates](http://www.lifeassociates)) themes and statements sourced from the literature informed the development and design of the online platform (Multi-source Feedback Tool).

The on-line tool has been piloted with permissions and resources in place across a variety of practice areas and subsequently up-scaled significantly for a second cycle of piloting. Initial findings suggest that the on-line Multi-source Feedback Tool was well received and participants recognised that the pilot represented valuable opportunities for gaining feedback whilst informing refinement and adaptation of the MSFT. The success and the evidence from the two cycles of pilot studies support a deep dive into compassion within practice and education and substantiate the need to escalate the work further beyond the initial objectives.

This presentation will endeavour to demonstrate the on-line tool outlining processes and procedures associated with delivery of the pilot studies reporting highlights, recommendations and progression to the next stage.

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&

**Pushpamala Ramaiah**

Professor, College of Nursing, India

## **Effectiveness of a Planned Educational Program on Preeclampsia for Primigravida Women**

**Background:** Preeclampsia is a multi-systemic disorder unique to pregnancy. It is found more related to chains of social ills such as poor maternal nutrition, limited or no antenatal care and poor reproductive education. However, some specific high riskfactors leading to preeclampsia may be identified in an individual.

**Aim:** The aim of this study was divided into two parts: 1) to determine the knowledge of primigravida women regarding preeclampsia and 2) to evaluate the effectiveness of a planned educational program (PEP) for primigravida women on preeclampsia in terms of gain in knowledge score.

**Hypothesis:** The mean post-test knowledge scores of the primigravida women regarding preeclampsia will be significantly higher than the mean pre-test knowledge scores.

**Design:** A Quazi-experimental design was adopted to conduct the current study. One group pre-test post-test approach was used.

**Setting:** The study was conducted at antenatal clinic at primary health center of periyampatti, DharmapuriDt, Mangalore.

**Sample:** Thirty primigravida women in first and second trimester attended the antenatal clinic were recruited purposively for the current study.

**Tool:** A structured closed ended questionnaire was prepared by the researchers and used to assess: the knowledge level of the primigravida women through a pre-test and the effectiveness of the PEP, after its implementation.

**Results:** The highest percentage of the respondents (63%) had poor knowledge and only 37% had average knowledge regarding preeclampsia. With regard to the pre-test knowledge level, the mean percentage of total knowledge score was 32.23% with a mean  $\pm$  SD of  $9.67 \pm 3.79$ , which increased to 84.9% with a mean  $\pm$  SD of  $25.47 \pm 2.46$  in the post-test.

**Conclusion:** The PEP may be effective in improving the knowledge of primigravida women ( $t= 3.66$ ,  $P<0.001$ ) regarding preeclampsia.

**Nermin Peker**

Midwife, Adnan Menderes University, Turkey

&

**Sibel Şeker**

Assistant Professor, Adnan Menderes University, Turkey

## **The Effect of Kangaroo Care on Preterm Newborns Growth and Mother-Infant Relationship**

In this study, the effects of KC (Kangaroo Care) administered to newborn babies in NICU (Newborn Intensive Care Unit) on newborns growth and mother-infant relationship were evaluated by using semi-experimental method including, control group and pretest-post-test methods. Research employs a total of 42 participants (premature newborn babies and their mothers), 18 in control group and 24 in experimental group, utilizing convensive sampling method. Research data were collected Neonatal Intensive Care Unit in Aydın Women Health, Obstetric and Child Hospital from December 2012 to March 2014. Data were collected by using family and baby introduction form, KC screening form (for home and hospital care), Maternal Attachment Scale and Newborn Perception Scale I-II. In the experimental group, mothers were given configured training about administrating KC and least one hour a day during the first month KC applications. Effectiveness of training was evaluated by using pretests and post-tests of newborns height, weight and head circumference measurements, Newborn Perception Scale and Maternal Attachment Scale scores in experimental and control groups.

Obtaining data were analyzed with descriptive statistics, Chi-square, Mann-Whitney U test.  $P < 0,05$  was consideredes significant in analyses made to compare groups. The mothers of infants included in the study were informed about the study and their informed consent was obtained. Approval was also obtained from the head physicians of the hospitals and the ethical committee.

The following characteristics have been statistically similar for experimental and control groups: Age of mother, age of marriage, age of father, obstetric and pregnancy related characteristics, gestational age, gender of newborn, delivery method, multiple birth, problems at birth, intervention at birth, diagnosis of hospitalization, birth weight, head circumference at birth, Apgar scores for 1 and 5 minutes, and nutrition. The following characteristics have been statistically different for experimental and control groups: Monthly income and duration of hospitalization.

Average of height, weight and head circumference of newborns in both groups before and after KC are found to statistically similar ( $p > 0,05$ ). Regarding maternal attachment of mothers before and after KC, values are found to be statistically similar ( $p > 0,05$ ). When compared in terms of negative and positive perception it was found that the difference between groups isn't statistically significant ( $p > 0,05$ ).

Study results show that KC applications for premature newborns in NICU don't have an effect on babies' growth (average of height, weight and head circumference), maternal attachment and mothers' perception of their babies. The small number of examples, inability to effectively randomization and at home kangaroo care practices may have affected the results of the research limitations. Taking into consideration the limitations of this research, it is recommended that the planning of new research.

**Pammla Petrucka**

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&

**Sandra Bassendowski**

Professor, University Of Saskatchewan, Canada

## **Creating the Mobius: Local and Global Health Revisited**

As nurses we are touched and reach out both locally and globally to patients, communities, partners, and each other. However, our local and global roles are often considered as separate contexts – indeed as separated worlds. Nurses are often seen as practicing in one or the other context; seemingly oblivious of their inter-relatedness and seemingly making it impossible to unite. This approach potentially impedes the ubiquity of nursing care and is being challenged within current ‘glocalization’ trends (Brooks & Normore, 2010). So how is or how should the nursing profession respond to these trends? There is an imperative for a model to reframe our nursing presence, responsiveness,

and preferred futures within this emerging reality. Through the visual of a Mobius loop, we challenge the traditional continuum and intersection models that dominate the local to global nursing literature. We explore opportunities to shift from a local-global duality to a dynamic non-orientable (non-place based) approach in nursing practice. The implications of such a shift are inspiring, liberating, and enabling in connecting of local and global nursing for responsiveness and effectiveness. This model addresses the imperative of uniting local and global practices through respectful and reflective approaches, which give credibility to wise practices as well as best practices in these contexts. It will inform a more positive local-global nursing practice environment by embracing and sharing experiences, expertise, and learnings.

**Geralyn Sue Prullage**

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**Survey to Assess Readiness for the Implementation of  
Essential Care of the Small Baby in Rwanda**

**Problem Statement:** Nurses being trained as generalists and not as neonatal specialists, coupled with lack of needed equipment to care for the small well baby in health centers may contribute to neonatal morbidity and mortality in Rwanda. **Identified Health Problems:** Neonatal death accounts for 51% of all infant and child mortality in Rwanda. Many of these deaths are attributed to complications that begin at the time of delivery. The Helping Babies Breathe program has been effective at saving babies at the time of delivery. In July 2015, American Academy of Pediatrics, Thrive, Strive and Global Development Alliance introduced a follow-up program called the Essential Care for Small Babies (ECSB). The ECSB was developed to guide the care of the small well baby at health centers in developing countries. The care of the small well baby requires new learning and expertise for the Rwandan nurses. The Rwandan nurse has minimal training in the care of a small well baby. Furthermore, the health centers have minimal equipment to comply with the new guideline. The survey was created to assess nurse's education and perceptions and the equipment available which is essential to the care of the small baby in the health center. **Methodology:** Convenience survey of the nurses that work at the 13 health centers in the Kibogora Hospital catchment in the month of January 2016 completed by February 2016. Measures will be Likert scale, percentage, mean and median. Analysis will be Chi-square, t test, 2way ANOVA and Kruskal-Wallis. **Conclusion:** The outcome of the project is to improve care for the small well babies in

Rwanda by assessing the training and equipment currently available to carry out the ECSB. The survey can identify areas to address in implementation of the ECSB in terms of education and equipment to improve likelihood of its success.



**Celia Quinlivan**

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## **Student Nurses' Experience of Clinical Simulation and How Prepared they were for their First Clinical Placement**

Within pre-registration nursing in the United Kingdom clinical simulation teaching has now been sanctioned to replace up to 300 of the 2300 practice hours (Nursing and Midwifery Council, (NMC) 2007a). It is used extensively as a teaching and learning strategy across the three years of an undergraduate programme where the study took place. In year 1 one, students are introduced early to clinical simulation and experience their first clinical placement ten weeks from commencement.

This small explorative study using a qualitative approach sought to explore student nurses' experience of clinical simulation and how prepared they were for their first clinical placement.

The findings showed that although students enjoyed clinical simulation, they would have liked some prior introduction to the teaching strategy, and overwhelmingly more time to practice. A "step by step" teaching approach was preferred by the students in the clinical skills laboratories (CSLs) with more opportunity to practice. Although they reported the CSLs as authentic, they found working and communicating with the manikins unrealistic and "child like". One unexpected finding was that students found simulation provided an opportunity to socialise and get to know one another. However, student's reported difficulty in relating skills that they had learned in clinical skills laboratories to clinical practice, in particular the predominant use of automated machinery for blood pressure measurement. One student described the clinical placement as completely different to what they had been taught, so much quicker and task oriented.

This study contributes to knowledge development in relation to enhancing the student experience and engagement by:

- Increasing the understanding of student nurses' initial experiences of clinical simulation.
- Gaining insight into the students' preferred teaching and learning strategies.
- Gaining an understanding of the students' experience of their first clinical placement in relation to clinical skills practice.

**Sandra Regan**

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## **Meeting Home Care Need through an Interprofessional Technology-Enhanced Home Care Model**

Amid growing concerns regarding the shortage of registered nurses (RNs) to provide home care, decision-makers in one region of Ontario, Canada implemented a new model of care called eShift that uses communication and information technology to enhance home care service delivery to palliative care older adults who wish to die at home. The eShift model consists of the remotely-situated RN using technology to direct care provision by a personal support worker (an unregulated care provider) in the home. Communication regarding patient care occurs in real-time; the personal support worker uses a smart phone modified with the eShift application and the RN uses a computer with the eShift application/dashboard. Documentation and communication about patient observations and care activities occur in the eShift portal. The RN is typically responsible for between four and six personal support workers and patients. Other members of the team include family members, care coordinators, nurse practitioners, physicians, and allied health.

We conducted a descriptive-exploratory study to understand the structure, process, and outcomes of the Shift model of home care. Interviews and focus groups were conducted with health care providers (n= 45), decision-makers (n=13), technology providers (n=3) and family care givers (n=8). Interviews were recorded, transcribed, and a deductive analysis of transcripts was conducted. Findings suggest that family care givers were highly satisfied with the care provided and that they were able to support their family member to die at home; the technology-enhanced model of care enabled consistency and continuity of care; there was perceived enhanced teamwork among health care providers; and healthcare providers viewed the technology provider as a key member of the team. Novel models of healthcare delivery, particularly those that involve innovative and efficient use of health human resources and health information technology may enhance care delivery in the home and transform inter professional care teams.

**Mitzy Reichembach**

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&

**Gabriella Lemes Rodrigues de Oliveira**

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## **Care Technology in Nursing: Peripheral Intravenous Full Safety Catheter**

**Objective:** To estimate the incidence of local complications associated with the use of the peripheral intravenous Full Safety Catheter (FSC); identify risk factors for the development of most common complication. **Methods:** Prospective cohort study carried out from March, 2013, to November, 2014, with hospitalized adult patients in medical and surgical units of certain university hospital; only one catheter per individual was analyzed, by daily observance, using some data collection instrument containing variables related to the catheter and the patient (socio-demographic and clinical). **Results:** Ninety-two (92) patients were evaluated. The incidence of complications related to catheter usage was 56.52%, including infiltration (23.08%), accidental traction of the catheter (17.31%), obstruction (15.38%), local infection (3.85%), thrombophlebitis (1.92%), leakage (1.92%), and phlebitis (36.54%), which was the one of highest frequency. Significant difference was showed between the dwell time of the catheters that developed phlebitis (4,36 days) and those with other complications (3,18 days) ( $p=0,0430$ ). The dwell time greater than 72 hours increases the risk for development of phlebitis at 2,34 (RR;  $p=0,0483$ ; CI [0,91;6,07]). There was a higher prevalence of this complication among male patients (52,63%), Caucasian patients (94,74%), patients hospitalized for digestive diseases (36,84%), patients with a history of systemic hypertension (57,89%), patients who used 20 gauge caliber catheters (78,95%), catheters inserted in the left arm (57,89%), catheters in the forearm region (68,42%), and after intravenous administration of sedatives and analgesics (73,68%). **Conclusion:** The use of FSC was analyzed for the first time in Brazil. The benefits observed were: increased length of stay until the occurrence of complications; low incidence of local infection; and protection against occupational accidents with biological and cutting and piercing material. In contrast, the phlebitis' incidence was about seven times above the percentage accepted by the Infusion Nurses Society; this was a worrying result indicating the need of further studies.

**Sirpa Salin**

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&

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## **Management of Nursing Homes and Sheltered Housing**

**Objectives:** The public sector is the largest producer of services for the elderly in Finland. The public elderly care management system has been criticized for having too many managers and levels. On the basis of the Finnish recommendation (MSH 2013), middle managers are responsible for the appropriate organization of the work, the reform of working practices and staff skills, the well-being and safety of the employees, the participatory management style, the management of multi-professional teams and a flexible allocation of the staff as needed. The present study aims to address this question: How do chief managers perceive their work image now and in the future?

**Method:** The study was undertaken at Finnish public and private nursing homes during the autumn of 2014. Data consisted of semi-structured interviews with four chief managers, analysed using the content analysis method.

**Findings:** The job consisted of power and responsibility issues, preparing and executing decisions and participating in meetings. As the job description is multi-dimensional and demanding, the chief managers are constantly working overtime. No matter how much they do, they feel inadequate.

The future challenges are divided into three main categories: The adequacy of resources (economic and human), the renewal of the service structure (legal obligations and their fulfillment) and the ability to prepare for social change (reputation building, internationalization and multicultural competence).

**Conclusion:** The chief managers' work is complex and fragmented. The ability to prepare for the future requires considerable attention, as it directly affects the reputation of the nursing home, which can only be lost once. Reputation building includes the management, which is based on the values that appear in everyday work. Finland's rapid internationalization is a great challenge, for which the country's health care system is not prepared.

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&

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**Factors Influencing Effective Consultation of Advanced  
Midwives by General Midwives in Nelson Mandela  
Bay Obstetric Units**

South Africa has a growing number of perinatal and maternal deaths and, despite this challenge; advanced midwives are still not always adequately consulted by the general midwives on duty. As a result, pregnant and labouring women remain at risk. The aim of this study was to describe factors influencing effective consultation of advanced midwives by general midwives practising in the obstetric units in the Nelson Mandela Bay, South Africa. A quantitative research approach founded on a descriptive design was used. The data collection tool was a self-administered questionnaire. Data was collected between July and September 2013 from practising midwives in Nelson Mandela Bay obstetric units. To ensure reliability of the questionnaire responses, Cronbach's alpha was used. The study found that the advanced midwives are not being consulted by general midwives because they are perceived as lacking the advanced skills of specialist midwives. Based on the findings, recommendations were made to assist practising midwives to use the skills of the advanced midwives and limit the delays in referrals and decision-making in the management of high-risk pregnant women in confinement.

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&

**Jozef Novotny**

Professor, College of Polytechnics, Czech Republic

## **The Efficacy of Radon Balneotherapy on Ankylosing Spondylitis**

**Objective: Ankylosing Spondylitis (AS, Bekhterev's Disease and/or Marie-Strümpell Disease)**, is a systemic rheumatic disease, meaning it affects the entire body. It mainly affects joints in the spine and the sacroiliac joint in the pelvis. In severe cases, complete fusion and rigidity of the spine can occur ("Bamboo spine"). Approximately 90% of people with AS express the HLA-B27 genotype, meaning there is a strong genetic association. 1-2% of individuals with the HLA-B27 genotype contract the disease. There is no direct test to diagnose AS. The Schober's test is a useful clinical measure of flexion of the lumbar spine performed during the physical examination. Index (BASFI) is a functional index which can accurately assess functional impairment due to the disease, as well as improvements following therapy.

**The Aim of the Present Study:** to verify the efficacy of radon balneotherapy on ankylosing spondylitis.

**Material and Method:** The axis of research was to evaluate efficacy of Radon spa therapy on the functional state of the patient with the help of the following tests: Schober, Stibor, Thomayer, Lateroflexy and BASFI (The Bath Ankylosing Spondylitis Functional Index). Also we evaluated the respondents length of spa stay, their age and sex.

**Results, Discussion and Conclusion:** Radon spa treatment has the positive influence on the course of the disease in our set of 42 patients. Our results demonstrate the improvement of mobility of spine (Schober, Stibor, Thomayer) on the significant level according Student's t-test ( $p < 0,0001$ ). The length of spa treatment is very important - three weeks stay and 19 bath. Clinical trials document the positive treatment effect of spa therapy with Radon which lasts for up to 40 weeks. The physical therapist will design a program that can help patients maintain good posture and motion in the joints.

**Jennifer Stewart**

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**Bridgette Brawner**

Assistant Professor, University of Pennsylvania, USA

&

**Robin Steven**

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## **Predictors of HIV/AIDS Programming in African American Churches: Implications for HIV Prevention, Testing and Care**

**Objective:** To estimate the incidence of local complications associated with the use of the peripheral intravenous Full Safety Catheter (FSC); identify risk factors for the development of most common complication. **Methods:** Prospective cohort study carried out from March, 2013, to November, 2014, with hospitalized adult patients in medical and surgical units of certain university hospital; only one catheter per individual was analyzed, by daily observance, using some data collection instrument containing variables related to the catheter and the patient (socio-demographic and clinical). **Results:** Ninety-two (92) patients were evaluated. The incidence of complications related to catheter usage was 56.52%, including infiltration (23.08%), accidental traction of the catheter (17.31%), obstruction (15.38%), local infection (3.85%), thrombophlebitis (1.92%), leakage (1.92%), and phlebitis (36.54%), which was the one of highest frequency. Significant difference was showed between the dwell time of the catheters that developed phlebitis (4,36 days) and those with other complications (3,18 days) ( $p=0,0430$ ). The dwell time greater than 72 hours increases the risk for development of phlebitis at 2,34 (RR;  $p=0,0483$ ; CI [0,91;6,07]). There was a higher prevalence of this complication among male patients (52,63%), Caucasian patients (94,74%), patients hospitalized for digestive diseases (36,84%), patients with a history of systemic hypertension (57,89%), patients who used 20 gauge caliber catheters (78,95%), catheters inserted in the left arm (57,89%), catheters in the forearm region (68,42%), and after intravenous administration of sedatives and analgesics (73,68%). **Conclusion:** The use of FSC was analyzed for the first time in Brazil. The benefits observed were: increased length of stay until the occurrence of complications; low incidence of local infection; and protection against occupational accidents with biological and cutting and piercing material. In contrast, the phlebitis' incidence was about seven times above the percentage accepted by the Infusion Nurses Society; this was a worrying result indicating the need of further studies.

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&

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## **Nursing Students' Conception of Clinical Skills Training Before and After Their First Clinical Placement: A Quantitative, Evaluative Study**

**Background:** Education institution and practice field have a joint responsibility with regard to facilitating a learning environment for the nursing students that provides learning outcomes in accordance with the National Curriculum. Using simulated patient situations as learning strategy to prepare nursing students to clinical placement is about ensuring a safe learning environment where mistakes are not putting real patients' lives in danger. The simulated patient situation in this study were "sponge bath of bedridden patient".

**Aim:** To compare nursing students' experiences with a skills training situation immediately after the training and after their ten weeks clinical placement in nursing homes.

**Study design:** Quantitative, cross-sectional and evaluative.

**Sample:** Full- and part-time students in their first year of a Bachelor of Nursing degree (n=187).

**Methods:** The students used each other as "patients" in skills training before clinical placement in nursing homes. The students answered a questionnaire on two occasions; immediately after the exercise and after the internship in nursing home. The questionnaire consisted of seven statements related to students' "satisfaction with the learning situation" and "self-confidence and learning". The scale has five response options (Likert scale) from "strongly agree" with the statement to "strongly disagree" with the statement.

**Findings:** Being a "patient" and a "nurse" in simulation was experienced as useful to clinical practice. Students with previous experience had a significantly higher perception of mastering the procedure after the internship ( $p=.034$ ), while unexperienced fellow students did not report any significant increase with regard to a sense of coping during their clinical practice. The findings raise questions if there are aspects with the education institution or the practice field that should be improved to help facilitate a better learning process for students without any previous experience.



**Xiaozhen Sun**

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**Observation on the Effect of Acupuncture Points Massage  
in Control of Vomiting and Pain after TACE**

**Yvonne Ten Hoeve**

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**Stynke Castelein**

Senior Researcher, Lentis Psychiatric Institute, the Netherlands

**Gerard J. Jansen**

Senior Lecturer and Researcher, Hanze University of Applied Sciences,  
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**Wiebren S. Jansen**

Assistant Professor, Utrecht University, the Netherlands

&

**Petrie Roodbol**

Professor, University of Groningen, the Netherlands

## **Predicting Factors of Nursing Students' Positive Orientation and Attitudes towards Nursing**

**Background:** Previous studies have identified various reasons for students to choose a career in nursing. At the start of their educational programme they hold a great variety of images and perceptions of nursing, which can affect their orientation and attitudes towards their future profession.

**Objectives:** This paper aims to examine: 1) nursing students' orientation and attitudes towards nursing at the beginning of education; 2) to explore predictors of positive orientation and attitudes.

**Design:** The study used a quantitative cross-sectional design.

**Settings:** A survey was conducted among first-year nursing students at four nursing universities of applied sciences in the Netherlands.

**Participants:** Questionnaires were administered to all students enrolled in a Bachelor of Nursing programme at these universities.

**Methods:** Respondents completed a survey consisting of: 1) Nursing Orientation Tool, 2) Nursing Attitude Questionnaire, and 3) demographic data such as gender, living status, nursing experience, preliminary training, first-choice programme, and career choice. Kruskal Wallis tests, with post hoc Mann Whitney U tests, were used to compare group scores on the NOT and the NAQ. Multiple regression was performed to investigate predictors of positive orientation and attitudes towards nursing.

**Results:** The results of the NOT and the NAQ showed that the students in this study sample (n=1244) strongly agreed with statements related to caring, nursing expertise, professional nursing knowledge and the application of this knowledge. Multiple regression showed that predictors of positive orientation and attitude toward nursing include having more nursing/caring experience, indicating nursing as a first-choice, preliminary vocational training and a desire to make a career in nursing.

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**Stacey Richards**

Nurse Educator, The Royal Children's Hospital, Australia

&

**Kirsten Davidson**

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## **Securing the Future of Nursing – An Evaluation of a Structured Orientation Program for Graduate Paediatric Nurses**

**Introduction:** Graduate nurse programs (GNP) are recognized as an effective strategy to support the newly registered nurse's transition from that of a newly graduate nurse to a competent registered nurse. At The Royal Children's Hospital, Melbourne Australia, the Primary Tertiary Level Children's Hospital in the state, the GNP is underpinned by a nursing competency framework (NCF). A core component of the NCF is a 10 week familiarization period during which time intensive support is provided for attainment of core clinical competencies.

**Methods:** Evaluation of the GNP revealed some graduate nurses had not attained the required core clinical competencies to work in a less supported but independent capacity. The education team reviewed the orientation, support and learning opportunities provided for new graduate nurses. From this review many themes and systems were identified as playing a role in this observation and opportunities for development were acknowledged. Themes explored included the team approach to graduate nurse development, facilitation of opportunistic education, documentation of feedback, importance of ongoing preceptor support as well as reviewing the recruitment process. Further investigation to determine why expectations had not been met revealed lack of structure and formal scaffolding to make explicit expectations and feedback on progress.

A dynamic process of improvement was initiated which aimed to provide a robust recruitment, orientation and support process provided to new graduate nurses. These include the development of unit specific orientation and development plans, a defined short and long term clinical objectives, a structured feedback process involving reflection and structured feedback.

**Results:** The changes were successfully implemented verified by credentialing and completion of the graduate nurse program of all new graduate nurses by the end of the program. This success story has continued over the past two years validated by a one hundred percent success rate of graduate nurses allocated to the clinical unit. Program evaluation feedback from graduate nurses allocated to this clinical unit has been outstanding, supporting the success of the enhanced Graduate Nurse Program.

**Conclusion:** The review, reflection and implementation of change has enhanced and strengthened the paediatric graduate nurse program at RCH. The learning from this situation is transferrable to all new nursing staff ensuring standardized orientation and support mechanisms are in place with an aim to improve job satisfaction, retention, provision of care and ultimately to ensure no nurse is left behind. This successful transition supports the retention of nurses in the organization and securing the future of our nursing workforce.

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**Makiko Arai**

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&

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## **The Reflection Model For The Clinical Nursing Education with that the Novice Faculty Can Develop His/Her Clinical Education Competency**

**Objectives:** To clarify the effectiveness of the reflection in which the novice nursing faculties can develop their competency of the clinical teaching.

**Method:** 14 novice faculties participated to the reflection seminar in which they presented their difficult clinical teaching scenes with their students. The reflection with the experienced faculties included several questions according to the clinical practice model: how to assess the student and patient, and how to evaluate the clinical teaching scene as well as the goal of the practice and the process of teaching.

**Results:** With 18 clinical teaching scenes, the teaching aspects (teaching goals, learning goals, patient characters) and the learning aspects (student characters, individual plan) were identified. The novice faculties paid much attention to the students' disability of practice, problematic and immature behavior, and responded emotionally. After 2 years 393 descriptive data about the effects of the reflection were collected from these novice faculties and analyzed through three steps using KJ method. The results showed 4 aspects of the students and 5 approaches for the clinical teaching.

**Discussion:** Instead of the small samples it is clear that the reflection leads the novice faculties to the integration of the cognitive aspects (knowledge, thought, emotions) and their activities (teaching). They could get 4 aspects of assessing the student and also changed to 5 approaches for their teaching practice. In the clinical practice the student can integrate their cognition and their behavior. To develop the competency of the clinical teaching the novice faculties need to get the reflections about the thoughts and the behaviors of the students and themselves. Through these reflections, the novice faculty can integrate their cognition and their behavior. When the novice faculty reflects their relationships with the students based on 4 aspects (behavior, thought, emotion, expectation), the faculty can develop the clinical teaching competency.

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&

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## **Self Esteem and Social View Anxiety in Cosmetic Surgery Patient**

**Introduction:** Cosmetic surgery patients are associated with their physical appearance self-esteem. When these patients' self esteem decreases they appeal to cosmetic surgery. Thinking of patients themselves is not physically attractive, low self-esteem, negative self-image, social isolation and relationships seen some psychosocial problems such as fear of rejection. After cosmetic surgery, patients can emerge positive results such as self-esteem, besides they can arise in many negative consequences on the physical and psychosocial domains. In this study, patients undergoing cosmetic surgery were conducted to determine the social appearance, self-esteem and anxiety.

**Method:** The study was descriptive and it was carried out in a reconstructive and cosmetic surgery polyclinic of a foundation university hospital in Turkey. This 2014 study included 115 patients. Data was obtained with Rosenberg self-esteem scale, social appearance scale and questionnaire which is include demographic data. The permission to conduct the study, in accordance with the Helsinki Convention procedures, was obtained from the administrations of the universities. Approval by the Ethics Committee and the written informed consent by the patients were also obtained. Data was analyzed by SPSS programme and median, minimum and maximum values were used in order to determine socio-demographic characteristics. Mann-Whitney U test for non-parametric data for comparing medians of two independent groups and Kruskal Wallis test have been used for comparing means of three groups. Spearman's test has been used for nonparametric correlations. The level of statistical significance accepted level was  $p < 0.05$ .

**Results:** Most of the patients in the study were women and were not subjected to psychiatric evaluation before surgery. Patients often define themselves as quite, friendly cheerful and sympathetic person. Most of the patients preferred to cosmetic surgery to correct the images, to eliminate the obsession. Women's social appearance mean scores were lower than men. Social appearance anxiety scores was significantly higher in patients who describes themselves overweight, fat, big-nosed. Patient who are thinking to Silicone, liposuction, breast augmentation/reduction, botox, nazoplasty, tummy and arms sagging, tattoo removal, auricular correction surgery, self esteem were found to be lower than in other patients. Self-esteem of smoker patients was lower than non smokers.

**Conclusion:** In accordance with the results obtained from the study, patients admitted for cosmetic surgery can be given nursing services including psychosocial approach. Postoperative satisfaction of patients with psychosocial interventions can be improved. To nurses to communicate with patients who will undergo cosmetic surgery, can be given in-service training.

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## **Advanced Nursing Practice in the Care of Older People and Its Impact on Quality of Care**

Advanced Nurse Practitioners (ANPs) are often put in place to support the medical role, and whilst there is evidence that practitioners are successful in achieving this, the price paid can result in a dilution of senior nursing presence, as the roles become focussed on medical replacement. When trainee ANPs are first employed and seek to understand their educational needs, they often look to those that can teach them about what they perceive they know least about, namely the diagnostic and interpretive elements of healthcare. For this, they naturally turn to medical staff. However, it is unfortunate, that whilst ANP roles and indeed the individuals themselves are 'advanced', especially around the clinical, often medicalised function, their roles do not develop in the same ways towards, innovation, education, research, role modelling, consultancy and above all clinical leadership of nursing practice. Indeed, they often have little influence or impact on nursing as a whole.

At University Hospital Coventry and Warwickshire NHS Trust, in the West Midlands of England, the trend considered so far is challenged and a different model offered. ANP roles in Gerontology are more strongly focussed on nursing. Older people are very dependent upon high quality nursing care for a positive outcome, if it is only the ANPs themselves that are 'advanced' then they have a limited impact upon nursing care at a time when the quality of care is seriously challenged. However, if the focus of the ANP role is advancing nursing, the nursing team as a whole develop and advance. This provides many benefits including an impact on staff retention and recruitment, high levels of motivation, career progression and most importantly, a higher standard of nursing care. This in turn, actually has the desired effect for which the roles are often put into place, to support and to ease the burden on medical staff. As nurses are more advanced in knowledge and skill, drawing on a wide and deep knowledge base, and allowing their roles to push the boundaries of practice, they will observe more, intervene more and escalate more appropriately.