



THE ATHENS INSTITUTE FOR EDUCATION AND RESEARCH

Abstract Book

**9th Annual International Conference on
Public Health
19-22 June 2023 Athens, Greece**

**Edited by
Steven Jonas & Olga Gkounta**

2023

Abstracts
9th Annual International
Conference on Public Health
19-22 June 2023, Athens, Greece

Edited by
Steven Jonas & Olga Gkounta

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Preface

This book includes the abstracts of all the papers presented at the 9th Annual International Conference on Public Health (19-22 June 2023), organized by the Athens Institute for Education and Research (ATINER).

A full conference program can be found before the relevant abstracts. In accordance with ATINER's Publication Policy, the papers presented during this conference will be considered for inclusion in one of ATINER's many publications only after a blind peer review process.

The purpose of this abstract book is to provide members of ATINER and other academics around the world with a resource through which they can discover colleagues and additional research relevant to their own work. This purpose is in congruence with the overall mission of the association. ATINER 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 can meet to exchange ideas on their research and consider the future developments of their fields of study.

To facilitate the communication, a new references section includes all the abstract books published as part of this conference (Table 1). I invite the readers to access these abstract books –these are available for free– and compare how the themes of the conference have evolved over the years. According to ATINER's mission, the presenters in these conferences are coming from many different countries, presenting various topics.

Table 1. *Publication of Books of Abstracts of Proceedings, 2015-2023*

Year	Papers	Countries	References
2023	31	20	Jonas and Gkounta (2023)
2022	33	21	Contoyannis and Gkounta (2022)
2021	15	11	Papanikos (2021)
2020	9	8	Papanikos (2020)
2019	21	17	Papanikos (2019)
2018	44	21	Papanikos (2018)
2017	34	19	Papanikos (2017)
2016	49	28	Papanikos (2016)
2015	77	32	Papanikos (2015)

It is our hope that through ATINER's conferences and publications, Athens will become a place where academics and researchers from all over the world can regularly meet to discuss the developments of their disciplines and present their work. Since 1995, ATINER has organized

more than 400 international conferences and has published over 200 books. Academically, the institute is organized into 6 divisions and 37 units. Each unit organizes at least one annual conference and undertakes various small and large research projects.

For each of these events, the involvement of multiple parties is crucial. I would like to thank all the participants, the members of the organizing and academic committees, and most importantly the administration staff of ATINER for putting this conference and its subsequent publications together.

Gregory T. Papanikos
President

Editors' Note

These abstracts provide a vital means to the dissemination of scholarly inquiry in the field of Public Health. The breadth and depth of research approaches and topics represented in this book underscores the diversity of the conference.

ATINER's mission is to bring together academics from all corners of the world in order to engage with each other, brainstorm, exchange ideas, be inspired by one another, and once they are back in their institutions and countries to implement what they have acquired. The 9th Annual International Conference on Public Health accomplished this goal by bringing together academics and scholars from 20 different countries (Albania, Australia, Austria, Canada, China, Cyprus, Egypt, Finland, Germany, India, Israel, Italy, Libya, Lithuania, South Africa, Spain, Switzerland, Thailand, Turkey, USA), which brought in the conference the perspectives of many different country approaches and realities in the field.

Publishing this book can help that spirit of engaged scholarship continue into the future. With our joint efforts, the next editions of this conference will be even better. We hope that this abstract book as a whole will be both of interest and of value to the reading audience.

Steven Jonas & Olga Gkounta
Editors

**9th Annual International Conference on Public Health, 19-
22 June 2023, Athens, Greece**

Organizing & Scientific Committee

All ATINER's conferences are organized by the Academic Council. This conference has been organized with the assistance of the following academic members of ATINER, who contributed by reviewing the submitted abstracts and papers.

1. Gregory T. Papanikos, President, ATINER & Honorary Professor, University of Stirling, U.K.
2. Steven Jonas, Academic Member, ATINER & Professor Emeritus, Stony Brook Medicine, Stony Brook University, USA.
3. Vickie Hughes, Director, Health & Medical Sciences Division, ATINER & Assistant Professor, School of Nursing, Johns Hopkins University, USA.
4. Paul Contoyannis, Head, Health Economics & Management Unit, ATINER & Associate Professor, McMaster University, Canada.

FINAL CONFERENCE PROGRAM

9th Annual International Conference on Public Health, 19-22 June 2023,
Athens, Greece

PROGRAM

Monday 19 June 2023

08.30-09.15
Registration

09:15-10:00
Opening and Welcoming Remarks:

- **Gregory T. Papanikos**, President, ATINER.

10:00-11:00 Session 1

Moderator: **Olga Gkounta**, Researcher, ATINER.

1. **Adel Zeglam**, Professor, University of Tripoli, Libya.
Title: Behavioral and Emotional Problems among School Children in Tripoli, Libya. What Impact Does it Have on Community Public Health?
2. **Qian Bai**, PhD Student, University of Macau, China.
Hongyan Zhuang, Professor, Beijing Anding Hospital, Capital Medical University, China.
Hanxu Hu, PhD Student, Beijing University of Chinese Medicine, China.
Zegui Tuo, PhD student, Beijing University of Chinese Medicine, China.
Jinglu Zhang, PhD Student, University of Macau, China.
Lieyu Huang, Researcher, Chinese Center for Disease Control and Prevention, China.
Yong Ma, Researcher, China Health Insurance Research Association, China.
Xuefeng Shi, Professor, Beijing University of Chinese Medicine, China.
Ying Bian, Professor, University of Macau, China.
Title: How Provider Payment Methods Affect Health Expenditure of Depressive Patients? Evidence from National Claims Data in China.

Discussion

11:00-12:00 Session 2

Moderator: **Adel Zeglam**, Professor, University of Tripoli, Libya.

1. **Kannika Damrongplisit**, Associate Professor, Chulalongkorn University, Thailand.
Title: Early Childhood Development, Family Structure, and Electronic Device Usage: Evidence from Thailand.
2. **Wenhui Xiao**, PhD Student, University of Macau, China.
Ying Bian, Professor, University of Macau, China.
Title: The Prevalence and Associated Factors of Depressive Symptoms in DM Patients in China: A Study Based on the Andersen's Behavioral Model.

Discussion

12:00-13:30 Session 3

Moderator: **Olga Gkounta**, Researcher, ATINER.

1. **Sonu Goel**, Professor, Institute of Medical Education and Research, India.
Title: Resource Centre for Tobacco Control (RCTC) in India: A Game-Changer in Galvanizing Tobacco Control Initiatives.
2. **Guste Gramaglia**, PhD Candidate, Mykolas Romeris University, Lithuania.

Title: Systematic Analysis: Supporting the Well-being and Job Satisfaction of Firefighters.

3. **Irene Pelaez**, Professor, Rey Juan Carlos University, Spain.
Francisco Mercado, Professor, Rey Juan Carlos University, Spain.
Corrado Corradi-Dell'Acqua, Professor, University of Geneva, Switzerland.
Patrik Vuilleumier, Professor, University of Geneva, Switzerland.
Title: Pain Processes Modulated by Unconscious Emotional Pictures: An Fmri Study.

Discussion

13:30-15:00 Session 4 – A Round-Table Discussion on The Future of Sciences and Engineering Education
Moderator: Gregory T. Papanikos, President, ATINER

1. **Theodore Trafalis**, Professor, The University of Oklahoma, USA.
Title: The Future of Sciences, Engineering and Technology: Implications for Engineering Education.
2. **Mounir Mabsout**, Professor and Chair, Department of Civil and Environmental Engineering, American University of Beirut, Lebanon.
Title: Higher Learning and the Community: Be Engaged, Stay Relevant.
3. **Reinhard Schmidt**, Professor, University of Applied Sciences, Germany.
Title: Making the Mechanical Engineering Studies more Attractive by Integrating the Topics of digitalization and Sustainability into the Curriculum.
4. **Adel Zeglam**, Professor, University of Tripoli, Libya.
Title: Challenges Facing Education in Libya: Is There a Way Forward?
5. **Kiyoshi Nagata**, Professor, Daito Bunka University, Japan.
Title: The Current State and Issues of Data Science Education in Japan.
6. **Dimitris Goulias**, Associate Professor, University of Maryland, USA.
Title: Integrating Multidisciplinary and Global Issues in Engineering Education: Sustainability and Resilience.

Discussion

15:00-16:00 Discussion + Lunch

16:00-18:00 Session 5
Moderator: Olga Gkounta, Researcher, ATINER.

1. **Mari Salminen-Tuomaala**, Principal Lecturer, Seinäjoki University of Applied Sciences, Finland.
Title: Nurses' Expectations of Compassionate Leadership.
2. **Frank Benda**, Professor, German University of Applied Sciences, Germany.
Title: Digital Transformation of the Swiss Healthcare System.
3. **Roland Polacsek-Ernst**, MBA Health Management and Digital Health, University of Applied Sciences BFI Vienna, Austria.
Jürgen Böger, POBS – Private Online Business School, Austria.
Title: Barriers Influencing Effective Senior Nursing Leadership.
4. **Mohamed Elkhoul**, Associate Professor, Sadat Academy for Management Science, Egypt.
Title: Examining the Most Important Factors Affecting the Egyptian Family's Choice of the Ideal Number of Children in the Light of the 2015 Demographic and Health Survey.
5. **Ana Garcia-Arranz**, Lecturer, Rey Juan Carlos University, Spain.
Perello-Oliver Salvador, Professor, Rey Juan Carlos University, Spain.
Title: Social Control in a Self-Medicating Society: A Systematic Review.

Discussion

18:00-19:30 Session 6

Moderator: Olga Gkounta, Researcher, ATINER.

1. **Scott Nelson**, Associate Professor, Virginia Tech, USA.
Title: Spiritual Exercises, Moral Integration and the Problem of Hatred.
2. **Ingrid Brenner**, Associate Professor, Trent University, Canada.
Alex Jalsevac, Graduated Student, Trent University, Canada.
Kirsten Woodend, Associate Professor, Trent University, Canada.
Title: Physical Activity and the Treatment of Phantom Limb Pain.
3. **Cynthia Brown**, Professor, University of West Georgia, USA.
Title: Graduate Nursing Students: Self Care in the Online Setting.
4. **Thomas Shaw**, Associate Professor, Southern Illinois University-Carbondale, USA.
Sandra Collins, Professor & Program Director, Southern Illinois University-Carbondale, USA.
Stacey McKinney, Assistant Professor, Southern Illinois University-Carbondale, USA.
Debra Penrod, Assistant Professor Southern Illinois University-Carbondale USA.
Title: Midwest University Students' Perception of the COVID-19 Pandemic.
5. **Lloyd Robertson**, Professor, University of Regina, Canada.
Teela Robertson, Psychologist, Canada.
Title: The Evolved Self: Mapping an Understanding of Who We Are.

Discussion

19:30-21:00

Dinner

Tuesday 20 June 2023

Session 7

09:00-11:00 Session 7a

Moderator: Mr Konstantinos Manolidis (ATINER Administrator).

1. **Nolizwe Molefe-Madinga**, Lecturer, University of Zululand, South Africa.
Title: An Exploration into the Role Played by Women in Establishing Food Security amongst the Youth: The Case of Soweto, Johannesburg.
2. **Dilan Aktas**, PhD Student, Middle East technical University, Turkey.
İrem Erten, Researcher, Middle East technical University, Turkey.
Tulin Gencoz, Vice-chancellor, Middle East technical University, Turkey.
Title: Digital Game Addiction, Social Anxiety, and their Relationship with Social Connectedness.
3. **Svetlana Buzhenitsa**, MD, Resident of Specialization School in Health Statistics, University of Pavia, Italy.
Ioana Popa, Researcher, University of Pavia, Italy.
Pietro Perotti, MD, Director of Unit of Epidemiology, Public Health Agency of Pavia, Italy.
Lorenza Boschetti, MD, Responsible of Death Registry, Public Health Agency of Pavia, Italy.
Stefano Marguati, NM, Nursery, Public Health Agency of Pavia, Italy.

08:00-10:30 Session 7b

Old and New-An Educational Urban Walk

The urban walk ticket is not included as part of your registration fee. It includes transportation costs and the cost to enter the Parthenon and the other monuments on the Acropolis Hill. The urban walk tour includes the broader area of Athens. Among other sites, it includes: Zappion, Syntagma Square, Temple of Olympian Zeus, Ancient Roman Agora and on Acropolis Hill: the Propylaea, the Temple of Athena Nike, the Erechtheion, and the Parthenon. The program of the tour may be adjusted, if there is a need

<p>Simona Villani, Professor, University of Pavia, Italy. Simona Dalle Carbonare, Eng PhD, Public Health Agency of Pavia, Italy. <i>Title: Trends of Potential Years of Life Lost in Pavia Province (Italy) in the period 2015-2021. The Impact of COVID-19.</i></p> <p>4. Esmralda Hoxhaj, Molecular Biologist, INTERMEDICA Center, Albania. <i>Title: An Evaluation of Vitamin D and Bone Turnover Markers Levels in Postmenopausal Women in Albania.</i></p> <hr/> <p>Discussion</p>	<p>beyond our control. This is a private event organized by ATINER exclusively for the conference participants.</p>
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11:00-13:00 Session 8

Moderator: Olga Gkounta, Researcher, ATINER.

1. **Aquib Chowdhury**, Critical Care Hosuse Medical Officer, Barwon Health, Australia.
Title: The Economic Cost Burden of Childhood Unintentional Injury: Estimates from the Longitudinal Study of Australian Children.
2. **Buse Erzeybek Semi**, Senior Lecturer, Cyprus International University, Cyprus.
Title: University Students' Perspectives on Sexual Orientation.
3. **Daniel J.N. Weishut**, Senior Lecturer, Hadassah Academic College, Israel.
Yitzchak Bekor, Student, Hadassah Academic College, Israel.
Title: Attitudes toward Sexual Abuse among Ultra-orthodox Jewish Students.
4. **Almudena Moreno**, PhD Student, Public University of Navarre, Spain & **Enrique Regidor**, Professor, Public University of Navarre, Spain.
Title: Trend in Mortality from Chronic Liver Disease and Cirrhosis according to the Area of Residence in Spain.

Discussion

13:00-14:30 Session 9

Moderator: Olga Gkounta, Researcher, ATINER.

1. **Eni Bushi**, QA Manager, Profarma Sh.a, Albania.
Ledjan Malaj, Head of Department of Pharmacy, University of Medicine, Tirana, Tirana, Albania.
Gentjan Mataj, Technical and Quality Director, Profarma sh.a, Tirana, Albania.
Title: Assessment and Reduction of Quality Risk on Pharmaceuticals.
2. **Jean Davison**, Associate Professor, University of North Carolina, USA.
Title: Inter-professional Clinical Education and Practice to Improve Health Equity.
3. **Sandra Collins**, Professor & Program Director, Southern Illinois University-Carbondale, USA.
Title: Emotion Exhaustion A Discussion on Occupational Burnout and Registered Nurses.

Discussion

14:30-16:00 Discussion + Lunch

16:00-17:30 Session 10

Moderator: Olga Gkounta, Researcher, ATINER.

1. **Selina Schwaabe**, PhD Candidate, Technical University of Munich, Germany.
Title: The European Pharmacy Market: The Density and its Influencing Factors.
2. **Julia Meszaros**, Associate Professor, Texas A&M University-Commerce, USA.
Title: Romance Retirement: Men's Aging Mobilities from North to South.

3. **Jacqueline Nash**, Assistant Lecturer, Southern Illinois University-Carbondale USA.
Title: Closing the Gap: The Feasibility of a Community-Based Approach to Reduce Maternal Mortality in Rural & African American Women

Discussion

20:30-22:30

Athenian Early Evening Symposium (includes in order of appearance: continuous academic discussions, dinner, wine/water, music and dance)

Wednesday 21 June 2023
An Educational Visit to Selected Islands
or
Mycenae Visit

Thursday 22 June 2023
Visiting the Oracle of Delphi

Friday 23 June 2023
Visiting the Ancient Corinth and Cape Sounio

Dilan Aktas

PhD Student, Middle East Technical University, Turkey

İrem Erten

Researcher, Middle East Technical University, Turkey

&

Tulin Gencoz

Vice-Chancellor, Middle East Technical University, Turkey

Digital Game Addiction, Social Anxiety, and their Relationship with Social Connectedness

The role of social connectedness in promoting mental health is well established. In this respect, it is important to grasp the factors associated with social connectedness. It has been shown that social anxiety and social connectedness are closely associated. However, the mediating mechanisms linking social anxiety to social connectedness are not well understood. The aim of the present research proposal is to investigate the mediating role of digital game addiction in the association between social anxiety and social connectedness. Data will be collected from a sample of 400 university students from Turkey after obtaining ethical approval from Middle East Technical University Ethics Committee. Participants will fill out demographic information form, Game Addiction Scale (GAS), Liebowitz Social Anxiety Scale (LSAS), and Social Connectedness Scale (SCS) online. Structural equation modeling will be used to analyze the data and test the hypothesized mediation model. It is hypothesized that social anxiety will be negatively associated with social connectedness and positively associated with digital game addiction. Additionally, it is expected that digital game addiction will mediate the relationship between social anxiety and social connectedness. This may suggest that individuals with high social anxiety may turn to gaming as a coping mechanism, which in turn may lead to decreased social connectedness. The findings will be discussed within the framework of the psychoanalytic theory of Lacan. This theory offers a unique perspective on the role of the individual in relation to social interactions and addiction, which may be relevant to this study. The findings of the present study will have important implications for understanding the potential negative impact of digital game addiction on social connectedness, especially for individuals with high levels of social anxiety. This research will contribute to the existing literature on the impact of digital game addiction and social anxiety on social connectedness and provide

insights into potential therapeutic intervention strategies to mitigate the negative impact of game addiction.

Qian Bai

PhD Student, University of Macau, China

Hongyan Zhuang

Professor, Beijing Anding Hospital, Capital Medical University, China

Hanxu Hu

PhD Student, Beijing University of Chinese Medicine, China

Zegui Tuo

PhD Student, Beijing University of Chinese Medicine, China

Jinglu Zhang

PhD Student, University of Macau, China

Lieyu Huang

Researcher, Chinese Center for Disease Control and Prevention, China

Yong Ma

Researcher, China Health Insurance Research Association, China

Xuefeng Shi

Professor, Beijing University of Chinese Medicine, China

&

Ying Bian

Professor, University of Macau, China

How Provider Payment Methods Affect Health Expenditure of Depressive Patients? Evidence from National Claims Data in China

Objectives: Provider payment methods are assumed to affect medical spendings through ameliorating financial incentives of stakeholders. This study aimed to investigate the impacts of provider payment methods on expenditure of depressive patients stratified by service type and hospital level, which might serve as empirical supports for optimizing provider payment for depression.

Methods: This is a 5-year national cross-sectional study. We used a 5% random sample of Urban Employee Basic Medical Insurance (UEBMI) and the Urban Resident Basic Medical Insurance (URBMI) claims data (2013-2017) in China, collected by China Health Insurance Research Association (CHIRA). Patient records with a diagnosis of depression (ICD-10: F32, F33) were enrolled. Provider payment methods (Fee-for-services, global budget, capitation, case-based and per-diem payments) were the explanatory variables. Aggregate and out-of-pocket (OOP) expenditure were compared across payment methods using Kruskal-Wallis tests. A general linear model was fitted for the associations between provider payment methods and expenditure. All analyses were adjusted for patient socioeconomic and

health-related characteristics. A modified Park's test was used to guide the selection of family distribution, and Akaike information criterion (AIC) and Bayesian information criterion (BIC) were applied to select the optimal model.

Results: In total, 64,615 depressive patient visits were included, 59,459 for outpatients and 5,156 for inpatients. Fee-for-service (85.16%) and global budget (51.57%) were dominant provider payment methods for outpatients and inpatients, respectively. The aggregate and OOP expenditure significantly differentiated by provider payments based on Kruskal-Wallis tests. As regards to outpatient services, global budget and capitation showed opposite marginal effects on expenditure differentiating by hospital level. Specifically, global budget was associated with lower total and OOP expenditure (-\$13.51, -\$1.61) in secondary hospitals, while higher total and OOP expenditure (\$7.43, \$32.27) in tertiary hospitals comparing with fee-for-services. Similarly, capitation payment was associated with substantial marginal reduction in total and OOP expenditure (-\$34.18, -\$9.71) in primary institutes, yet increases (\$27.26, \$24.11) in secondary hospitals. For inpatients, total and OOP expenditures under per-diem (-\$911.29, -\$273.05) and case-based payments (-\$496.43, -\$81.48) were remarkably smaller than those under fee-for-services in primary and secondary hospitals, respectively. Besides, case-base payment was only linked with the largest reduction in OOP expense (-\$223.01) in inpatient services of tertiary hospitals.

Conclusion: Our study highlighted the cost-containment effects of various provider payment methods towards depressive patients. And these impacts varied by service type and hospital level, which should be factored in when determining the optimal payment methods for depression in a given scenario.

Frank Benda

Professor, German University of Applied Sciences, Germany

Nadja El-Ouariachi

Augenzentrum Interlaken AG, Switzerland

&

Roland Polacsek-Ernst

MBA Health Management and Digital Health, E-Learning-Group in
Cooperation with the Executive Education Center (EEC) of the
University of Applied Sciences BFI Vienna, Austria

Digital Transformation of the Swiss Healthcare System

Objectives: The Swiss Healthcare System is known for its exceptional quality and medical innovations. At the same time, it is one of the most expensive healthcare systems in Europe. Inefficiencies, especially digitization gaps, are current bottlenecks in the Swiss healthcare system. In an international comparison, Switzerland has a lot of catching up to do. The aim of this study was to evaluate the actual degree of implementation and to propose strategies to accelerate the digitization of the Swiss Healthcare System.

Methods: Therefore, a mixed-methods research design was undertaken that included quantitative and qualitative research. In a quantitative online survey, the level of awareness of digitization strategies, in particular the electronic patient record (EPD), and a possible acceleration of the applications were explored. The study population consisted of physicians and hospital managers working in Switzerland. The link for the questionnaire was distributed via social media channels of the professional groups, direct mailing to 700 doctors and an appeal in the Swiss Medical Journal. In the study period, November and December 2022, 107 members of the professional groups took part. Based on the results of the survey, expert interviews were conducted with two experts, a medical doctor and a hospital manager, to validate the results and develop further measures. The interviews were transcribed and evaluated with a qualitative content analysis.

Results: The main result of this survey was that the majority of the participants did not consider the Swiss digitization strategy to have been successfully implemented and felt they were not sufficiently involved in the digitization strategies. 60% of the participants made it clear that their institution was not yet using the EPD, confirming results from similar studies. A comprehensive and complete coverage of the Swiss EPD is mainly prevented by the lack of networking and agreement between the federal government, canton and health

insurance companies. Most respondents felt that a comprehensive digital transformation was necessary as a solution to these problems. In addition, future packages of measures and legislative changes would be required to advance the implementation of the ongoing digitization strategy. The expert interviews confirmed these results and suggested further measures to accelerate the digitization of the Swiss Healthcare System.

Conclusion: Based on this study, various recommendations for action could be defined. An essential measure to solve the identified problems would be the development of incentive systems for patients and healthcare professionals. Another recommendation is the qualification and sensitization of the population regarding the digital solution in the Swiss Healthcare System. This could promote the voluntary use of EPDs and thus the goal of nationwide coverage in Switzerland. It can be stated that the digitization strategy of some objectives, for example full coverage of the EPD in Switzerland, could not be achieved and that there is still room for improvement. As part of this work, recommendations for action were developed that serve as a basis for making decisions about changing existing strategies or developing new ones.

Ingrid Brenner

Associate Professor, Trent University, Canada

Alex Jalsevac

Graduate Student, Trent University, Canada

&

Kirsten Woodend

Associate Professor, Trent University, Canada

Physical Activity and the Treatment of Phantom Limb Pain

Phantom limb pain (PLP) is a complex and multifactorial phenomenon whereby individuals who have undergone an amputation (or lost a limb) feel intermittent pain or discomfort where the limb used to be. Potential mechanisms to explain this phenomenon include peripheral nerve damage, changes to the spinal cord and cortical reconstruction. Although there is no specific treatment for PLP, some research suggests that participation in regular physical activity may reduce phantom limb pain symptoms. This study was designed to examine the relationship between PLP and regular physical activity. Nine lower-limb amputees (aged 18 - 80 years) volunteered to participate in this study which took place during the COVID-19 pandemic. Participants were recruited from online support groups and were invited to complete a Qualtrics survey. Questions regarding time since amputation, PLP symptoms, prior treatments and involvement in physical activity were asked. Most of the volunteers participated in some form of physical activity but noted they were either unsure or did not have a reduction in either the frequency or duration of their PLP episodes. However, participation in regular physical activity did lead to a reduction in the intensity of PLP episodes. Combining physical activity with other treatments (such as medication) did not alter their experience of PLP. These results indicate that nurses should encourage patients with lower-limb amputations to participate in regular physical activity to maintain and promote physical health and as an intervention to reduce the intensity of PLP. Further research is required to determine the best mode, duration, and frequency of activity for this treatment.

Cynthia Brown

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Graduate Nursing Students: Self-Care in the Online Setting

Self-care is important for all and can be a challenge for graduate students who are working, have family commitments, and attend graduate school online to further their nursing education. This paper will describe the importance of self-care, the impact of self-care for graduate students, and how to support self-care for graduate students in the online setting. Specific strategies will be described that have been used for graduate students but could translate easily to any student in any discipline. A self-assessment for self-care, links to websites for self-care support, nursing theory relating to self-care, a literature review related to self-care, and other appropriate resources will be provided. During the conference session, participants can create their own self-care plan, considering their preferred activities, time management, and support systems.

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Assessment and Reduction of Quality Risk on Pharmaceuticals

Risk assessment and management by the responsible structures of the pharmaceutical industry significantly affect the workflow and the quality of pharmaceutical products.

Risk is a result of the probability of occurrence, severity of the effect of failure, and the ease of detection for each failure mode. The process of risk assessment and reduction in pharmaceuticals consists of different steps, from the identification of hazards, analysis of the potential causes, to the investigation and evaluation of the risks posed by exposure to these hazards. Currently, risk analysis can be performed using a variety of scientific techniques, which can be utilized separately or in combination with one another.

This study aims to present the implementation of an integrated approach of qualitative risk tools and FMEA to assess and reduce the risks associated with the production of simple tablets prepared by wet granulation method.

Through the combination of qualitative risk tools, possible causes of failures at each stage of the production process have been identified. These causes are integrated into the FMEA analysis. RPM calculations identified the granule drying process, final mixing and compression as critical steps in the production process. A detailed control is required at these steps.

The combination of qualitative and quantitative risk tools to identify and control potential risks during the production of drugs, facilitate the design of an effective risk management strategy.

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**Trends of Potential Years of Life Lost in Pavia Province
(Italy) in the Period 2015-2021: The Impact of COVID-19**

Background: On March 11, 2020, the World Health Organization (WHO) declared a pandemic of a new coronavirus disease –COVID-19, which caused more than 6.8 million deaths worldwide (update March 2023). In record time, an anti-COVID-19 vaccine was created and large-scale mandatory vaccination was carried out, together with generally accepted protective measures (lockdown, masks, disinfection). In Italy the first anti-COVID-19 vaccination started at the end of 2020. The present work aims to evaluate the impact of the COVID-19 on premature mortality in Pavia Province (Italy) in 2 different time points, during the pandemic without vaccination and with mandatory vaccination, in relation to the pre-pandemic period.

Methods: The study is carried out on the 500,000 residents in the Pavia Province. Death data by age and sex were obtained from the Causes of Death Registry of the Public Health Agency of Pavia (ATS of Pavia). Demographic data on the Pavia Province population and on Italian population were extracted from the website of the National Institute of Statistics (ISTAT) and DemoIstat. Our study included the calendar period 2015-2021: 2015-2019 yrs corresponding to pre-pandemic, 2020 to pandemic without vaccination and 2021 to pandemic with mandatory vaccination. The concept of Potential Years of Life Lost (PYLL), estimating the average time a person would have lived if he/she had not died prematurely, was used (Romeder and McWhinnie,

1977). Different PYLL indicators were applied: PYLL, PYLL/population, PYLL/deaths. The study population was divided into 10 age groups. The range of each age group was 10 yrs. PYLLs were calculated for each age group and for the 3 upper age limits (UAL): 70, 80, 90 yrs.

Results: 1) The PYLL trend showed a similar pattern from the period before pandemic to 2021 using the 70 and 80 UAL. In average the PYLL for the 5 yrs before pandemic was 12430 yrs and 28974 yrs, respectively for 70 and 80 UAL, and after a slight increase fall down to the same level ante pandemic. 2) The PYLL/population per 100,000 showed for all 3 UAL a stable trend until 2019, an increase in 2020 with a maximum, while in 2021 decreased. 3) The average PYLLs per death in 2020 was 11,58 yrs, 11,67 yrs, 12,62 yrs, respectively for 70, 80, 90 UAL.

In general, PYLL was higher in men than in women. Using age limits of 80, 90 PYLL standardized by age per 100,000 population was higher for people over 60 with respect to those under 60. While for age limit 70 this evidence was opposed.

Conclusions: In general, the PYLL indicators used show the highest level of years of life lost in 2020, the period associated with the COVID - 19 pandemic without vaccination and only other protective/preventive measures. The evidence from PYLL/death is opposed and may be due to great frailty of the population over 80 and 90 years' old who died a lot. The PYLLs decrease in 2021 to the pre-COVID-19 level may be associated with the introduction of mandatory vaccination.

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&

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The Economic Cost Burden of Childhood Unintentional Injury: Estimates from the Longitudinal Study of Australian Children

Objective: This study sought to evaluate the excess direct healthcare costs for Australian children associated with unintentional injuries incurred in childhood. The cross-sectional relationship between injuries that required medical attention, with or without hospitalization, and the incurred healthcare cost was investigated within a longitudinally surveyed cohort of children aged 0-1 to 18-19 years. We assessed whether these costs increased over age and with an increase in the duration of the prevalence of injury. Furthermore, we compared our results against cost estimates derived from similar studies assessing other health conditions in Australian children, as well as excess cost figures derived from studies of childhood injury from analogous Western nations.

Data sources and study setting: Study participants are 9224 children of Birth (B) and Kindergarten (K) cohorts from the nationally representative Longitudinal Study of Australian Children for whom the linked Medicare costs data were available. The children were followed in eight and seven consecutive waves for the B and the K cohort respectively, and the pooled number of observations was 56,581.

Study design: The influence of injuries on healthcare costs over 14 years for B cohort (0-14 years) and K cohort (4-18 years) children were estimated using generalized linear models. The regression models are controlled for sociodemographic factors.

Results: From the children of the B and K cohort, the prevalence of the injuries that did not require hospitalisation yielded a bimodal distribution fluctuating from 6.1% to 24.7% across age groups of 0-1 to 18-19 years respectively. Injuries that required hospitalisation ranged from 0.6% to 3.4% with steady increase over age from 0-1 and 18-19 respectively. In both cohorts, the incidence of injuries, with or without hospitalisation had a strong influence on increasing the excess healthcare costs. Among the sampled children, the associated excess

Medicare costs accrued per child across the tenure of 0-1-to-18-19-year of age having at least one injury in two-year duration is A\$1,845 for those who did not require hospitalisation and A\$10,597 for those who needed hospitalisation. At the population level, the estimated total excess Medicare costs associated with injury among 0-16-year-old children are, on average, A\$108.6 million/year for children with injuries who did not require hospitalisation and A\$57.7 million/year for children with injuries who required hospitalisation.

Conclusions: Unintentional childhood injuries, irrespective of hospitalization, incurs a significant financial burden on the Australian public healthcare system approaching a total of A\$332.4 million. The costs per capita were also higher relative to other childhood medical conditions such as mental health disorders and ADHD. In Australia at the population level, these excess healthcare costs are evident for all ages of childhood and increasing with age. International cost estimates on childhood injury from other developed nations such as the United States and Norway dwarf our figures on both total and per capita bases - suggesting that our result is likely an underestimate. The excess healthcare costs provide a further economic justification for promoting preventive efforts to reduce the incidence of injuries among children.

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Emotion Exhaustion A Discussion on Occupational Burnout and Registered Nurses

Never more prevalent is the need for all organizations to place emphasis on the health and wellness of their employees. This is especially true for the healthcare industry since many healthcare professionals may be prone to high levels of occupational burnout. Using the Maslach Burnout Inventory (MBI) and the Areas of Worklife Survey (AWS), a small sample of Registered Nurses in the United States were surveyed regarding their experiences with burnout, specifically related to emotional exhaustion. Survey participants reported feelings of emotional exhaustion ranging from once a month to more and almost half of Registered Nurses responding to the survey had an emotional exhaustion score of 27 or higher. This study provides a discussion of emotional exhaustion as a predictor of occupational burnout and offers recommendations for healthcare employers for creating an environment focused on employee wellness.

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&

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Early Childhood Development, Family Structure, and Electronic Device Usage: Evidence from Thailand

This paper assesses the interaction of family structure and electronic device usage on cognitive and non-cognitive development of children under the age of 5 years old. The study uses the 2015 Multiple Indicators Cluster Survey of Thailand to conduct the analysis. We adopt endogenous probit switching, bivariate probit, and binary probit models in this study. Specification analyses point out that the endogenous probit switching model provides the best fit for our data. Our results demonstrate that when children use electronic device it can increase the probability of having good cognitive development by 28.6% while lower the probability of having good non-cognitive ability by 6.1%. Furthermore, it is found that children residing in skipped generation family may experience 26.1% higher probability of being cognitively on track comparing to their complete family counterparts if there is no electronic device use. Conversely, children living with single mothers are the most vulnerable group in that the probability of achieving good non-cognitive skills drops by 6.3% if they report using any electronic device. Given that Thailand has experienced the fastest growing use of internet in South East Asia during the past two decades as well as having one of the most rapid demographic transition in the region, other developing countries should be able to learn from this unique setting to see strong interplay of electronic device use and family structure towards early childhood development.

Jean Davison

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Robust Inter-professional Clinical Education and Practice to Improve Health Equity

The purpose of this presentation is to highlight innovative inter-professional clinical learning opportunities at a Nurse-led Mobile Health Clinic (MHC) that prepares nursing students and allied health students to care for diverse populations with a focus on screening for the social determinants of health (SDOH) and acting on positive screens. Our Nurse-led MHC provides free health screenings in partnership with food pantries and crisis ministries in urban and rural areas. We also provide self-management support classes for those with hypertension and/or diabetes. Food insecurity is a risk factor for malnutrition, obesity, chronic diseases such as hypertension, coronary heart disease, stroke, cancer, chronic obstructive pulmonary disorder, kidney disorders, and mental health problems (Myers, 2020).

The National Academies of Sciences, Engineering, and Medicine 2019 Report; "Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health" presents the evidence on how social conditions shape health, and better integration of health care and social care services can improve health outcomes for individuals and populations (NASSEM, 2019). The Centers for Disease Control and Healthy People 2030 have incorporated the SDOH into their population/patient assessment and overarching goals for health and wellbeing (CDC, 2020). Health care providers are encouraged to screen for the SDOH to include food insecurity, housing instability, lack of transportation and interpersonal violence. As faculty, we focus on the SDOH in our undergraduate and graduate advance health assessment courses and thread it through our curriculum with the expectation that nursing students will include the SDOH in their assessment/plan for patient wellbeing and population health equity.

When looking at health equity in America, lower-income individuals, such as those that access food pantries, report their health status at lower levels than high-income earners, yet only 58% of healthcare organizations consider "Health Equity" as a top-three priority, hence a need for education and innovation in healthcare to improve health equity (Raderstorf et al., 2022). Inter-professional education and practice along with experiential learning provides opportunities for students from many disciplines to work together as a collaborative team and provides both service to the community (high

quality healthcare) and learning for the students. Our community partners and across campus students consists of many disciplines that include social workers, nutritionists, medicine, dentistry, pharmacy, health educators and language interpreters.

At our MHC we screen all patients for key SDOH to include food and housing insecurity, difficulty with transportation and provide immediate referrals to social services, food pantries and community social agencies for positive screens for those desiring assistance. Our undergraduate and graduate students have opportunities to volunteer, do clinical hours, practicums, self-management support classes and quality improvement (QI) projects with our faculty at our inter-professional education and practice free clinic. Overall students' reflections from these practicum experiences support a deeper understanding on how food insecurity, homelessness and other SDOH impact one's physical, mental, and spiritual well-being (Cockroft et al., 2020). Nursing and inter-professional education and practice does have a critical role to play in achieving the goal of health equity, and our MHC provides the opportunity for robust education!

Mohamed Elkhoul

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Examining the Most Important Factors Affecting the Egyptian Family's Choice of the Ideal Number of Children in the Light of the 2015 Demographic and Health Survey

The study aims to determine the most important factors affecting the selection of the optimal number of children within the Egyptian family, according to the latest demographic and health survey for the Arab Republic of Egypt issued by the DHS Program is funded by the U.S. Agency for International Development (USAID). This study aims of supporting officials and planners in various areas of comprehensive development, especially in light of what Egypt is facing from the aggravation of the population issue in relevance to the high population growth, as the number of Egypt's population rose from 72.8 million according to the 2006 census, then to 94.8 million in the 2017 census, and to 101.5 million population on 1 January 2021, an increase of 7.1 million people over the last census data, (51.5% males, 48.5% females), and the gender ratio was 106.1 males for every 100 females. This would represent a direct threat to devour the elements of economic development that Egypt recently started to achieve a qualitative leap in the economy. Egyptian society is considered a young society, where the age group (0-15) constitutes about a third of the population with a percentage of 34.2% and the percentage of the age group (15-64) 61.9%, while the % the elderly population (65 years and over) was estimated at only 3.9% at the beginning of the year 2021. This is considered as a demographic gift that must be exploited as a real opportunity by supporting the components of comprehensive development on the right tracks. The results has revealed a set of critical factors which were included in proposed statistical model representing both of making decisions for using money or health care within the family, marital status, ideal marriage age for a girl, and the no. of male children, it has shown that the these factors combined affecting significantly the Egyptian families choices about the ideal number of children in terms of are considered the most important factors determining the chances of the family towards having ≤ 2 Child. It recommended to continue to employ the alternative means and solutions within the awareness programs to control these factors, and this in turn to motivate Egyptian families to control population growth rate at two child per family at the level accepted internationally, and alongside with the progress towards the human and sustainable development goals in Egypt by 2030 for

becoming future-Proof in favor of the next generation chances of Egyptians.

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&

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University Students' Perspectives on Sexual Orientation

Aim and Scope: The aim and scope is to reveal and examine the attitudes and opinions of the students towards LGBTI+s.

Importance of the Study: The primary importance of the study is to reveal the attitudes of the students in the context of the ethical principle of non-discrimination. The secondary importance is to plan the awareness and sustainable information trainings.

Method: The study was designed in quantitative-total population sampling method. 345 students, enrolled in the Faculty/School in 2019-2020-2021, constitute the universe of the research. The sample of the study consists of 291 students who participated on a voluntary basis.

The data collection tool is consisting of 4 different sections. The first two parts were developed by the researchers, focuses on the demographic information and sexual orientation of the participants. In the third and fourth sections, respectively "Attitude Scale Towards Lesbians and Gays" and "Hudson and Ricketts Homophobia Scale" was used. Data were collected online and analyzed using SPSS-28.

Results: The family structure of the participants show that the father has a higher education level and is working; the mother is not working (63.5%), that is, the patriarchal structure is dominant. The answer to the idea of providing to (74%) or receiving from (%78) LGBTI+s was "wouldn't be a problem" to a large extent. It has been observed that there is no gender-based discrimination in attitudes towards homosexuality, homosexuality between men and women is considered equally (73%). When the homophobia scale is evaluated, it is noteworthy that the tolerance of individuals towards themselves or their families has decreased. So much so that about 62% of the participants were angry or bored at receiving sexual attention from their own gender, 22% were proud; 55% of them stated that they would be disappointed if they found out that their child was gay.

Conclusion: As a result of many researches, health personnel's discriminatory, prejudiced or marginalizing attitudes; having insufficient information about sexual identity and orientation limits the access of cis-heterosexuals to health services. In this context, the fact that the majority of the students who are health personnel candidates will

maintain their impartiality in providing services to LGBTI+s shows that they have both knowledge and ethical awareness. On the other hand, it is understood that more negative reactions are given to a homosexual interest directed towards them, that is, they still do not internalize the situation and they have homophobic attitudes. Therefore, it is possible for them to unwittingly transmit messages that discriminate or marginalize in the relationship. In order for patients to receive quality service, they need to trust the person they receive service and open themselves up. In order to establish a positive relationship, health personnel must have the ability and competence to establish an accepting and respectful relationship. In this context, it would be useful to emphasize the necessity of continuing to include courses emphasizing cis-heteronormative cultural and social structure in the curriculum of students.

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&

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Social Control in a Self-Medicated Society: A Systematic Review

In modern societies, individuals are currently more autonomous and make continuous decisions about their health. Increasingly complex health systems, excessive information, and a crowded marketplace full of promising products are some factors at the root of a self-medicated society. In the last decade, the sale of over-the-counter (OTC) products has increased by 50.04% worldwide and is expected to rise a further 25.06% by 2026 (Euromonitor International, 2022). Additionally, COVID-19 has sky-rocketed their consumption in an act of self-preservation.

In a global context in which all kinds of risks proliferate, the social perception of disease incorporates a mainly pharmacological approach. This perspective emerges as a new one of social control subject to all kinds of interests. Drawing on sociological theory, this proposal examines the role that scientific literature – focused on raising social awareness of the risks linked to these medications – gives to the media, in its complex influence on society as a whole. Recent research has focused on the consumption of these drugs (e.g., Cupit, Rankin, Armstrong & Martin, 2020; Timmermans, 2020). However, there is no systematic study to assess the possible consequences for society.

The methodology has two parts: the first involved a comprehensive database search (Web of Science, Communication and Mass Media Complete, PubMed, and PsycINFO) for relevant studies published between 2000 and 2021 that met the inclusion criteria. The following Boolean operators were used: (*aware** AND *risk* AND “*over-the-counter*” AND “*society*” OR OTC OR nonprescription). The second part consists of content analysis which has enabled an objective and systematic description. Residual analysis was conducted based on the corresponding contingency table and after relevant tests of significance. The corpus comprises 516 studies and its representativeness allows for the generalization of results.

Results show that 26.4% of the studies analyzed concern the enormous influence of the media on the consumption of these products, and 29.7% indicate the need for greater restrictions and supervision of

direct-to-consumer advertising of OTC drugs. Moreover, 36.4% of the literature evidences the absence of relevant and/or verified information, which leads to poor decision making, deficient self-management, and higher hospitalization rates. The situation is aggravated by the existence of inaccurate and misleading information mentioned in 11.6% of the studies, which makes it difficult to discern the falsehood or truthfulness of health statements.

The study concludes with recommendations to take into account the sociocultural factors of the excessive and uncritical consumption of these products in today's society. It also points out the importance of pay more attention to the unavoidable responsibility of media in the promotion of products which may pose serious dangers to public health.

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Resource Centre for Tobacco Control (RCTC) in India: A Game-Changer in Galvanizing Tobacco Control Initiatives

Background: Being the second largest consumer and producer of tobacco globally, tobacco use is a significant public health threat in India. Despite efforts by the government and non-government stakeholders to combat the public health menace, the gravity of problem has not reduced to a significant extent. Multiple challenges exist, one of them being lack of platform for sharing information and good practices across states and stakeholders for their potential replication or adaptation. In 2018, the Resource Centre for Tobacco Control (e-RCTC) was established in India to provide accurate and reliable information related to tobacco control to diverse stakeholders.

Methodology: E-RCTC was developed through a systematic process involving 3 stages: stakeholder engagement, framework development and resource center finalization. E-RCTC mapped potential partners and stakeholders at the national and sub-national levels, inviting them to act as "collaborating partners" for planning and providing specific information related to their specialized area in tobacco control. It was followed by a high-level roundtable consultation meeting of coalition partners under the chairmanship of Union Secretary, Ministry of Health and Family Welfare, Government of India to finalize the framework. Various communication channels (email groups, WhatsApp groups, etc.) were established to finalize, regularly update and maintain the content of the resource centre.

Results: In the last five years since inception, the E-RCTC portal has attracted over 600,000 visitors from 110 countries. The resource center has also organized more than 50 workshops and webinars, training over 3,500 program managers and academicians to date. It serves as a central platform for tobacco control circulars, policies, and legislation from all 36 Indian states, along with multidisciplinary publications and its bi-monthly theme-based newsletter "Tobacco Free Times," which has published 23 theme based issues till date. Furthermore, the resource center has launched two online courses on Tobacco Control - Basics (3-month duration) and Advanced (6-month duration), aimed at strengthening the enforcement and implementation of tobacco control laws throughout India. Looking ahead, the resource center has

established a Tobacco Endgame Hub in India to achieve a tobacco-free world for future generations.

Conclusions: Resource Centre for Tobacco Control has been instrumental in disseminating technical knowledge and enhancing capacity building for tobacco control programs, academia, and researchers in India, making significant strides towards a tobacco-free society.

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**Systematic Analysis:
Supporting the Well-being and Job Satisfaction of
Firefighters**

Firefighters are essential workers who exhibit bravery and selflessness in the face of danger. However, their job can be highly stressful, and understanding the reasons for their stress and factors that contribute to their job satisfaction is crucial for ensuring their well-being and effectiveness in their work. Firefighters may experience stress due to various factors, such as exposure to traumatic events, physical demands of the job, long working hours, and the need to make quick decisions in high-stakes emergency situations. On the other hand, they may be motivated by a sense of purpose and fulfillment that comes from helping others and making a positive impact in their community.

Job satisfaction among firefighters can be influenced by several factors, including organizational support, leadership quality, opportunities for professional growth, and the relationships they form with colleagues and the public they serve. Effective stress management techniques and supportive resources can also contribute to overall job satisfaction and well-being. Research on firefighters' stress, motivation, and job satisfaction can provide valuable insights into developing effective interventions and support systems to help them thrive in their vital work.

The profession of firefighting is one of the most risky, and repeated exposure to traumatic events can lead to serious psychological consequences, including mental health disorders, burnout, depression, and even suicidal behavior. It is recommended to implement critical incident stress management programs in all fire protection services to potentially save firefighters. Extended exposure to traumatic events can lead to chronic mental health disorders such as post-traumatic stress disorder, anxiety disorders, depression, and burnout, which can negatively affect their professional and personal lives. Thus, it is important to support their well-being and job satisfaction to ensure the overall effectiveness of emergency services and the safety of the public.

This systematic analysis aims to identify stress coping methods used by firefighters in their work by gathering and organizing all possible articles describing stress interventions in one place. The research question is focused on stress management methods used by firefighters described in literature from 2010 to 2022. The analysis

followed the criteria set out in the "Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA)" statement. The search for articles was conducted in five databases using specific keywords. Five inclusion criteria for articles were chosen, and 304 articles were excluded based on these criteria after primary screening.

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&

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An Evaluation of Vitamin D and Bone Turnover Markers Levels in Postmenopausal Women in Albania

Vitamin D is a lipophilic prohormone that is synthesized in the skin in response to sunlight, although diet may be a source of much lower amounts of Vitamin D. Receptors of the active form of Vitamin D (VDR), have been identified in the cells of the intestinal epithelium, renal tubules, bone and other tissues and organs, which indicates a broad spectrum of 25(OH)D₃. Besides its role in intestinal calcium absorption, calcitriol may also affect bone health directly, as its receptors are expressed by osteoblasts. The consequences of vitamin D deficiency are secondary hyperparathyroidism and bone loss, leading to osteoporosis and fractures, mineralization defects, which may lead to osteomalacia in the long term, and muscle weakness, causing falls and fractures. Therefore, we aimed to investigate the association between serum levels of 25(OH)D and bone turnover markers in postmenopausal women, and their impact on osteoporosis. In this three - years study (2020-2022), we described the epidemiology of vitamin D status across women population in Albania and its potential associations with bone biomarkers (OC, PTH, ALP). Our study showed a clear seasonal variation of bone turnover markers and a negative *Pearson* correlation between serum 25(OH)D and osteocalcin (OC). Osteoporosis leads to decreased hydroxyapatite crystal formation and hence results in increase in serum osteocalcin levels. We found reduced 25(OH)D concentrations in postmenopausal women and showed that a deficient 25(OH)D concentration is associated with significantly increased markers of bone resorption and decreased bone mineral density (BMD) values.

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Romance Retirement: Men's Aging Mobilities from North to South

Newspapers abound with stories of expatriates from the Global North who flee to the Global South in the hopes of extending the values of their pensions in 'cheaper' countries. While most studies have examined couples who retire and migrate together when examining retired expatriates, this study examines the development of what I term the 'romance retirement' of men from the Global North who move to the Global South and begin intimate relationships with local women, which sometimes includes marriage and sometimes does not. The development of romance retirement by men from the Global North in the Global South highlights the importance of accessing women's labor in defining aging masculinities. I learned about the large number of expatriate men while I was following romance tours in Colombia, Ukraine and the Philippines and conducting a ten year global ethnography of the international dating industry, also known as the 'mail order bride' industry. I followed romance tours in each country for two months, interviewing a number of men interested in marrying women that also mentioned interest in retiring in those countries. After observing tours, I returned to each country for a month to conduct more interviews with men clients and men who stayed after marriage instead of returning to the West permanently. In addition, I interviewed men who had moved to all three countries to retire and date local women. Many of the men I met during romance tours overlapped with romance retirement migrants, demonstrating the complex nature of teasing out men's global mobilities from the North to South and its dependence upon women's labor.

Nolizwe Molefe-Madinga

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**An Exploration into the Role Played by Women in
Establishing Food Security amongst the Youth:
The Case of Soweto, Johannesburg**

Food insecurity is a prevalent social problem in South Africa in general. Specifically, it is estimated that nearly one-fifth of youth in Soweto, Johannesburg is food insecure. This paper explores a group of women that are part of the Kotula Garden Project and are attempting to decrease the widespread food insecurity through the establishment and management of vegetable gardens in Soweto. The project targets children and youth between the ages of six and eighteen. The urban project faces challenges, including but not limited to, funding and vandalism of the vegetable gardens. Nonetheless, approximately 350 families are beneficiaries of the produce from the vegetable gardens through their young family members.

This study employs qualitative methods to investigate the women's motive for working in these vegetable gardens, despite not receiving regular wages for their labour. Furthermore, the findings highlight that the women do not take the produce for their consumption, or sell it, which is contrary to most findings of urban agriculture studies. The empathy-altruism theory is utilised as the framework for this study and the findings indicate that the women working in the vegetable gardens do so out of a desire to make community members in Soweto, especially youth, food secure.

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&

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Trend in Mortality from Chronic Liver Disease and Cirrhosis in Urban and Rural Areas in Spain

Objectives: To estimate the trend in mortality from chronic liver disease and cirrhosis in rural and urban areas between 2003 and 2019 in Spain.

Methods: We selected deaths from alcoholic liver disease, chronic hepatitis, fibrosis and cirrhosis of the liver that correspond with codes K70, K73 and K74, respectively from the International Classification of Diseases (ICD-10). The population and the number of deaths according to the age, sex and population size of the municipality of residence have been obtained from the National Institute of Statistics. The size of the municipality of residence has been grouped into three categories: less than 10,000 inhabitants (rural areas), between 10,000 and 100,000 inhabitants (small urban areas) and more than 100,000 inhabitants (large urban areas). In each area we have calculated the average annual percentage change in mortality rate using linear regression. The logarithm of the rate has been used as a dependent variable.

Results: Between 2003 and 2019 the APCM in mortality rate from chronic liver disease and cirrhosis in large urban, small urban and rural areas was respectively -3.1%, -3.0% and -1.8% in men, and -4.1%, -3.8% and -2.5% in women.

Conclusion: Rural areas showed less decrease in mortality from chronic liver diseases and cirrhosis than urban areas.

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&

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**Using Community Outreach Interventions to Reduce
Maternal Mortality in the United States:
A Systematic Literature Review**

The United States has battled maternal mortality unsuccessfully for decades. With maternal mortality rates continuing to rise, especially in rural or low-income communities, new strategies are needed to increase education, awareness, access, and equity. This systematic literature review aimed to determine if the use of community outreach interventions, targeting education and awareness, could lower maternal mortality in rural or low-income communities in the United States. A search was conducted using PubMed (including MEDLINE), CINAHL, and Web of Science academic databases following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. 18 articles were analyzed and categorized using established screening criteria. Five common themes emerged, which included (1) improvements in maternal health or maternal mortality rates; (2) increased education and/or awareness; (3) increased use/acceptance of preventative care; (4) positive impact on health equity; and (5) applicability in rural or low-income settings in the United States. The findings and results indicate that the use of community outreach interventions can reduce maternal mortality in rural or low-income areas. A multimodal health promotion tactic, community outreach can simultaneously address MMR reduction and improve maternal health through in-person, group, and virtual delivery settings, as supported by the systematic literature review results. Further research should be conducted on the topic of community outreach interventions as a method for maternal mortality reduction to build upon the evidence gathered in this review.

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Spiritual Exercises, Moral Integration and the Problem of Hatred

The American philosopher Arnold I. Davidson is perhaps best known as one of Michel Foucault's best interpreters; Davidson is the English Series Editor of the thirteen-volume Palgrave collection of Foucault's lectures at the Collège de France. But Davidson's most consequential work as a philosopher – and as a scholar of ancient philosophy as well as divinity – is most in evidence in his writings on Pierre Hadot (1922-2010), and in particular Hadot's concept of spiritual exercises (*exercices spirituels*) of ancient philosophy. Thanks to Hadot and Davidson, philosophers and political theorists – especially those working primarily in English – now have a better understanding of the moral-ethical implications of what ancient schools of thought understood to be a unique mode of life, an act of living, and a way of being. Foucault himself explored some of these implications in the second and third volumes of his *History of Sexuality*; in fact, it was to Hadot that Foucault turned for guidance at this late stage in his career. But Davidson's writings on figures as diverse as Hadot, Foucault, Primo Levi, Marcus Aurelius and, most recently, the testimony of a Sonderkommando at Auschwitz named Zalmen Gradowski, have given the concept of spiritual exercises a new energy, and a certain urgency. Hadot's achievement was that he situated the ethical importance of spiritual exercises in the context of the history of philosophy. Building on Hadot, Davidson has constructed a critical apparatus to develop new understandings of evil and also of political agency in the face of evil. In this paper I examine the concept of spiritual exercises and focus in particular on the corresponding ethical implications that Davidson has analyzed relative to the problem of evil. Toward this end, the paper applies the concept of spiritual exercise to the predicament of evil in twentieth-century studies of totalitarianism, focusing in particular on the writings of Levi, Zalmen, Hannah Arendt and Leszek Kolakowski. Kolakowski is of especial interest because he elevated hatred as a particularly devastating response to evil – devastating because hatred cripples the person's ethical capacities by compromising the person's sense of self as an integrated moral agent. The paper asks if and how spiritual exercises can help to restore that integration, and if it might also be used as a technique to forestall political evil as a condition before its most insidious practices of self-destabilization arise.

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Pain Processes Modulated by Unconscious Emotional Pictures: An Fmri Study

Several theoretical proposals and experimental studies have repeatedly indicated that negative emotions are capable to enhance neural activity of brain regions involved in the affective processing of pain (insular cortex, anterior cingulate cortex, and prefrontal cortex) and its subsequent painful experience. Even though many painful experiences occur in emotional contexts that we are not aware of, most experimental evidence has mainly focused on the effect of conscious emotional stimulation on pain processing. Therefore, the aim of the present study was to investigate the role of neural networks mediating the influence of unconscious emotional information on the processing of painful stimuli using functional magnetic resonance imaging (fMRI). Eighteen healthy right-handed subjects participated in the present experiment. The fMRI activity was recorded while subjects were exposed to an emotional priming paradigm involving two types of emotional stimuli (neutral and negative) presented under both masked and unmasked conditions. The emotional stimuli were followed by a thermal stimulus (painful or nonpainful). Subjective pain-related scores were also measured. Statistical results showed an enhancement in neural activity within the posterior cingulate gyrus and precuneus for those stimuli presented below the threshold of awareness as compared to conscious stimulation. The type of emotional picture did not generate any distinctive changes in the activity of these brain regions in response to somatosensory stimulation (pain and non-pain). However, at the behavioral level, painful trials preceded by unconscious negative pictures elicited lower pain scores than those preceded by conscious negative pictures. The present results suggest that pain processing and perception under a non-conscious emotional context differ from the conscious perception. Posterior cingulate gyrus and precuneus have previously been associated with rapid attentional uptake of emotional

primes, which could prevent swift away attention from pain processing. Thus, pain perception would not be enhanced under an unaware negative emotional context. To the best of our knowledge, these findings are the first to show a neural representation of pain influenced by the conscious status of emotional contexts. However, further research is needed using different paradigms as well as different types of somatosensory stimulation.

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Barriers Influencing Effective Senior Nursing Leadership

Objective: The lack of staff, especially in nursing, is one of the biggest current problems in the German Health System, restricting patients' access to and quality of care. Senior Nurses play a key role in optimizing working conditions, making jobs more attractive and motivating nursing staff. In their sandwich position, they often feel limited in their ability to optimize work situations and in their leadership behavior. The aim of this study is to examine the importance of senior nurse leadership in elderly care companies and to identify internal factors that limit or hinder good senior nurse leadership practice.

Methods: In a three-step process, an online questionnaire was developed to evaluate the barriers to good leadership practice among senior nurses. First, the questionnaire was created on the basis of the literature. Two experts from the field helped to optimize and validate the questions. The questionnaire was then completed by a senior nurse using the think-aloud method. Based on the results of this method, the final questionnaire was designed, consisting of 12 topics and 28 questions. The online link was distributed via the German Nursing Association, the operators of nursing homes and specialist social media channels. A total of 405 senior nurses took part in the survey.

Results: The results of the empirical study point to numerous barriers, resistance and negative influences on good management behavior in German elderly care homes. Factors identified include scarcity of resources, heavy workload, inadequate compensation and lack of career opportunities. In particular, the position of nursing managers is often associated with significant workload and responsibility, while remuneration and advancement opportunities are limited. These factors can put nursing managers at high risk of turnover and difficulties in recruiting and retaining qualified staff. In addition, factors such as economic orientation, lack of tolerance and acute staff shortages influence the work of nursing managers. It was found that the level of involvement of nursing management in strategic decisions is an important indicator of their commitment to the company.

Conclusion: Based on the insights, it can be stated that the corporate culture, the organizational structure and the behavior of the supervisors and owners of nursing homes have a central influence on the leadership needs and opportunities of a senior nurse in elderly care companies. The present work thus makes a valuable contribution to researching the barriers and resistance that managers are exposed to in inpatient elderly care homes in Germany, expands the understanding of the leadership and leadership needs of key positions in middle management and shows ways out of the crisis.

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**The Evolved Self:
Mapping an Understanding of Who We Are**

This presentation, based on a book with the same name (Robertson, LH, 2020, University of Ottawa Press), describes a process of mapping the self that can be used in psychotherapy, but also has potential research application in political, religious, humanist, cultural and gender studies. Using units of culture called memes, I will illustrate the selves of people who were in psychotherapy at the time the maps were constructed, and some who were not in psychotherapy. The presentation will include a psycho-historical account of the evolution of the self, an examination of the experience of self in collectivist cultures, and the description of a paradigm of the self from which psychologists invariably operate. The presentation will include a discussion of the essential characteristics of a fully functional self that results in a capacity for objective observation and forward planning not enjoyed by our ancestors. The presentation concludes with a discussion of potential societal threats to the functioning of this culturally evolved self.

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Nurses' Expectations of Compassionate Leadership

Background: Compassion is a core value in the Code of Ethics for Nurses of the International Council of Nurses. It has been defined as awareness of another person's suffering, feeling for it and motivation to act to share or alleviate the universal experience of suffering. Compassion has been viewed as a fundamental element of nursing care. Compassionate leadership may require emotional intelligence, which has been defined as knowledge about emotions, ability to apply the knowledge in emotional situations and the tendency to use emotional skills. These skills call for both cognitive and affective empathy, or conscious reading of other individuals' perspectives and appropriate emotional responses to their emotions.

Intensive care and emergency unit nurses work under significant pressure. Nurses caring for critically ill patients experience physical fatigue and discomfort. They may experience anxiety, frustration and helplessness too. Nurse leaders are morally responsible for ensuring that nurses are provided empathy, compassion and concrete support interventions to promote their well-being and coping. This study seeks to provide a trustworthy description of nurses' experiences and expectations of compassionate leadership and compassion. The knowledge can be used to promote nurses' coping and wellbeing and to develop compassionate leadership in healthcare organizations. The knowledge can also be used to develop education for nurse leaders.

The aim of the study: Nurses caring for critically ill patients need compassionate attention and support. The aim of this study was to provide a trustworthy description of nurses' experiences and expectations for compassionate leadership and compassion at a central hospital in Finland.

Data collection and analysis: The participants were 50 intensive care and emergency unit nurses of a central hospital. Webropol, an online survey tool with open questions, was used to collect data on the meaning of compassion and on nurses' experiences and expectations of compassion and compassionate leadership. Inductive content analysis was used to analyze the data.

Results: The nurses reported a great variety of positive experiences of compassion, although the emphasis in this study seemed to be on the absence of compassion, especially in regards to leadership. The nurses expected individual attention and genuine physical and psychological

presence from their immediate supervisors. A compassionate leader, according to the participants, was “aware of what was going on at the workplace”, assumed responsibility for sharing and forwarding information, and expressed interest in employees’ competence and coping. Personal feedback and encouragement in stressful situations was considered important. The nurses would have appreciated a greater amount of positive and constructive feedback, mutual listening and genuine dialogue.

Compassion was seen as a seedbed for empathy, mutual appreciation, respect and sense of community. Other elements associated with a compassionate workplace included multiprofessional teamwork, positive learning experiences and constructive feedback.

Conclusions: Leaders have a crucial role in promoting a compassionate atmosphere. Their work starts with awareness of how important psychological safety and self-expression are for collaboration, commitment and quality care. Immediate supervisors express compassion by being physically present and by fostering an open dialogue.

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The European Pharmacy Market: The Density and its Influencing Factors

Community pharmacies deliver high-quality health care and are responsible for medication safety. During the pandemic, accessibility to the nearest pharmacy became more important to get vaccinated against COVID-19 and to get medical aid. The government's goal is to ensure nationwide, reachable, and affordable medical healthcare services by pharmacies. Therefore, the density of community pharmacies matters. Overall, the density of community pharmacies is fluctuating, with slightly decreasing tendencies in some countries. The research question is: upon which conditions depends the variance in the density of community pharmacies in Europe? So far, the literature has shown that changes in the system affect prices and density. However, a European overview of the development of the density of community pharmacies and their triggers is still missing. This research is essential to counteract decreasing density consulting in a lack of professional health care through pharmacies. I focus on liberal versus regulated market structures, mail-order prescription drug (RX) regulation, and 3rd party ownership consequences. In a panel analysis, the relative influence of the measures is examined across 27 European countries over the last 21 years. The results show that regulated pharmacy markets have a positive effect on density. They tend to have over 10.75 pharmacies/100.000 inhabitants more than liberal markets. Further, allowing RX mail-order has a negative effect on density. The density dropped by -17.98 pharmacies/100.000 inhabitants. However, 3rd party ownership structures have a positive effect on density. Countries with 3rd party ownership have 7.67 pharmacies/100.000 inhabitants more than countries restricted to pharmacists as owners. The results are statistically significant at 0.001 level. My analysis recommends regulated pharmacy markets, with a ban on mail-order prescription drugs allowing 3rd party ownership to support nationwide medical health care through community pharmacies.

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Midwest University Students' Perception of the COVID-19 Pandemic

The purpose of this study is to measure the attitude and perception of university students regarding potential vaccine hesitancy toward the COVID-19 vaccine and determine if identified hesitancy can be associated with influence factors such as contextual, individual/group, or vaccine/vaccination specific issues. Participants were asked to complete a 23 question self-reported survey that asked questions related to their perception of the COVID-19 pandemic, and the safety of the COVID-19 vaccine. Respondents N= 11,548 consisted of students, faculty, administrative staff, and civil service employees of a mid-major university. Of the sent emails, 40 (.04) individuals opted out of the survey, 4,370 (44%) opened the survey; and of that group 151(3.5%) did not sufficiently complete; creating an N of 1,465 (34%) who completed the survey. ANOVA analyses were conducted yielding statistically significant differences among the subgroup's perception of "vaccine is threat to health", "right to decide" and "refuse to be vaccinated". Understanding the rationale of individuals who are vaccine hesitant will provide a better understanding to provide the needed information, tools, and activities to reduce individual hesitancy.

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Attitudes toward Sexual Abuse among Ultra-orthodox Jewish Students

Sexual abuse can have profound implications for public health. It is a form of violence that can cause physical, psychological, and social harm to individuals. The consequences of sexual abuse extend beyond the immediate victim and can impact families, communities, and society. However, to deal with this topic as a public health matter, one must be able to discuss it openly.

In Jewish ultra-orthodox society, there is a taboo around speaking openly about sexuality in general and sexual abuse in specific. However, in present times, there is more discourse on the subject than in the past. This study examined the attitudes of ultra-orthodox Jewish social work students in Israel towards sexual abuse, or 'protectedness' as it is named in the ultra-orthodox community.

One hundred seventy-four students (84 women and 90 men) completed an anonymous online questionnaire adjusted for gender. Students were asked about attitudes regarding two issues: a. How should a person in authority (the rabbi/educator) act after learning of the sexual abuse of a minor under their responsibility? b. What considerations should guide a friend in deciding whether to disclose the sexual abuse they experienced? Answers were given on a Likert scale.

Regarding the first question, a Repeated Measures test was performed to test the research hypothesis, and the differences between the answers were significant ($p < 0.001$). The findings showed that in the views of the subjects, the authority must refer the minor to a private treatment agency. Referrals to State treatment agencies also received a high weight but less than those to private settings. Only a few thought that the police should be contacted. Despite the taboo in this community, students did not believe asking the minor to keep quiet about the issue was appropriate.

Regarding the second question, the study found that what should lead the friend to disclose sexual abuse is preventing harm to others and relief of their mental state. Then came doing justice and wanting to punish the offender. Even though this is a major issue in the ultra-

orthodox community, fear of defamation was found to be the last thing that should lead to a decision on disclosure. A possibly adverse reaction from the environment in response to the disclosure of abuse and revenge on the part of the offending person were also given low weight. No differences were found in the responses between men and women.

In the lecture, we will present the findings of this study and glimpse the subject of 'protectedness' through the perspective of social work students from the ultra-orthodox Jewish society in Israel.

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The Prevalence and Associated Factors of Depressive Symptoms in DM Patients in China: A Study Based on the Andersen's Behavioral Model

Background: Diabetes mellitus (DM) is a global health emergency that affects nearly 140 million people in China. Depression, a leading cause of disability and morbidity in China, often co-occurs with DM and poses significant challenges to the health system. Using Andersen's Behavioral Model of Health Service Use (Andersen's model) as the analytical framework, this study aimed to examine the prevalence and associated factors of depressive symptoms among Chinese DM patients, and test the interrelationships of latent variables in Andersen's model to provide evidence for improving comorbidity management.

Materials and Methods: We used Andersen's model as a theoretical framework to understand the factors associated with depressive symptoms in DM patients. In this model, factors related to individual healthcare service utilization (including health behavior and health outcome) are grouped into three categories: predisposing characteristic, enabling resource, and need. We used data from the fourth wave of the China Health and Retirement Longitudinal Study (CHARLS) in 2018, a nationally representative health survey of Chinese community residents aged 45 years and above (n=19,817). We included respondents who self-reported DM and had complete data on key variables. We assessed depressive symptoms with the 10-item Center for Epidemiologic Studies Depression Scale. We compared the prevalence of depressive symptoms in subgroups with chi-square test and identified factors associated with depressive symptoms in DM patients with logistic regression analysis. We tested the interrelationships of latent variables in Andersen's model with AMOS 24.0 software.

Results: Of 2035 DM patients included, 864 (42%) had depressive symptoms. Chi-square test showed that the prevalence of depressive symptoms varied significantly across subgroups except for groups stratified by age, DM duration, and DM treatment ($P>0.05$). Depressive symptoms were positively associated with females (AOR=1.940, 95%CI: 1.495-2.519), single, separated, divorced or widowed status

(AOR=1.411, 95%CI: 1.089-1.829), severe pain (AOR=2.367, 95%CI: 1.750-3.201), impaired Activity of Daily Living (AOR=1.648, 95%CI: 1.288-2.107), disability (AOR=1.289, 95%CI: 1.039-1.598), and abnormal sleep duration (AOR=1.688, 95%CI: 1.351-2.108), and negatively associated with urban residence (AOR=0.741, 95%CI: 0.572-0.959), higher annual household income (AOR=0.738, 95%CI: 0.578-0.943), good self-rated health (AOR=0.337, 95%CI: 0.227-0.501), satisfaction with medical service (AOR=0.731, 95%CI: 0.548-0.976), and high subjective life expectancy (AOR=0.483, 95%CI: 0.361-0.647). In Andersen's model, the impact effect between the latent variables Need and Health Outcome was found to be the greatest, with a total effect of -0.810.

Conclusion: We found that half of DM patients had depressive symptoms that were related to socioeconomic status, enabling resource, need and health outcome. We also found that the effect of Need on Health outcome was the greatest in Andersen's model. Our findings suggest the need for enhanced screening and intervention for depressive symptoms in DM and attention to the health needs of individuals with comorbidities to improve their health outcome.

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Behavioral and Emotional Problems among School Children in Tripoli, Libya: What Impact Does it Have on Community Public Health?

Objective: To detect the prevalence of mental health problems, including behavioral and emotional difficulties among school children (6-15 years) in Tripoli, Libya as observed by their parents and teachers.

Methods: The study took place in Tripoli, Libya. Data was collected over three months period between January and March 2022 from parents and teachers. The Arabic version of Strengths and Difficulties Questionnaire (SDQ - Goodman 2002) were used.

SDQ is one of the most widely and internationally used measure of child mental health and has been translated into more than 80 languages. The tool can pick up the viewpoint of children and young people, their parents and teachers.

The sample size was 245 children aged between 6 and 15 years who were attending compulsory education. Schools were randomly selected and then children were randomly sampled from each class. Data was analyzed to describe normative scores, bandings and cut-offs for normal, borderline and abnormal scores.

Results: When it came to the perception of teachers and parents, it was found that the response rate for parents and teachers were almost the same. A total of 300 children aged between 6 and 15 years were selected randomly from children attending public schools in Tripoli. Seven schools were randomly selected. Only 245 children returned the questionnaires (111 male and 134 female) giving a response rate of 81.6%. Out of these 208 children returned both the parents and teacher questionnaires (84.8%), 26 filled in only the parents' questionnaires (10.6%), and 11 returned only the teacher's questionnaire (4.4%).

Teachers rated their pupils consistently as showing difficulties in all areas with (23%) of the children considered to be displaying abnormal behavior. The highest proportion of abnormal behavior was for peer relation (17%) and conduct problems (17%). Parents rated their children as having fewer problems than rated by teachers, but rates were still high with (15%) of the children receiving total difficulty scores in the abnormal band. The most problematic areas as assessed by parents were peer relations (29) followed by emotion problems (18%).

Conclusion: Parent SDQs revealed high rates of children with conduct, emotional and peer problems falling above the 90th centile established in the UK sample. Teachers SDQs revealed higher rates of children with conduct problems. Comparison with UK and Egypt data showed abnormal total difficulties score of 11.9% which is a bit higher than UK (10.1%) but lower than that of Egypt (20.6%). Much greater investment in child mental health care is needed. More efforts are needed to identify those children and decide what we can usefully do to help the many-not only the few.

Any expansion in the area of child and adolescent mental health service should take into account the need for programs that raise awareness of mental health issues as well as ongoing training sessions for parents and teachers. Children's behavioral problems should be identified by parents, teachers, and healthcare professionals so that they can be quickly identified and treated, improving the chances of these children to gain normal mental health.

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