



THE ATHENS INSTITUTE FOR EDUCATION AND RESEARCH

Abstract Book

10th Annual International Conference on
Nursing
6-9 May 2024, Athens, Greece

Edited by
Carol Anne Chamley & Olga Gkounta

2024

Abstracts
10th Annual International
Conference on Nursing
6-9 May 2024, Athens, Greece

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Carol Anne Chamley & Olga Gkounta

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Preface

This book includes the abstracts of all the papers presented at the 10th Annual International Conference on Nursing (6-9 May 2024), 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, 2015-2024*

Year	Papers	Countries	References
2024	32	15	Chamley and Gkounta (2024)
2023	31	16	Hughes and Gkounta (2023)
2022	21	11	Boutsioli and Gkounta (2022)
2021	19	8	Papanikos (2021)
2020	22	12	Papanikos (2020)
2019	34	14	Papanikos (2019)
2018	52	15	Papanikos (2018)
2017	63	19	Papanikos (2017)
2016	55	18	Papanikos (2016)
2015	116	23	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. Specific individuals are listed on the following page.

Gregory T. Papanikos
President

Editors' Note

These abstracts provide a vital means to the dissemination of scholarly inquiry in the field of Nursing. 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 10th Annual International Conference on Nursing accomplished this goal by bringing together academics and scholars from 15 different countries (Australia, Canada, Finland, Germany, Hong Kong, Israel, Italy, Nepal, New Zealand, Saudi Arabia, Spain, Thailand, The Netherlands, UK, 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.

Carol Anne Chamley & Olga Gkounta
Editors

10th Annual International Conference on Nursing, 6-9 May 2024, 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. Adel Zeglam, Deputy Director, Health & Medical Sciences Division, ATINER and Consultant Neurodevelopment Pediatrician & Professor of Pediatric and Child Health, Tripoli University Hospital & Faculty of Medicine Tripoli University, Libya.
3. Carol Anne Chamley, Head, Nursing Unit & Associate Professor, School of Health and Social Care, London South Bank University U.K.
4. Vickie Hughes, Associate Professor, School of Nursing, Johns Hopkins University, USA.

FINAL CONFERENCE PROGRAM

10th Annual International Conference on Nursing, 6-9 May 2024, Athens, Greece

PROGRAM

Monday 6 May 2024

08.30-09.15

Registration

09:15-10:00

Opening and Welcoming Remarks:

- o Gregory T. Papanikos, President, ATINER.

10:00-11:30 Session 1

Moderator: Bertha Ochieng, Professor, De Montfort University, UK.

1. **Sitah Alshutwi**, Associate Dean, Clinical Affairs, King Saud bin Abdulaziz University for Health Sciences, Saudi Arabia.
Title: The Influence of Self Efficacy on Clinical Competence among Freshly Newly Graduated Nurses.
2. **Lorelei Newton**, Assistant Professor, University of Victoria, Canada.
Angela Wignall, PhD Student, University of Victoria, Canada.
Claire Fullerton, RN, Research Associate, University of Victoria, Canada.
Title: Nursing Students' Perceptions of Using ChatGPT in a Written Assignment.
3. **Jherika Tyler**, Assistant Professor, Columbus State University, USA.
Title: Implementation of a Preparatory Student Success Course in First Year BSN Students: A Quality Improvement Project.
4. **Mari Salminen-Tuomaala**, Principal Lecturer, Associate Professor, Seinäjoki University of Applied Sciences, Finland.
Title: What Factors Affect the Attractiveness of Nursing Profession?

11:30-13:00 Session 2

Moderator: Lincoln Pettaway, Assistant Professor, Shawnee State University, USA.

1. **Angela Lukomski**, Professor, Eastern Michigan University, USA.
Title: PediaTrac™; A Digital Tool to Track Pediatric Development in Real Time.
2. **Alberta Oosterhoff**, Assistant Professor, Hanze University of Applied Sciences, The Netherlands.
Title: The Content and Sources of Breastfeeding Knowledge for New Mothers in The Netherlands.
3. **Brenda Buffington**, Assistant Clinical Professor; Executive Director of Health Athlete, The Ohio State University, USA.
Title: Cutting Edge Holistic Coaching as a Solution to Chronic Disease Prevention.
4. **Thiwawan Thepha**, Assistant Professor, Khon Kaen University, Thailand.
Title: The Quality of Knowledge, Attitude, Behaviours among Fathers Toward 6-month Exclusive Breastfeeding Questionnaires: Thai Version.

13:00-14:30 Session 3

Moderator: Beat Ernst, Emeritus Professor, Molecular Pharmacy Group, University of Basel, Switzerland.

1. ***Bertha Ochieng**, Professor, De Montfort University, UK.
Carol Chamley, Researcher, De Montfort University, UK.
Title: Exploring the Impact of Dance Activities on the Educational Aspirations and Wellbeing of Young Girls in East Midlands, UK.
2. **Lu Qi**, Professor, Tulane University, USA.
Title: Adding Salt to Foods and Type 2 Diabetes. (DIA)

3. **Siddharth Gupta**, Professor, Kathmandu University, Nepal.
Title: A Research Study on Tobacco Associated with Potentially Malignant Disorders Prevalent in Oral Mucosa of Lumbini Province/District Rupandehi Population of Nepal.
4. **Ali Alhaqwi**, Consultant, King Abdulaziz Medical City, Ministry of National Guard Health Affairs, Saudi Arabia.
Ibrahim Almesned, Consultant, King Abdulaziz Medical City, Saudi Arabia.
Abdulrahman Alaql, Consultant, King Abdulaziz Medical City, Saudi Arabia.
Title: Pattern and Determinants of Physical Activity among Adults in a Saudi Community.

14:30-15:30 Lunch

15:30-17:00 Session 4 – Special Session on “Human Rights and Ethics”

Moderator: Bill Ikonmopoulos, Barrister, Ikonmopoulos Legal, Australia.

1. **Gregory T. Papanikos**, President, ATINER.
Title: Are Human Rights a Luxury or a Normal Good?
2. **Assaf Meydani**, Professor, The Academic College of Tel Aviv-Yaffo, Israel.
Title: Human Rights between Non-governability and Political Culture – A New Paradigm in Human Rights Analysis.
3. **Emmanuel Nartey**, Senior Lecturer, Bath Spa University, UK.
Title: Corporate Human Rights Abuses and Environmental Damage: Towards a Comprehensive Remedy Framework.
4. **Neville Rochow KC, Barrister**, Adelaide Law School, University of Adelaide, Australia.
Title: The Constitutional Role of Human Dignity in Promoting Ethical Outcomes in The Law.

17:00-20:00 Session 5

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 beyond our control. This is a private event organized by ATINER exclusively for the conference participants.

20:30-22:00

Dinner

Tuesday 7 May 2024

09:00-10:30 Session 6

Moderator: Courtenay Sprague, Associate Professor, University of Massachusetts Boston, USA.

1. **Sharon Tucker**, Associate Dean for Evidence-based Practice and Implementation Science, Grayce Sills Endowed Professor in Psychiatric-Mental Health Nursing, College of Nursing, The Ohio State University, USA.
Brenda Buffington, Assistant Clinical Professor, The Ohio State University, USA.
Title: Building Resilience during Times of Burnout with Healthcare Personnel.
2. **Florence Mei Fung Wong**, Associate Professor, Tung Wah College, Hong Kong.
Title: Factors Associated with Job Satisfaction between Junior and Senior Nurses in Clinical Settings: A Phenomenological Study.
3. **Ashfaque Talpur**, Research Fellow, The University of Sheffield, UK.
Title: Contribution of Nurses during Pandemic: A Synthesis of Qualitative Research.

10:30-12:00 Session 7

Moderator: Sharon Tucker, Associate Dean for Evidence-based Practice and Implementation Science, Grayce Sills Endowed Professor in Psychiatric-Mental Health Nursing, College of Nursing, The Ohio State University, USA.

1. **Lincoln Pettaway**, Assistant Professor, Shawnee State University, USA.
Rusty Waller, Associate Professor, Texas A&M University, USA.
Title: An Exploratory Study of Licensed Nursing Home Administrators (LNHA) Levels of Organizational Commitment.
2. **Dganit Sharon**, Lecturer, Ruppin Academic Center, Israel.
Raghda Alnabilsy, Lecturer and Arab Society Director, Dean of Students Office, Faculty of Social and Community Sciences, Ruppin Academic Center, Israel.
Title: Exploring Obstetric Violence and Health Care System Barriers through the Voices of Arab and Jewish Women in Israel.
3. **Courtenay Sprague**, Associate Professor, University of Massachusetts Boston, USA.
Title: HIV Inequities, the Therapeutic Alliance, Moral Injury and Burnout: A Call for Nurse Workforce Participation and Action.

12:00-13:30 Session 8

Moderator: Olga Gkounta, Researcher, ATINER.

1. **Enrique Jesus Saez Alvarez**, Professor, Universidad Católica de Valencia, Spain.
Title: Do Nursing Studies Modulate the Fear of Death in Nursing Students? A Within-Subjects Study.
2. **Sarah Weaver**, Senior Lecturer, University of Worcester, UK.
Title: Joy and Happiness at Work for UK Nursing Academics: As Simple as ABC.
3. **Claire Fullerton**, RN, Research Associate, University of Victoria, Canada.
Lorelei Newton, Assistant Professor, University of Victoria, Canada.
Title: eHealth Literacy and Digital Information Needs of Older Adults with Cancer: A Canadian Study to Inform Undergraduate Nursing Curricula.

13:30-15:00 Lunch

15:00-16:30 Session 9

Moderator: Carolina Facioni, Research Assistant, Italian Institute of Statistics (ISTAT), Italy.

1. **Nicole Banton**, Assistant Professor, Stetson University, USA.
Title: The Birth Connection: An Examination of the Relationship Between Her Birth Event and Infant Feeding among African American Mothers.
2. **Meridith Burles**, Lecturer & Research Coordinator, University of Saskatchewan, Canada.
Title: Using a Sociological Lens to Enhance Cultural Safety in Pediatric Healthcare: A Qualitative Study of Indigenous Family Caregivers' and Health Care Providers' Experiences.
3. **Mariia Vasiakina**, EU Researcher, Max Planck Institute for Demographic Research, Germany.
Christian Dudel, Researcher/Deputy Head, Research Group Labor Demography, Max Planck Institute for Demographic Research, Germany.
Title: Health Outcomes of Risk of Automation at Work: Evidence from Germany.
4. **E. Wairimu Mwangi**, Chair and Assistant Professor, Trinity Washington University, USA.
Daniel Sarpong, Executive Director, Office of Health Equity Research; Senior Research Scientist, Yale School of Medicine, USA.
Title: Food Insecurity and Other Correlates of Individual Components of Metabolic Syndrome in Women Living with HIV (WLWH) in the United States.

16:30-18:00 Session 10

Moderator: Jason L. Cummings, Assistant Professor, Loyola University Chicago, USA.

1. **Stavroula Kyriakakis**, Associate Professor, Adelphi University, USA.
Title: Safe Qualitative Interviewing Techniques in Research with At-Risk, Oppressed and Historically Marginalized Communities: Applying Trauma Informed Social Work Practice Skills and Knowledge Working with Survivors of Gender-Based Violence to Research.
2. **Ian Hyslop**, Senior Lecturer, University of Auckland, New Zealand.
Title: Sociological Insight and Political Limitations: Pushing the Contemporary Boundaries of Anglophone Social Work.
3. **Daniel Holman**, Lecturer, The University of Sheffield, UK.
Alan Walker, Professor, The University of Sheffield, UK.
Title: Healthy Ageing Through the Prism of Intersectionality: Integrating Intersectionality and the Life Course Perspective to Illuminate Complex Inequalities.

20:30-22:30

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

Wednesday 8 May 2024
**An Educational Visit to Selected Islands
or Mycenae Visit**

Thursday 9 May 2024
Visiting the Oracle of Delphi

Friday 10 May 2024
Visiting the Ancient Corinth and Cape Sounion

Ali Alhaqwi

Consultant, King Abdulaziz Medical City, Ministry of National Guard
Health Affairs, Saudi Arabia

Ibrahim Almesned

Consultant, King Abdulaziz Medical City, Saudi Arabia

&

Abdulrahman Alaql

Consultant, King Abdulaziz Medical City, Saudi Arabia

Pattern and Determinants of Physical Activity among Adults in a Saudi Community

Introduction & Background: The objective of this study is to determine the pattern of physical activity among adults visiting a major primary health-care center in Riyadh, Saudi Arabia and to identify the determinants and barriers of performing physical activity

Methods: A cross-sectional study in a major primary health-care center in King Abdul-Aziz Medical City, Ministry of National Guard Health Affairs, Riyadh, Saudi Arabia. Participants were interviewed using the short version of the International Physical Activity Questionnaire. The analysis was performed to identify the pattern of physical activity and possible influencing factors.

Results: The study included 305 participants with a mean age of 33.18 ± 11.45 years. The pattern of physical activity among participants was as follow: highly active (8.9%), minimally active (15.1), and physically inactive (76.1%). There was no significant association between activity levels and gender, age, presence of chronic disease, and indication of facing barriers. The total time spent in physical activity is far below recent recommendations. Male participants were more likely (69.2%) to sit more than 6 h/day compared to the 58.9% of the females. The mean body mass index of our sample was 27.63 with 64% of the participants being either overweight or obese.

Conclusion: This study confirmed previously published low level of physical activity among males and females in the Saudi community. There was also a noted high prevalence of overweight and obesity. The combination of physical inactivity and prolonged total sitting time will certainly contribute to adverse metabolic and general health outcomes and increased morbidity and mortality.

Sitah Alshutwi

Associate Dean, Clinical Affairs, King Saud bin Abdulaziz University
for Health Sciences, Saudi Arabia

Length of Training Influences Self-Efficacy and Clinical Competence: Recommendation to Sustain One-Year Internship Training Program among Saudi Nursing Interns

Background: Limited studies have evaluated the impact of internship training regarding self-efficacy and clinical competence and the factors influencing these variables among nurse interns, particularly in Saudi Arabia.

Aim: The threefold aim of this study was to (1) determine the self-efficacy and clinical competence of Saudi nursing interns, (2) assess the differences in their perceptions, and (3) determine the predictors of their factors during the one-year internship training program.

Design: The quantitative study employed a cross-sectional design and comparative and predictive research approaches.

Methods: A total convenience sample of 206 Saudi nursing interns participated in the study between November 2022 and December 2022. T-test and analysis of variance (ANOVA) were calculated to determine the differences in nursing interns' perceptions. Multiple regression analyses were performed to identify the predictors of their self-efficacy and clinical competence.

Results: The overall mean score of nurse interns' self-efficacy was 3.33/4 and 4.42/5 for clinical competence. For the length of internship training, nurse interns in the first batch (1-4 months) had significantly lower mean scores ($p=.013$) than those in the third batch (10-12 months), those in the second batch (5-9 months) had significantly lower mean scores ($p=.023$) than those in the third batch. Nurse interns with English proficiency test had significantly lower mean scores than those who did not have ($p=.045$). Only batch number significantly predicted nurse interns' self-efficacy ($p=.034$). For nurse interns who have relatives/friends studying/working in nursing ($p=.028$), batch number ($p=.002$) and self-efficacy ($p=.005$) were the predictors of their clinical competence.

Conclusion: Nurse interns reported high self-efficacy and clinical competence levels during training. Differences in the perceptions of nurse interns based on length of training and factors that significantly influenced their self-efficacy and clinical competence must be considered in planning strategies for enhancing nurse interns' self-efficacy and clinical competence.

Nicole Banton

Assistant Professor, Stetson University, USA

The Birth Connection: An Examination of the Relationship between Her Birth Event and Infant Feeding among African American Mothers

There is an epidemic of maternal and infant death rising in plain sight in the United States. The maternal and infant mortality rate of Black/African-American mothers is three times that of White/European Americans in the US. Current research indicates that breastfeeding lowers both. While African-American mothers had the highest breastfeeding rates through the start of the twentieth century, by its close of the century, their rates precipitously declined. Presently, they have the lowest rates of breastfeeding in the United States. In this paper, I examine how the ideas that Black/African American mothers had about breastfeeding before, during, and after pregnancy (postpartum) affected initiation and duration of breastfeeding. Also, I investigate how mothers' healthcare providers affect their decision making, as well as how the type of birth that a mother has, e.g., preterm, vaginal, c-section, full term, affects her actual versus idealized infant feeding practice. I present a discussion of how doctors, nurses, breast pumps, etc., affect breastfeeding practice and how the practice impacts mothers' beliefs about themselves as "good" mothers. In order to understand the interplay of the decision-making process and these constructs, I conducted a qualitative study in which I participated in face-to-face interviews with a diverse group of thirty African-American mothers. They ranged in age from 18 years-old to 50-years-old. At the time of her interview, each mother had at least one child who was three years old or younger. Through our discussions, we explored how pre-pregnancy perceptions, lived experiences as a mother, familial influences, and the discourses surrounding motherhood within an African-American context affected the perceptions and experiences that the mothers in the study had with their infant feeding practice(s). Findings suggest that pregnancy and birth experiences of the mothers in the study influenced whether or not they breastfed exclusively, combined breastfeeding and infant formula use or used infant formula exclusively. Specifically, the interplay of invocation of agency (the ability to control their bodies before, during, and after birth), birth outcomes and the interaction that the mothers in this study had with resources, human and material, had the highest on the initiation, duration, and attitude toward breastfeeding.

Brenda Buffington

Assistant Clinical Professor, Executive Director of Health Athlete, The
Ohio State University, USA

**Cutting Edge Holistic Coaching as a Solution to Chronic
Disease Prevention**

The World Health Organization estimated that there were 4.5 million excess deaths in 2020. These data revealed the extent to which the pandemic has affected health systems worldwide. Noncommunicable diseases (NCD) result in 74% of all deaths globally. Cardiovascular diseases account for most NCD deaths followed by chronic respiratory diseases, and diabetes. These four groups of diseases account for >80% of all premature NCD deaths. Lifestyle behaviors such as tobacco use, physical inactivity, harmful use of alcohol, unhealthy diets, and air pollution increase the risk of dying of an NCD. These health behaviors also contribute to chronic disease. Research indicates ~70% of chronic diseases may be preventable based on lifestyle behaviors. The United States Center for Disease Control and Prevention estimates that chronic disease care accounts for nearly 75% of aggregate healthcare spending. Health and wellness coaching has grown substantially over the last ten years as a solution for mitigating chronic disease. Coaches include individuals who have completed an accredited health and wellness coaching program, leading to certification by examination through the National Board for Health & Wellness Coaching. Nurses may also sit for the National Integrative Nurse Coach certification examination after completing a formal nurse coaching program. Such coaches are uniquely situated to offer health/wellness coaching to promote health-enhancing behaviors that coaching research suggests may prevent and reduce chronic disease.

This session will present two coaching programs covering the didactic content including the science of behavior change, supervised practice applications and lessons learned from delivering these programs. Participants will engage in practicing select coaching techniques such as motivational interviewing, appreciative inquiry, active listening, individual versus group coaching, and values identification.

Meridith Burles

Lecturer & Research Coordinator, University of Saskatchewan, Canada

Using a Sociological Lens to Enhance Cultural Safety in Pediatric Healthcare: A Qualitative Study of Indigenous Family Caregivers' and Health Care Providers' Experiences

While sociologists recognize various social determinants that shape health and well-being, access to healthcare remains a critical challenge in everyday life for some communities and populations. Persistent social inequities in many societies prevent adequate health management which can adversely impact infants, children, and youth, as well as their families. In particular, Indigenous peoples in Canada face ongoing social and health disparities resulting from the legacy of colonialism, creating a high level of health needs. However, despite the universal healthcare system in Canada, there are numerous barriers to healthcare that can impact access to appropriate and timely health services for Indigenous peoples and their families. Through a qualitative approach that drew upon sociological theory, and interpretive and Indigenous methodological principles, we explored the experiences of Indigenous families who required healthcare and support for a child with a life-threatening or life-limiting illness. As well, we examined the perspectives of healthcare providers involved in delivering health services to such families. The overall purpose of the research was to better understand participants' subjective experiences and identify strategies for enhancing cultural safety in pediatric healthcare and support services in one Canadian province.

In this presentation, themes arising from qualitative interviews and an arts-based project with Indigenous family caregivers of ill children, and focus groups and individual interviews with pediatric healthcare providers will be discussed. Additionally, strategies for facilitating improved communication, mutual understanding, and increased respect within pediatric healthcare and support will be outlined, as well as directions for broader institutional change. As such, the findings of this research reflect the value of a sociological lens for identifying macro-, meso-, and micro-level factors that problematize access to healthcare for populations facing marginalization, and contributing to inequity-responsive healthcare and support. We will also discuss future directions for research including opportunities for community engagement and interprovincial collaboration.

Claire Fullerton

RN, Research Associate, University of Victoria, Canada

&

Lorelei Newton

Assistant Professor, University of Victoria, Canada

eHealth Literacy and Digital Information Needs of Older Adults with Cancer: A Canadian Study to Inform Undergraduate Nursing Curricula

Across the globe, older adults are surviving cancer at unprecedented rates. Although older adults (70+ years) are disproportionately affected by cancer, they are also more likely than ever to survive cancer in countries with universal healthcare coverage. Emerging research around the transition of Canadian older adults to cancer survivorship suggests that a key concern is the availability and provision (or lack thereof) of relevant and reliable information. However, little evidence exists as to how older adults use digital information to supplement understandings of their unique situation in order to manage their ongoing cancer related concerns.

Contrary to persistent ageist assumptions, recent research highlights that digital information is a substantial source of information for this group. Despite increased uptake, there are aspects of digital information sources that may be suboptimal, as simply having access to health information does not necessarily equate to being able to understand or use it. Expectations that older people have difficulty parsing medical information persist, yet digital tools may be creating or exacerbating barriers to use and understanding. To this end, we will share findings of our study regarding the digital information needs and experiences of older adults, including digital health literacy, during the survivorship phase of their cancer journey. We will discuss how this is relevant to undergraduate and specialty nursing education in light of geriatric oncology emerging as an oncology nursing sub-specialty. There is little research available to guide practitioners to support the digital information needs of this group as they transition from active treatment to survivorship. This project will contribute to a better understanding of the digital information needs of this population, as such knowledge is crucial to include in nursing education in order to enhance care and quality of life of older adults across the trajectory of their cancer care.

Siddharth Gupta

Professor & Head, Department of Oral Medicine Diagnosis and
Radiology, Tribhuvan University, Nepal

&

Pratik Man Shrestha

Kantipur Institute of Health Sciences & Kantipur Dental Hospital,
Pokhara, Nepal

**A Research Study on Tobacco Associated with Potentially
Malignant Disorders Prevalent in Oral Mucosa of Lumbini
Province/District Rupandehi Population of Nepal**

Background: Oral mucous membrane is an integral part of the complex oral cavity which is associated with maintenance of oral as well as general body health. The theme of "Oral Health for Overall Health", is gaining more importance in today's challenging times wherein optimal health is of the paramount importance.

Tobacco associated Oral mucosal lesions (OML), potentially oral malignant disorders comprising of oral sub mucous fibrosis, oral leukoplakia, tobacco pouch keratosis, chewer's mucositis, pan encrustation are the most prevalent diseases in Rupandehi district, Lumbini province (Province Five) of Nepal, which is caused by consumption of smokeless and smoked forms of tobacco.

Smoking, drinking and chewing tobacco product, are the common prevalent habits in Nepal and have been positively associated with oral mucosal lesions. This research study has been conducted in this Nepalese part of Rupandehi district (Province Five) regarding the prevalence of oral lesions in relation to the prevalent habits.

Aim of the Research Study: To assess the prevalence of Oral mucosal lesions and their association with pattern of tobacco use among patients visiting outpatient department in Rupandehi district of Nepal (Province Five).

Research Methods and Material: This descriptive, cross-sectional prevalence study included five hundred (500) participants who visited the Department of Oral Medicine, Diagnosis and Radiology, and fulfilled the inclusion criteria, and the study data was carried out from August to December 2003. Self-designed proforma was used for recording demographic details, and WHO (**World Health Organization**) **Assessment Form for Oral Mucosal Lesions** was used to record the tobacco use status and findings of the clinical and laboratory investigation. Statistical analysis was performed using IBM SPSS version 23, and the mean, frequency, and percentage were calculated.

Research Study Results: Among the 500 (five hundred) participants, 78.26% were male and 21.74% were female. The mean age of the study population was 44.19 ± 12.33 years. The prevalence of tobacco use among study participants was 41.25% and that of the OML was 39.28%. Homogenous leukoplakia, oral sub mucous fibrosis were the most prevalent oral mucoal lesions: potentially malignant disorders, followed by tobacco pouch keratosis and chewer's mucositis and pan-encrustation. The prevalence of smoking, drinking alcoholic beverages and tobacco chewing was 25.08%, 28.78% and 6.99% respectively. Tobacco chewing (areca anut) were significant predictors of oral submucous fibrosis in this population.

Research Study Discussion: The prevalence of oral leukoplakia, Oral sub mucous fibrosis and oral lichen planus in our study Nepalese population is prevalent and attributable to use of tobacco. The prevalence of consumption of alcoholic beverages in our study population was higher when compared to the South-East Asian National Sample Survey study. Smokers were more likely to develop oral leukoplakia, smoker's melanosis compared to other tobacco associated lesions. Among those who consumed alcoholic beverages alone, the prevalence of leukoplakia was higher compared to other lesions. Oral sub mucous fibrosis was the most prevalent potentially malignant disorder condition among those who chewed tobacco or betel quid with or without tobacco.

Conclusion: The prevalence study emphasizes the deleterious effects of tobacco use toward oral mucous membrane and also serves as a path for future tobacco cessation programs that would be helpful to prevent potentially malignant disorders in Nepalese population.

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&

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Healthy Ageing through the Prism of Intersectionality: Integrating Intersectionality and the Life Course Perspective to Illuminate Complex Inequalities

In recent years, the concept of intersectionality has gained prominence in the exploration of health inequalities, emphasising the complexity of social positions and identities, and the multifaceted discrimination individuals may face. This approach challenges the traditional analysis of social axes of inequality—such as age, gender, ethnicity, and socio-economic status—in isolation, advocating instead for a recognition of the interconnected nature of these characteristics. Despite its rising importance, the intersectionality discourse has largely overlooked the dynamics of ageing and the intricate patterns of life experienced over time. Similarly, studies of ageing have been slow to integrate the rich insights offered by intersectionality.

This paper proposes a synthesis of intersectionality with a life course perspective to shed light on the nuances of ageing inequities, particularly in health contexts. We begin with an examination of intersectionality's utility in researching inequality, exploring the roles of intersectional subgroups, discrimination mechanisms, categorisation processes, and the diversity inherent in individual experiences. We examine different analytical strategies, including the application of interaction terms in standard models and the deployment of multilevel models that have set a new 'gold standard' in identifying complex differences among different subgroups. By initiating a conceptual dialogue with the life course perspective, we explore several key notions: social roles, life stages, transitions, age and cohort effects, the accumulation of advantages or disadvantages, and the trajectories individuals follow throughout their lives. We argue that merging intersectionality with life course analysis opens up innovative avenues for understanding the complexities of ageing and the associated health inequalities. This synthesis not only enriches our theoretical frameworks but also promises to enhance the practical approaches to addressing health inequalities across the life course.

Building upon these theoretical foundations, this paper will also demonstrate the practical application of the proposed framework through

empirical examples drawn from recent research projects. These projects, both empirical and methodological in nature, serve as illustrative case studies for how intersectionality, when combined with a life course perspective, can be operationalised to uncover deeper insights into health inequalities experienced in ageing populations.

Ultimately, this paper emphasises the transformative potential of combining intersectionality with the life course perspective, not just in conceptual terms, but as a powerful empirical tool for dissecting and addressing the multifaceted nature of health inequalities in ageing societies.

Ian Hyslop

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**Sociological Insight and Political Limitations:
Pushing the Contemporary Boundaries of Anglophone
Social Work**

Social work is, perhaps inevitably, enmeshed with the power relations that structure liberal capitalist states. These relations shape both the function of social work and the boundaries of legitimate dissent. Despite the political ideology of economic and social opportunity associated with liberal societies, capitalist states inevitably generate inequality due to the exploitative relationship between capital and labour. Although professional social work associations routinely claim a commitment to human rights and social justice, historical and contemporary practice is far less benign. Arguably social work has done as much, perhaps more, harm than it has done good over time. The role of social work is generally focused on resocialising failing individuals rather than changing the structural conditions which reproduce poor social outcomes. More than this social work can be connected with classed and raced practices of state care, supported by overt and covert eugenic ideology. Abolitionist scholarship, particularly in the U.S, and particularly in the child protection arena, links social work with the carceral state. In Aotearoa / New Zealand we have our own punitive history in relation to coloniality, assimilation and state care. Much of this discriminatory practice was performed under the umbrella of supposedly enlightened Welfare State. This presentation explores the implications of this analysis for the future of social work as a form of applied sociology. Given its location within the liberal political state, can social work ever be a significant force in the development of a more socially just society. What conditions are necessary for social work to become a more significant force for social justice? This issue is explored with specific reference to the question of decolonising practices in Aotearoa / New Zealand. Social work is not a free-floating activity. It is mired in relations of power. However, to understand this is not that the same as accepting the inevitability of exploitative capitalist social relations and of the institutions which uphold the status quo. Is there, for example, potential to form genuine partnerships with resistance communities – such as Indigenous Collectives. Against a backdrop of troubled times and right wing populism globally, what are the limits and possibilities for a social work focussed on socially just processes and outcomes.

Stavroula Kyriakakis

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Safe Qualitative Interviewing Techniques in Research with At-Risk, Oppressed and Historically Marginalized Communities: Applying Trauma Informed Social Work Practice Skills and Knowledge Working with Survivors of Gender-Based Violence to Research

Motivated by the profession's central commitment to promoting social justice, social work research elucidates the experiences, as well as the policy and social service needs of oppressed and historically marginalized communities. This includes migrant communities fleeing impoverished conditions, political persecution and discrimination. Nevertheless, sociologists, psychologists and other social science researchers are conducting research with many of these same communities who, due to conditions of oppression and limited access to power and resources, are at increased exposure to violence and exploitation. Consequently, social science researchers must be prepared to encounter participants that have survived trauma and may be experiencing post-traumatic stress responses, depression, suicidality and psychosis. Social workers possess skills developed in their practice with these same communities which can be applied to conducting in-depth research interviews in a manner that is safe, trauma informed, and honors the autonomy, expertise and dignity of the participants. The presenter has extensive social work practice experience in New York assisting immigrant and refugee survivors of domestic violence, and successfully lead feminist, decolonized research with immigrant and multiply marginalized communities in the United States and in the Caribbean. This research methods presentation on qualitative interviewing introduces trauma informed practice principles used in providing treatment and services to survivors of trauma, and applies them to conducting in-depth research interviews with historically oppressed and marginalized communities.

The introduction of the presentation specifies the similarities and differences between clinical assessments typically conducted in a social work practice setting and in-depth qualitative research interviews. The principles of trauma informed practice are then described, a main tenet of which is an attention of the role of power and agency embedded within the socio-cultural and economic context. Methodological guidelines for recruitment and in-depth interviewing are then detailed. Starting from the design phase of the study, the researcher must become thoroughly familiar with the socio-political context of the study location and life

conditions of the participants, including a deep understanding of likely study participants' needs and risks for exposure to violence. With attention to the experience of trauma and associated symptoms, and an awareness of the risk for exploitation inherent to research interviews, specific qualitative interviewing techniques that provide study participants with control over the interview conditions and information they share are presented alongside case examples.

The distinction provided between clinical and research interviewing, description of a trauma informed framework, and interviewing techniques contained in this presentation are useful to social workers and psychologists tasked with conducting qualitative research interviews. Moreover, the presentation content provides critical interviewing guidance for sociology researchers to safely conduct research with historically marginalized and economically disadvantaged communities that are at increased risk for exposure to violence and exploitation.

Angela Lukomski
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PediaTrac™: A Digital Tool to Track Pediatric Development in Real Time

Healthcare providers need new methods for early prediction and classification of mental health disorders in children, especially neurobehavioral disorders. *PediaTrac™*, a digital application designed to engage caregivers in the gathering of longitudinal, real-time, multi-domain data on infant and toddler development has been developed. The *PediaTrac™* analytic system offers a paradigm shift, enabling a new level of collaborative prevention by employing new technologies to involve and support stakeholders directly and indirectly. *PediaTrac*: 1) Will collect data in real-time to eliminate the need for inaccurate backward-looking reports. 2) Provide early access to care that is enabled by real-time analysis, providing families with reports on individualized developmental progress (as they enter data). 3) Addresses heterogeneity by collecting ongoing multi-domain (sensorimotor, feeding, sleep, language/cognition, and social/emotional) data on infants and toddlers. A profound uniqueness is that *PediaTrac™* will incorporate an individually adaptable survey based on prior responses, which tracks the individualized risk for each child in specific domains, leading to the discovery of novel risk indicators. 4) Responses are filtered through a HIPAA-compliant analytic system that synthesizes and interprets whether the child is developing on a normal trajectory based on established norms. 5) Addresses the lack of knowledge contributing to risk, meaning *PediaTrac™* will be able to look back at the factors and early predictors leading to potential developmental delays. By closely following development from birth, we can learn healthy, forward-looking protective patterns and milestones from most children, establish trajectories of typical and aberrant development in multiple domains to identify when some veer off course, and gain knowledge through retrospective analytics to build healthy foundations in all children, particularly those at risk for neurobehavioral disorders.

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Human Rights between Non-governability and Political Culture – A New Paradigm in Human Rights Analysis

This article calls for a new paradigm in human rights analysis focusing on a new definition of human rights as a collection of practices in the policy areas of the right by analyzing the politics and strategies of defending human rights within social and political context. To do so, it integrates the tools of social choice theory with a unique institutionalist perspective that looks at both formal and informal, and local and international factors. The analysis is novel in two important aspects. based on institutional theory and social choice we develop a theory that explains the political as well cultural aspects of human rights policies in general as well as the functions of several players in the political arena, particularly politicians, bureaucrats, interest groups and the public. These political players operate amid three structural variables. The first is *non-governability*, the inability of the political system to formulate and implement systematic policy plans. Non-governability arises in an environment with a sectarian electoral system that is restricted to a particular group and a traditional public management system that is not oriented towards outcomes and efficiency. The second characteristic is a *political culture* that serves long term calculation over the short term. In its extreme form, this culture gives rise to alternative politics, a semi-legal pattern of do-it-yourself behavior that favors outcomes over process. The third characteristic is the *judicialization of politics*, the situation in which the legal system partially replaces the other authorities in a state. Our analysis also explains the processes through which Israel is struggling to promote human rights within a specific institutional environment in general, thus determining the scope of human rights in particular. From this twofold analysis we draw conclusions about the future of Israeli democracy and its attitude towards human rights.

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&

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Food Insecurity and Other Correlates of Individual Components of Metabolic Syndrome in Women Living with HIV (WLWH) in the United States

Background: Access to effective antiretroviral therapy in the United States has resulted in a rise in longevity in people living with HIV (PLHIV). Despite the progress, women living with HIV (WLWH) experience increasing rates of cardiometabolic disorders compared with their HIV-negative counterparts. Studies focusing on the predictors of metabolic disorders in this population have primarily focused on the composite measure of metabolic syndrome (METs). This study seeks to identify the predictors of composite and individual METs factors in a nationally representative sample of WLWH. In particular, the study also examines the role of food security in predicting METs.

Methods: The study comprised 1800 women, a subset of participants from the Women's Interagency HIV Study (WIHS). The primary exposure variable, food security, was measured using the U.S. 10-item Household Food Security Survey Module. The outcome measures are the five metabolic syndrome indicators (elevated blood pressure [systolic BP > 130 mmHg and diastolic BP \geq 85 mmHg], elevated fasting glucose [\geq 110 mg/dL], elevated fasting triglyceride [\geq 150 mg/dL], reduced HDL cholesterol [$<$ 50 mg/dL], and waist circumference > 88 cm) and the composite measure - Metabolic Syndrome (METs) Status. Each metabolic syndrome indicator was coded one if yes and 0 otherwise. The values of the five indicators were summed, and participants with a total score of 3 or greater were classified as having metabolic syndrome. Participants classified as having metabolic syndrome were assigned a code of 1 and 0 otherwise for analysis. The covariates accounted for in this study fell into sociodemographic factors and behavioral and health characteristics.

Results: The participants' mean (SD) age was 47.1 (9.1) years, with 71.4% Blacks and 10.9% Whites. About a third (33.1%) had less than a high school (HS) diploma, 60.4% were married, 32.8% were employed, and 53.7% were low-income. The prevalence of worst dietary diversity, low, moderate, and high food security were 24.1%, 26.6%, 17.0%, and 56.4%, respectively. The correlate profile of the five individual METs factors plus

the composite measure of METs differ significantly, with METs based on HDL having the most correlates (Age, Education, Drinking Status, Low Income, Body Mass Index, and Health Perception). Additionally, metabolic syndrome based on waist circumference was the only metabolic factor where food security was significantly correlated (Food Security, Age, and Body Mass Index). Age was a significant predictor of all five individual METs factors plus the composite METs measure. Except for METs based on Fasting Triglycerides, body mass index (BMI) was a significant correlate of the various measures of metabolic syndrome.

Conclusion: HDL cholesterol was significantly correlated with most predictors, while BMI was a significant predictor of all METs factors except fasting triglycerides. Food insecurity, the primary predictor, was only significantly associated with waist circumference. These findings provide insights into identifying predictors of individual metabolic syndrome factors in WLWH and addressing food security in managing metabolic syndrome in this population.

Emmanuel Nartey
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Corporate Human Rights Abuses and Environmental Damage: Towards a Comprehensive Remedy Framework

In contemporary legal discourse, addressing remedies for corporate human rights abuses and environmental damage has become increasingly paramount. This study delves deeply into the foundational principles of tort law to explore the concept of remedy, with a particular focus on the application of the "Eggshell Skull Rule" in cases involving human rights violations and environmental harm perpetrated by corporations. By drawing upon established legal precedents and scholarly analyses, the study proposes a systematic three-step approach for determining liability in such cases, with a central emphasis on restoring victims to their pre-violation state. Furthermore, the study meticulously examines the nuances of judicial remedies, underscoring the pivotal role of aggravated and exemplary damages in cases of corporate wrongdoing. It asserts that these forms of damages serve not only compensatory but also punitive and deterrent functions, essential for addressing the deliberate or negligent actions of corporations that result in harm to individuals and the environment. Through a thorough analysis of case law and legal principles, the study advocates for the application of exemplary damages as a potent means of punishing corporate misconduct and deterring future transgressions. Moreover, the study navigates the complexities inherent in applying the "*Rookes v Barnard Categories*" to corporate wrongdoing, stressing the need for a nuanced approach that accounts for the defendant's conduct's oppressive, arbitrary, or profit-driven nature. Additionally, it engages with the challenges and controversies surrounding the use of exemplary damages, evaluating arguments both for and against their application in civil proceedings. This study contributes significantly to the ongoing discourse on remedies for corporate human rights abuses and environmental damage, offering valuable insights into the legal principles and considerations guiding the determination of liability and the awarding of damages in such cases. By advocating for a comprehensive remedy framework encompassing both compensatory and punitive elements, the study endeavours to uphold accountability and justice in the face of corporate misconduct.

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Angela Wignall

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&

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Nursing Students' Perceptions of Using ChatGPT in a Written Assignment

The availability and use of artificial intelligence (AI) tools, sometimes referred to as machine learning tools, is accelerating significantly. As these technologies proliferate rapidly in our societies, many post-secondary institutions have responded by banning students from using AI tools such as OpenAI's Chat Generative Pre-trained Transformer (ChatGPT). Despite these bans, students around the world are adopting these tools as part of their learning journey. There is, consequently, a relevant pedagogical opportunity to examine how such tools inform the experiential learning of nursing students as well as their future practice.

To address the dearth of information regarding nursing students' perceptions of using AI tools in their academic and practice assignments, a teaching team at the University of Victoria School of Nursing planned a new written assignment incorporating ChatGPT. We were curious as to how these fourth-year nursing students perceived and used this technology. Thus, we conducted a pre-post-survey designed project to better understand the impact of AI tools by explicitly including ChatGPT as part of an assignment and then exploring how this influenced their uptake of the content and perceptions of using AI tools across the semester. The research questions included: (1) Overall, how do nursing students perceive the use of ChatGPT? (2) How do nursing students use (or plan to use) this technology? (3) How do nursing students perceive the use of ChatGPT and related technologies in their future practice? After obtaining ethics approval from our institution, a research associate was employed as a neutral third party to collect the anonymous data over the semester. After the student grades were submitted, the anonymous data were analyzed.

We will report on the overall outcomes of the project, including differences before and after the completion of the assignment using ChatGPT. Technologies such as ChatGPT will have a profound impact on how assignments could be designed in the future. This study can serve as a starting point to understanding how we might do this in a pedagogically

sound manner that recognizes and works with the changing nature of the technological world, rather than resisting it. In addition, such technologies are poised to be an integral part of future health care, as they are increasingly incorporated into decision making tools and electronic health records. As the students surveyed will graduate at the time of this presentation, the findings from this study also provide baseline perceptions of new graduate nurses as to how contemporary technology is infused into practice environments and how integration of AI tools into undergraduate nursing education can support competencies required for the nurses of tomorrow.

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&
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Exploring the Impact of Dance Activities on the Educational Aspirations and Wellbeing of Young Girls in East Midlands, UK

Introduction

There is a growing body of evidence that supports dance as an effective strategy which has the potential to reduce mental ill health and concomitantly improve self-esteem, confidence, body image and interpersonal and communication skills. Whilst at the same time provide a mechanism to engage in physical activity (Burkhardt & Rhodes 2012) that can have a wide range of beneficial effects on health and wellbeing. Dance has been shown to be particularly effective in engaging adolescent girls, as cited by Jago et al (2013) who asserts that dance was classified as the favourite form of physical activity among UK secondary school aged girls. However, most of the studies examining the influence of dance focus on physical and mental wellbeing and tended to use either survey approaches, questionnaires, or small focus groups to assess the links between dance and a wide range of both evaluative and affective mental health and physical health wellbeing measures. The studies have also focused on adults and adolescents from 13 years of age.

Study Aims

The aim of this research study is to determine the influence of peer-based dancing activities on the wellbeing and educational aspirations of Year 7 and Year 8 girls, participating in the **Square Mile 'Moving Together'** dance programme supported by De Montfort University Leicester, United Kingdom.

Research Questions

- How does active participation in the 'moving together dance activity' associate with self-reported positive wellbeing?
- What is the perceived impact of the 'moving together dancing activity' at DMU on young girls' wellbeing and educational aspirations?

Ethics, Methods and Data Collecting Instruments

Ethical principles were integral to all phases of this project and are not reflected as a purely stand-alone element. Therefore, to comply with this ethical approval was sought, and approval conferred through De Montfort University (DMU), Faculty of Health and Life Sciences, Faculty Research Ethics Committee

This is a non-experimental correlational study, which is the most common strategy for evaluation of an intervention and will integrate mixed methods and several layers of data collecting activities. Each phase will be piloted to test the design and the logistics of the data collecting instruments, whilst engaging the instruments with the participants. This also provides the research team with experience of engaging the data collecting instruments across an eclectic target population.

This presentation will therefore exemplify and explore in more detail the importance of the pilot study in negating ambiguities and testing the instruments, whilst empowering young people to take ownership and a voice in this innovative study.

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Daniel Sellen

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&

Hinken Haisma

Professor, University of Groningen, The Netherlands

The Content and Sources of Breastfeeding Knowledge for New Mothers in The Netherlands

In the Netherlands, 80% of women initiate breastfeeding. After one month, this percentage drops to 57%. Campaigns aiming to increase breastfeeding duration, have been unsuccessful. We studied Dutch women's perceived breastfeeding knowledge and the sources from which they obtain knowledge, using a qualitative design from the interpretative paradigm.

We conducted 26 in-depth interviews up to saturation level with 13 new mothers pre- and postpartum, in the northern part of the Netherlands. The transcripts were analysed in a two-step thematic analysis of inductive and deductive reasoning, to identify the knowledge themes using Kleinman's classification in a professional, a popular and a folk sector of a health care system, as sensitizing concepts.

Five inductive themes of breastfeeding knowledge were identified: (1) pros and cons of breastfeeding, (2) how breastfeeding works, (3) individual breastfeeding practice, (4) expressing milk, and (5) formula feeding. We cross-categorized these themes as whether obtained from professional, popular or folk knowledge sources. Our results show that Kleinman's model was not an adequate reflection of the sectors from which women obtained their knowledge in our study population. The folk sector, containing specialist but non-professional knowledge, was absent. Professional sources were perceived as more helpful than popular sources, whereas intuition was inductively identified as an important knowledge source.

The small popular sector and the absence of folk, makes women rely on their intuition and on professional sources. Women valorise their intuitive knowledge but it sometimes contradicts professional knowledge, and women perceive they are mostly thrown back on themselves. Limited breastfeeding practice exposure, along with the recommendations to breastfeed for six months and perceptions of breastfeeding as 'natural' at the same time, generates much pressure in women. Since campaigns focus

primarily on health benefits, other breastfeeding knowledge is inadequately represented, generating substantial knowledge gaps. Emphasizing all knowledge content in campaigns, addressing a variety of target groups in women's social environment, and recognizing intuition as an adequate knowledge source supported by professionals, will facilitate women to make informed decisions, thus contributing to a supportive environment for breastfeeding women in the Netherlands.

Gregory T. Papanikos
President, ATINER

Are Human Rights a Luxury or a Normal Good?

One of the most controversial and thorny issues in international politics is the issue of human rights violations. Governments are criticized for consistently and willingly violating human rights. This approach assumes that governments have the option to violate or respect human rights. However, many governments may face a different dilemma, namely the eradication of poverty or a war that threatens their existence as a nation. Thus, governments should not be judged solely on their human rights record but also on their performance in reducing the number of their citizens who live below the poverty threshold. As rightly pointed out by the UNDP (2023), "poverty is a denial of human rights". All other indicators may be considered as luxury goods that will be pursued only when a country reaches a certain level of economic development (income per capita). The aim of this paper is to investigate the association between human rights indicators and per capita Gross Domestic Product (GDP) and to examine whether human rights, deemed a commodity, can be considered a luxury good, a normal good, or a necessity. It is found in this paper that the income elasticity of human rights is positive but less than one and at very high levels of income, close to zero, indicating that the commodity human rights is a necessity. Based on this evidence, countries are classified according to whether, given their per capita income, their human rights record aligns with expectations. The evidence identifies overperforming and underperforming countries.

Lincoln Pettaway

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&

Rusty Waller

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An Exploratory Study of Licensed Nursing Home Administrators (LNHA) Levels of Organizational Commitment

This exploratory study of the levels of Organizational Commitment of Licensed Nursing Home Administrators (LNHA) will analyze this study's finding to help better understand the factors which reinforce and deter from organizational commitment in this population. An exploratory factor analysis will be used to consider the title, age, levels of education, size of facility, change over in ownership, as well as other various organizational traits. Past studies have shown that 40% of facilities change administrators every year and 80% of those who leave; go in search of better opportunities (Singh, D. A., & Schwab, R. C., 2000). Additionally, other studies have found that LNHA feel as if they are only left with the opportunity to react to policy makers, rather than collaborate with city, state and federal policy makers (Gadbois, E. A., Brazier, J. F., Meehan, A., Rafat, A., Rahman, M., Grabowski, D. C., & Shield, R., 2023). Not surprisingly, job burnout in LNHA is high (Wilson, F. L., 2018). A study from 2018, highlighted that the 46% of LNHA reported that they felt emotionally drained from their work. Those who remained in the field for as little as 1. 3 years were often able to find promotional opportunities within the industry (Singh, D. A., & Schwab, R. C., 2000). Sadly, other studies found voluntary departures from the industry to be as high as 81% in some cases (Singh, D. A., & Schwab, R. C., 2000).

Replenishment rates for LNHA has failed to be considered directly in most of the studies recently conducted. Yet the average age of a LNHA is 46 which suggest that replacement rates will be a major concern within the next 15 to 20 years. This exploratory study of the levels of Organizational Commitment of LNHA considers the basic age and education level of LNHA as well as other factors which contribute to lower levels of Organizational Commitment within this population (Castle, N. G., Engberg, J., & Anderson, R. A., 2007). The utilization of traditional educational pathways has been left out of many of the discussions with regard to the emerging generation of LNHA. University and Colleges with programs accredited by the Association of the Long-term Care Administrator Boards (NAB) although not the only pathway to licensure;

has only been established in 15 universities or colleges throughout the United States as of the academic year of 2023-2024. This study's findings support the development of more university and college based educational programing to support and foster the anticipated need of future LNHA.

Lu Qi

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Adding Salt to Foods and Type 2 Diabetes

High intakes of sugar have been related to risk of type 2 diabetes (T2D), while studies on the relations between salt intake and diabetes risk are lacking. To fill the knowledge gap of the relation between long-term dietary sodium intake and T2D, we evaluate the association between the frequency of adding salt to foods, a surrogate marker for evaluating the long-term sodium intake, and incident T2D risk. A total of 402,982 participants from UK Biobank who were free of diabetes, chronic kidney disease, cancer, or cardiovascular disease at baseline, and had completed information on adding salt were analyzed in this study. We found that compared with participants who "never/rarely" added salt to foods, the adjusted HRs were 1.11 (95% CI, 1.06 to 1.15), 1.18 (95% CI, 1.12 to 1.24), and 1.28 (95% CI, 1.20 to 1.37) across the groups of "sometimes," "usually," and "always," respectively (P-trend<.001). In addition, we found that the observed positive association was partly mediated by body mass index, waist to hip ratio, and C-reactive protein, with a significant mediation effect of 33.8%, 39.9%, and 8.6%, respectively. The significant mediation effect of body mass index was largely driven by the body fat mass rather than the body fat-free mass. Our findings for the first time indicate that higher frequency of adding salt to foods, a surrogate marker for a person's long-term salt taste preference and intake, is associated with a higher T2D risk.

10th Annual International Conference on Nursing, 6-9 May 2024, Athens, Greece:
Abstract Book

Neville Rochow KC

Barrister, Adelaide Law School, University of Adelaide, Australia

**The Constitutional Role of Human Dignity in Promoting
Ethical Outcomes in the Law**

NOT AVAILABLE

Enrique Jesus Saez Alvarez
Professor, Catholic University of Valencia, Spain

Do Nursing Studies Modulate the Fear of Death in Nursing Students? A Within-Subjects Study

Aim: To determine the way in which nursing studies modulate the fear of death in nursing students. **Background:** Nursing training, with a serious and programmed approach toward grief and death, can modulate the fear of death and indirectly improve the predisposition of students to deal with people in the process of dying and their relatives. **Design:** An intrasubject design with paired repeated measures. **Methods:** 118 students answered the the Collet-Lester Fear of Death Scale questionnaire at the beginning of the first year of studies and during the fourth year of the nursing degree. **Results:** The students present a greater fear of their own death and dying process at the end of the nursing studies than at the beginning; in the first year, the highest and lowest scores are observed for the Fear of Others' Death and the Fear of Own Death, respectively, while the Fear of Others' Death and Fear of Others' Dying Process have the highest and lowest scores, respectively, in the fourth year. **Conclusions:** Fear of death scores at the beginning of nursing studies are an acceptable predictor of fear of death scores at the end of the studies.

Mari Salminen-Tuomaala

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What Factors Affect the Attractiveness of Nursing Profession?

Effective measures are required across the world to mitigate the persisting nursing staff shortage. According to the International Council of Nurses, 9 million more nurses may be needed by the year 2030 worldwide. Among the causes of the shortage are the ageing of the population and of the workforce, a skewed work-life balance and decreased work satisfaction among nursing professionals. Further frequently cited background factors involve poor pay and working conditions, increased workload and, most recently, the burden imposed by the COVID-19 pandemic.

The decreasing number of applicants for nursing courses increases the need to attract and retain nurses in the workforce. The identification of factors for choosing the profession is important for planning recruitment strategies. This study presents nursing students' perceptions of factors that had influenced their decision to apply for the nursing program.

The aim of the study was to produce knowledge that can be used to make the profession more attractive to potential workforce.

Data was collected in March 2022 from 94 first, second and third-year nursing students. The quantitative data was analyzed using SPSS for Windows 27 and qualitative data using inductive content analysis.

Results: For the participants of this study, intrinsic factors seem to have been more decisive than extrinsic reasons when deciding to apply for the nursing program. The desire to help the ill and suffering, the wish to work in client service, in interaction with people, and the idea of being suited for the profession had clearly been the most compelling motivators for the students. In contrast, professional prestige or other people's opinions had not much affected the students' decision to apply to the nursing program. The currently favorable employment situation can be considered an extrinsic factor that had most significantly affected the students' decision to choose nursing as a profession.

The following 6 categories describe nursing students' views of what factors could make nursing more appealing:

1. Advancing the role of nursing at the level of individuals, organizations, and society.
2. Meaningful nursing duties.
3. More influence over one's work.

4. Better working conditions and well-being at work.
5. Development of nursing leadership.
6. Work and career advancement.

Based on the findings from the nursing students, the following 5 points summarize the factors that can decrease the appeal of the nursing profession:

1. Decreased appreciation of nursing within the profession and in society.
2. Mismatch salary vs. demanding workload and working conditions.
3. The mismatch between staff resourcing and workload.
4. Lack of support and encouragement from leaders.
5. Working atmosphere detrimental to psychological well-being.

Based on the study results it is essential to invest in promoting the image of nursing and nursing professions at the level of individuals, organizations, regions; nationally and internationally, marketing healthcare organizations and paying attention to the needs of generations Z and Y. It is also important to promote nursing staff's wellbeing at work, support those with partial work ability, support for the development of professional expertise and career pathways.

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Exploring Obstetric Violence and Health Care System Barriers through the Voices of Arab and Jewish Women in Israel

The aim of this study was to give a voice to Arab and Jewish women in Israel who had suffered obstetric violence during various stages of fertility treatments, pregnancy and childbirth. In addition, to learn from the women about their experiences of obstetric violence subject to the barriers of the Israeli health system, and their recommendations of possible solutions.

The study underlines the unique gender, social and cultural context in Israel concerning pregnancy and childbirth, and was based on the feminist approach that strives to promote human rights, and eradicate phenomena of gender-related, patriarchal and social structures. The study used a qualitative-constructivist methodology. Twenty semi-structured interviews with ten Arab women and ten Jewish women were thematically analyzed, and five main themes emerged. First, the women's experience of becoming pregnant and pregnancy overshadowed by physical and emotional barriers from caregivers and the close environment. Second, the women's awareness of their bodies and needs during pregnancy dominated by the challenges of the health services. Third, the women's awareness of their bodies and needs during childbirth alongside incompatible expectations and nonattentive medical staff. Fourth, the women's descriptions of experiences and types of obstetric violence. Fifth, the women's recommendations to eradicate obstetric violence.

The current findings can be a knowledge base for health professionals, caregivers and policy makers regarding the barriers in the health system and their relationship to obstetric violence, and offer alternatives to eradicate the phenomenon based on the insights of women.

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HIV Inequities, the Therapeutic Alliance, Moral Injury and Burnout: A Call for Nurse Workforce Participation and Action

Health inequities for those living with HIV have persisted for key populations in the United States and globally. To address these inequities, in accordance with Goals 2 and 3 of the *National HIV/AIDS Strategy for the United States*, the evidence indicates that the therapeutic alliance could be effective in addressing impediments that undermine HIV outcomes. Nonetheless, the therapeutic alliance relies on health care providers, particularly nurses, reporting burnout and moral injury, further exacerbated by COVID-19. Burnout and moral injury have forced the systemic undervaluing of nurses as a social-cultural norm to the fore—in part a legacy of the economic model that underpins many health care systems. Given a looming health workforce shortage and negative effects for key populations with HIV already experiencing health inequities, historic opportunities now exist to advance national institutional reforms to support nurses and other health professionals in the US. This opportunity calls for concerted attention, multi-sectoral dialogue and action, with nurses participating in and leading policy and interventions, with relevance for other settings.

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Contribution of Nurses during Pandemic: A Synthesis of Qualitative Research

Objective: To synthesise the evidence relating to the contribution nurses make during respiratory infectious disease pandemics.

Background: Pandemics are known for their abrupt and contagious nature, as well as their impact on individuals and society. Nurses are more likely to work closely with patients experiencing illness and disease during pandemics, and studies on the role of the profession have mainly focused on the challenges, barriers and shortfalls in nursing care provision. The nursing role in service delivery and their contribution in improving patient well-being has received far less attention.

Methods: In May 2020, three review registers, grey literature and the following databases were searched: Medline via Ovid, Web of Science, CINAHL via EBSCO and Cochrane Library. The specific focus was on qualitative literature that considered the experiences and perceptions of nurses providing care during several respiratory pandemics. Selected papers were appraised using CASP checklist. ENTREQ checklist was used to inform stages associated with the synthesis of selected papers.

Results: From 5553 retrieved citations, the analysis of 24 eligible papers resulted in three key themes: the implications of working during pandemics on nurses' personal and family life, nursing contribution in challenging conditions, and working above and beyond. Considering nurses' role in healthcare system, research on their contribution found to have received little appreciation in peer-reviewed journals.

Conclusions: This review pertains to nurses' work in global context and highlights the huge contribution made by the profession in the context of respiratory pandemics. It confirms that nurses' experiences outweighed economic, social and psychological implications of providing care during the pandemic crisis. Acknowledging nurses' resilience and professional motivations, we also argue that the nurse contribution during pandemics can be enhanced when resources, support and training are provided. Further research on contexts and conditions which mitigate nurses the potential for sustained contribution is needed.

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The Quality of Knowledge, Attitude, Behaviours among Fathers Toward 6-month Exclusive Breastfeeding Questionnaires: Thai Version

This study was a cross – sectional descriptive research, and aimed to develop and test the quality of the knowledge, attitude, behaviour among fathers toward 6-month exclusive breastfeeding questionnaires: Thai version. The English version of three questionnaires developed by Bich including the Father Breastfeeding Knowledge Questionnaire (FBKQ), the Father Breastfeeding Attitude Questionnaire (FBAQ), and the Father Involvement in Breastfeeding Questionnaires (FIBQ) were translated into Thai language. The developing step and testing the quality of questionnaires step were conducted. The backward translation process and reliability testing with monolingual father were conducted during September-October 2020. The participants were 30 husbands who came to visit the mothers in postpartum units at Srinagarind hospital and Khon Kaen hospital. The results showed that the content and the semantic of the FBKQ, the FBAQ, and the FIBQ Thai version were obviously equivalent to original version. The average score of semantic equivalence was 1-2 points. The reliability was analyzed using Cronbach's alpha coefficient. Cronbach's alpha coefficient of the Thai versions of FBKQ, FBAQ, and FIBQ were .815, .882, and .939 respectively. The findings suggested that the Thai version of three questionnaires can be used to assess the levels of knowledge, attitude, and behaviour of father during 6-month breastfeeding period.

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**Building Resilience during Times of Burnout with
Healthcare Personnel**

Burnout among healthcare staff is common and results from chronic work-related stress, staffing shortages and excess workload. Burnout impacts quality of life, mental health, relationships, work performance and employee retention. It also has been linked to lower patient satisfaction, lower quality care, medical errors, costs related to malpractice and increased resource utilization. Burnout preceded the COVID-19 pandemic and was recognized by the U.S. National Academy of Medicine in a 2019 report titled; *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being and led to a National Plan for Health Workforce Well-Being*. Workload among clinicians was recognized as exceeding human capacity, leading to loss of joy and fulfillment in professional roles. The pandemic exponentiated these negative outcomes. Strategies to combat burnout are essential and include organizational strategies and personal practices.

The purpose of this session is to present evidence on burnout along with personal practices to build resilience. A review of the literature on worldwide nurse burnout, contributing factors, and consequences will be presented. A review of evidence-based organizational strategies to mitigate burnout will be discussed. For example, participants will learn about organizational assessment, code lavender, team STEPPS, integrative leadership, chief wellness team, Schwartz Rounds and stress and mental health first aid (Promoting Nurse Health and Well-Being: A Toolkit to Address Worldwide Burnout, American Holistic Nurses Association, 2023). The latter half of the session will include the opportunity for participants to engage in personal resilience strategies, including knowing your purpose and aligning your energy management with it, engaging in self-care, promoting self-healing, cultivating gratitude and compassion, and reflecting on the power of joy and positivity in your professional and personal life. Specific exercises will be implemented to engage participants in reflecting on

personal practices for guiding their resilience and their well-being. Participants will leave this session feeling renewed, energized, with an action plan.

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Implementation of a Preparatory Student Success Course in First Year BSN Students: A Quality Improvement Project

Background: Completing nursing school is a challenging task for many. Nurse faculty and institutions are responsible for identifying barriers to student success and facilitating successful outcomes. The purpose of this project was to implement a preparatory student success course to assist nursing students with overcoming barriers.

Purpose: Implementing such a course can promote student success, which will have a positive impact on nursing students, faculty, institutions, and the current nursing shortage.

Methods: A student success course was delivered in an online modality during the first semester of an undergraduate BSN nursing program. Anonymous surveys were collected to assess the participants' perceived level of academic behavior confidence before and after implementation.

Results: There was a statistically significant improvement in perceived academic behavior confidence after implementation of the student success course.

Implications: Several studies have identified barriers and facilitators to student success. Promotion of student success is most beneficial before or during the first year of undergraduate nursing programs.

Conclusion: The student success course improved the participants' perceived level of academic behavior confidence. It is highly recommended that the study is replicated with a larger sample size.

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Health Outcomes of Risk of Automation at Work: Evidence from Germany

Automation is transforming work at a rapid pace, and its significance goes far beyond labor and labor markets. However, little is known about its socio-economic consequences. This study contributes to the scarce literature on sociodemographic outcomes of technological change by investigating the impact of risk of automation at work on subjective and objective health measures of German employees.

We exploit the longitudinal structure of the German Socio-Economic Panel (GSOEP) (2013-2018) and merge it with occupational information from the expert database BERUFENET of the Federal Employment Agency (Grienberger et al., 2022). Our main explanatory variable - risk of automation - follows the task-based approach of Author et al. (2003) and builds on the distribution of different tasks within occupations. We define occupations with less than 30 percent of routine tasks as having a low risk of automation, occupations with 30-69 percent of routine tasks have a medium risk of automation, and occupations with at least 70 percent of routine tasks are considered to have a high risk (Dengler and Matthes, 2015). We estimate fixed effects regressions in order to assess gender-specific differences in self-reported health, anxiety (frequency of being worried in the last month) and healthcare use (visiting a doctor in the last three months) among the workers employed in occupations with the medium and high risk of automation and those dealing with the low risk. Along with our main specification, we also estimate random effects, pooled models, conditional fixed-effects logit, and (dynamic) correlated random effects probit (the so-called Mundlack correction).

Our findings indicate that both men and women employed in occupations with the high risk of automation tend to be worse off in terms of self-reported health and anxiety than their counterparts employed in occupations with the low risk. No significant effect of risk of automation on healthcare use is found in both gender groups. These findings are consistent across model specifications. In addition, we stratify our sample by the region of settlement (West vs East Germany), respondent's

migration background and some important work-related characteristics (i.e. sector of employment, company's size, type of the working contract, and type of employment with respect to working hours). Although our findings from the sensitivity analysis are mostly in line with the main results, some heterogeneity in effects is observed among the compared groups.

Overall, the results of this study highlight potential threats of automation to health and the need for policy measures which might prevent its negative spill-over effects.

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Joy and Happiness at Work for UK Nursing Academics: As Simple as ABC

Background: This research study contributes to the overall understanding of the factors that promote joy and happiness in the working lives of UK nursing academics. Against a background of increasing workloads, stress, burnout and retention challenges in the global nursing academic sector, the ability to flourish at work is critical to reframing this negative discourse. This research for an MA in Education sought to extend knowledge of higher education working environments by journeying into staff experiences and perceptions of factors that promote moments of joy, happiness and fulfilment. By analysing academic staff perceptions of the essence, 'nuances' or 'eudaimonia' of joy and happiness at work the researcher sought to identify and understand positive elements of the nursing academic role.

Aim: To explore and identify the facilitators of joy and happiness for nursing academics working in the UK Higher Education setting through a qualitative, interpretative phenomenological approach.

Method: A qualitative, interpretative study within a constructivist paradigm sought to establish the essence or nuances of staff perceptions of factors promoting and inhibiting joy and happiness in their working lives as nursing academics. A purposive sample of nurse academics from a UK university resulted in 11 respondents. A pilot study was undertaken to test the interview schedule. Semi-structured interviews were undertaken, audio recorded and transcribed verbatim by the researcher. Data was analysed using a reflexive thematic approach, drawn from Braun and Clarke's logical six-phase method (2006, 2019).

Findings: The researcher actively interpreted the data to identify and create initial themes that reflected the research aims. Four key overarching themes were identified; the importance of academic life, belonging, contribution and the organisational culture of the HEI. Teaching, supporting student success, interaction with colleagues and the intellectual challenge of academia were important subthemes that promoted joy and fulfilment at work.

Conclusion/Implications for Practice: By analysing staff perceptions of factors and activities that promote positive emotions at work, implications for practice were identified. Encouraging a personal and organisational culture of joy at work promotes staff retention,

development and wellbeing. A career as a nursing academic should be celebrated and promoted.

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Factors Associated with Job Satisfaction between Junior and Senior Nurses in Clinical Settings: A Phenomenological Study

Background: Job satisfaction is crucial factor in ensuring high-quality patient care and fostering job engagement among nurses in clinical setting. However, job dissatisfaction is commonly reported among clinical nurses, leading to poorer patient outcomes and high turnover rates. Furthermore, there is inadequate knowledge about the factors that influence job satisfaction among junior and senior nurses at different stages of their professional careers.

Objectives: To explore factors associated with job satisfaction among nurses in clinical setting based on their experiences.

Design: A phenomenological study was conducted, using face-to-face individual interview.

Method: Semi-structured interviews with open-ended questions was conducted. The interview was about 45-90 minutes. The interview was digital audio-recorded.

Results: A total of seven participants, including four junior and three senior nurses, with clinical experience ranging from 1 to 40 years, were involved in the study. Four themes emerged from the interviews, reflecting the factors associated with job satisfaction and their impacts on clinical practice, including “supportive working environment”, “autonomy in practice”, “professional training for competence enhancement”, and “heavy workload and insufficient manpower”. These factors, if properly managed and addressed, can facilitate better clinical decision making and competence enhancement, ultimately leading to improved patient outcomes.

Conclusion: Job satisfaction is a critical issue that significantly influences nurses’ well-being and the quality of patient care. The factors impacted job satisfaction among novice and experienced nurses in clinical practice were identified. The results can increase awareness among hospital policymakers and senior management regarding the needs and impacts that influence job satisfaction in nursing.

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