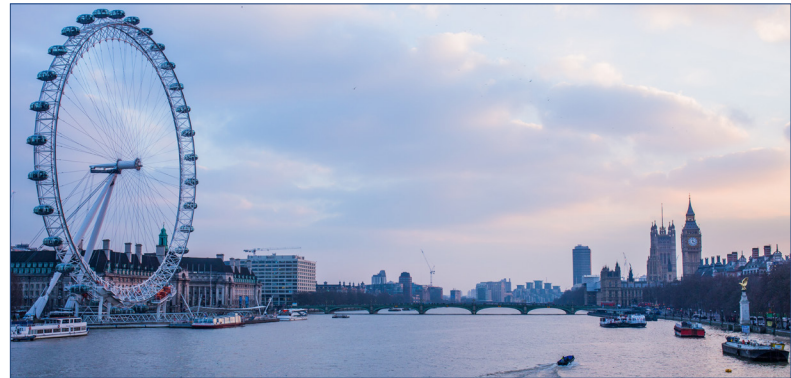


Poster Presentation

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Team management in operating hospitals following the earthquake-triggered nuclear accident in Fukushima: How did nurse managers handle their strained teams?

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Purpose: Fukushima prefecture experienced radioactive contamination due to the nuclear power plant accident after the 2011 Great East Japan Earthquake. We studied hospitals that were near, yet outside the evacuation zone in which they remained operational. The present study aims to clarify how nurse managers managed the staff, who experienced considerable fear.

Methodology: We conducted semi-structured interviews with eight nurse managers at four hospitals. The transcripts were analyzed qualitatively.

Findings: We revealed common intentions from nurse managers during each phase. 1) Managing the situation in which the staff evacuated one after another. Nurse managers realized that they were left behind in a potentially dangerous area. It was shocking to them that some nurses left their jobs, but they responded carefully in order to avoid further evacuation while also ensuring the staff's rights to evacuate. 2) Paying careful attention to alleviate the suffering of those who stayed. They were aware of the anxiety and anger of those who stayed. To relieve the staff, they spent time with the staff, expressed their gratitude, and provided paid leave so that they could cope with their own suffering. The team experienced a sense of unity by helping each other to overcome difficulties. 3) Handling and rebuilding their strained teams. After confirming safety, the staff

who had evacuated began to return. Nurse managers sensed the following: lack of forgiveness among those who stayed, guilt among evacuees, and change in staff relationships. To rebuild the strained team, they remained neutral while engaging closely with each member, created a permissive atmosphere by penalizing the evacuees, and arranged opportunities for the staff to confide their experiences. Although work appeared to proceed smoothly, they were unsure about the staff's intentions.

Conclusion: Team management under unprecedented danger is quite difficult, and lessons can be gathered from this specific experience.

Speaker Biography

Yukie Takemura, RN, PHN, Certified Nurse Administrator, Ph.D. is an associate professor of the Department of Nursing Administration, Graduate School of Medicine, the University of Tokyo. She worked at hospitals as a director of the nursing department prior to her current position. She desires to develop systems and methodologies to bring out the potential of nursing and healthcare organizations to contribute to the well-being of not only patients but also workers. With this aim, she has been working to clarify complex organizational phenomena and identify key factors for effective organizational management and development. The current study is part of a project that aims to develop a multiple case study method in the field of nursing administration. Using this method, she sought to describe organizational phenomena at hospitals in Fukushima after the earthquake-triggered nuclear accident with her colleague. Her research concerns also include support programs for nurse managers.

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Relationships among five categories of front-line nurse managers visions discovered through their narratives

Tamaki Isobe, Keiko Kunie, Yukie Takemura and Mari Ikeda

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Background: For effective unit management, front-line nurse managers (FLMs) must imagine and share their visions. Previously, we found that despite difficulties in verbalizing their visions, FLMs could explain actual cases where they felt those visions had come closer to realization; qualitative inductive analysis of their narratives about the actual cases revealed five categories (18 subcategories), common to all participants, comprising the contents of FLMs' visions. However, how these categories relate to each other remained unanalyzed.

Objective: To elucidate relationships among the above-mentioned five categories by analyzing the narrative data and employing a novel point of view. **Methods:** Using a qualitative inductive approach, we analyzed the same interview data from the previous study (from 12 FLMs in two university hospitals). We focused on the narrative contexts, which indicated relationships among the categories.

Results: FLMs envisioned five common categories that they aimed to realize simultaneously and perceived mutual interactions among these categories. FLMs recognized that the category of 1. Provide excellent care to ensure patient recovery based on reliable knowledge and skills" is the essential

foundation. They simultaneously tried to realize "2. Make effort to broaden patients' future." "3. Create a climate for pursuing better practice" and "4. All staff continuously pursue development as a nurse" were closely related categories. FLMs perceived that promoting categories 3 and 4 led to realizations of the first and the second categories, and vice versa. "5. Provide nursing care that responds to external changes" was perceived as a category that, in addition to the external environment, could change the contents of the other categories. Therefore, FLMs aimed to realize their visions by changing actual specific details of categories 1, 2, 3, and 4.

Conclusion: The five categories of FLMs' visions can be considered inseparable and articulating them collectively will be helpful for FLMs.

Speaker Biography

Tamaki Isobe, RN, MHS, is a doctoral course student of Nursing Administration at Graduate School of Medicine, the University of Tokyo. Over the course of seven years of clinical experience as an RN at university hospitals in Tokyo, she became interested in workplaces that can effectively motivate nurses. Her research interest is sharing of visions between front-line nurse managers and staff nurses. Her dissertation for her MHS addressed elucidating front-line nurse managers' visions.

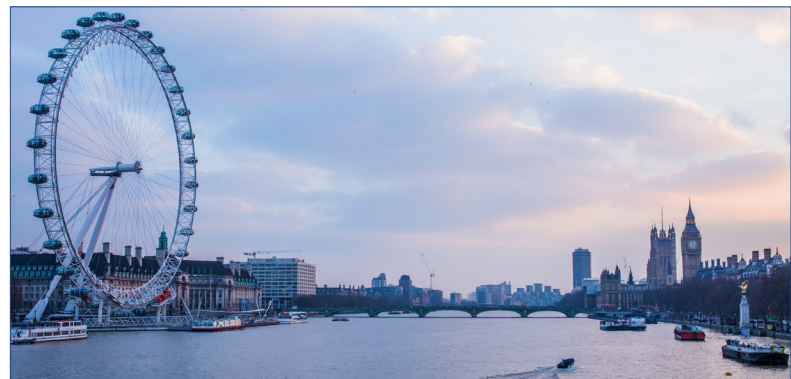
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Profile of a Nurse-led Student Medical Centre in a Higher Education Institute. Medical Centre, Institute of Technology Carlow, Ireland

Theresa Lowry-Lehnen

The Medical Centre: Institute of Technology Carlow, Ireland

Student populations continue to grow year-on-year and so does the demand for student health services in third-level education. Latest figures show that in the academic year 2016/17 there were 225,628 students in third-level education in Ireland. The number of full-time undergraduate students has increased by 10% in the last five years (HEA, 2018).

This presentation profiles a nurse-led, walk-in medical centre at Institute of Technology Carlow, the third largest of fourteen Institutes of Technology in Ireland, with a total student population of 8,400 (ITC, 2018). The Medical Centre operates term-time and is available to all full-time students and as an emergency service for staff at the Carlow Campus. There is one full-time nurse, working 40 hours per week. Visiting doctors attend for nurse-triaged, appointment-based clinics 1.5 hours a day, four days a week. Nursing services are provided free for all students. Doctor appointments are free for General Medical Services (GMS) patients (medical card, GP visit card, and Erasmus EHC card holders) and cost 10 Euro for non-GMS patients.

This profile outlines the range of medical services provided at I.T. Carlow medical centre and presents quantitative data over a three-year period from 2015-2018, on the number of nurse triage consultations, doctor appointments, nurse-only appointments, mental health and STI statistics. It also provides

some social demographic statistics collated through GMS and non-GMS attendance.

In 2017/18, an in-depth Student Services Department PSS (Professional Support Services) review of all student services at Institute of Technology Carlow was undertaken. An external expert panel review followed in May 2018, providing feedback and recommendations based on the PSS review, inspection of services and meetings with staff. This profile includes the findings and recommendations of the PSS and external expert panel review of the Medical Centre. It highlights the current high student and staff satisfaction ratings with the medical service, and considers areas for future development as student numbers continue to rise.

Speaker Biography

Theresa Lowry-Lehnen is qualified as a specialist practitioner in General Practice Nursing and a Teacher of Science. She has a PhD in Health Psychology, and has published a number of books and medical journal articles. Theresa is a graduate of MMUH, The Open University, NUIM, St. Mary's Teacher Training University College, London, The University of Surrey, and is a registered Teacher with the Teaching Council of Ireland. She has over 30 years' experience in clinical nursing practice, combining her practice with 14 years in educational, teaching and lecturing roles. Theresa was shortlisted for the 'Practice Nurse of the Year' Award 2018, at the GP National Awards in Ireland, and has recently published a new book, *Practice Nursing: Clinical Guidelines and Procedures in Practice*. She is currently employed as an Associate Lecturer and the full-time Practice Nurse at the Medical Centre, Institute of Technology Carlow, Ireland.

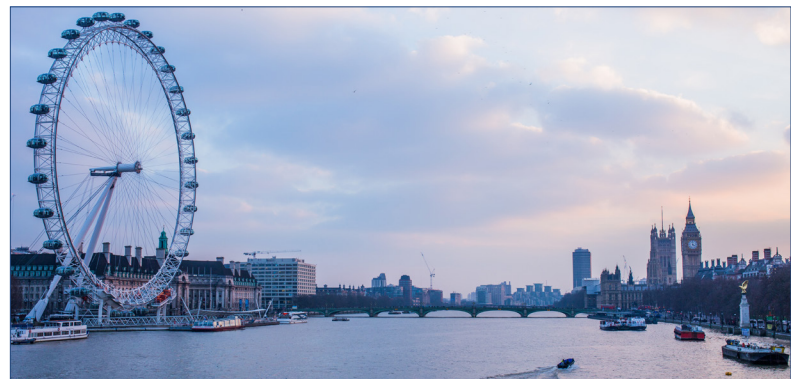
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The effects of pursed lip breathing plus diaphragmatic breathing on pulmonary function and exercise capacity in patients with COPD: A systematic review and meta-analysis

Jie Li, Ying Yang, Chong Tian, Yueting Liu, Junyao Fan and Huiming Zhao

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Purpose: Pursed lip breathing (PLB) and diaphragmatic breathing (DB) are breathing techniques frequently adopted by patients with COPD. We conducted this systematic review to investigate the effects of PLB plus DB exercise on pulmonary function and exercise capacity in COPD patients.

Methods: A comprehensive literature review was conducted by collecting all relevant studies published before November 30, 2017 in English and Chinese, through PubMed, EMBASE, the Cochrane Library, China National Knowledge Infrastructure (CNKI), Wanfang database, and VIP database. Mean difference (MD) or standardized mean difference (SMD) with 95% confidence interval (CI) was calculated after data combination. Heterogeneity between the studies was assessed by Cochran's Q test and I² statistics.

Results: A total of 15 RCTs involving 1098 participants (570 in treatment groups and 528 in control groups) were included. Significant improvements were found in forced expiratory volume in one second (FEV1) (SMD=0.47, 95% CI: 0.27-0.67, P<0.0001), forced vital capacity (FVC) (SMD=0.87, 95% CI: 0.59-1.15, P<0.0001), FEV1 as a proportion of FVC (FEV1/FVC) (MD=8.30, 95% CI: 1.17-15.43, P=0.02), and 6-minute walk test (6MWT) distance (MD=29.09, 95% CI: 19.35-38.83, P<0.0001).

Conclusion: PLB combined with DB exercise effectively promotes pulmonary function and exercise capacity in patients with COPD, which might be useful for self-management and pulmonary rehabilitation in COPD.

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Long-term behavioural modal observation and risk warning in the elderly

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Population aging is a common problem facing all over the world. China has the biggest elderly population in the world. China's population structure has started to show an inverted pyramid trend since 2010. Human resources for aged care are seriously insufficient. At the same time, due to the increase in the number of empty nested families and families that lost their only child, traditional home care functions are gradually disintegrating, most of the elderlies lives by themselves in most of the time. The elderly population faces many risks, such as falls, falling from bed, cardiovascular and cerebrovascular incidents. Prevention, in-time detection and management of these situations are critical to the life safety of the elderlies. How to ensure the safety of the elderly population in the case of limited human resources has become an important practical issue. Therefore, we focused on developing an intelligent system that can acquire, identify and analyze the behavior of the elderly and

promptly alert the abnormalities. Meanwhile, corresponding emergency response and nursing protocol are developed. At present, the technologies for intelligent monitoring and early warning of the elderly mainly include: Wearable devices, 2D cameras and sensors. For wearable devices, the elderlies are easy to forget to wear, and the effect will be compromised; 2D cameras are sensitive to changes in lighting, and privacy is a great concern; Sensors are relatively expensive for most of the families in China. We tried to develop a new strategy using deep camera combined with machine learning technology. It does not affect the daily life of the elderly or change the living habits of the elderly and be work around the clock. Alert will be triggered when accidents like falling or fall off the bed happens. Moreover, interpretation of the uploaded data will provide evidence for personalized intelligent care.

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Health literacy as a strategy to improve communication with patients

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Health literacy(HL), clear communication, collaborative practice, a culture of safety, culture of enquiry, promoting evidence-based practices, and patient centered care are among many recommendations made by the Institute of Medicine (IOM), regulatory agencies and experts (2010). HL, a fairly new concept, is an integral part of clear effective communication and has been recognized as having a significant impact on the “health and wellbeing,” patient outcomes and healthcare costs. The cost of healthcare expenditures due to low HL is an additional \$73 billion annually. Consider that only 12 percent of adults in the United States (US) have the necessary skills to navigate the complexities of the nation’s health care system (Agency for Healthcare Research and Quality [AHRQ], 2016). Oftentimes, patients misunderstand health instructions and are perceived as non-compliant. Adding to the complexities of caring for these populations are the social determinants of health (culture, families, communities, socio-economic status, habits, and lifestyle choices). HL is defined as “the capacity to obtain, process and understand basic health information and

services, to make appropriate health care decisions or act on health information and the ability to access or navigate the healthcare system” (AHRQ, 2015, p.2). HL applies to everyone, every health care organization and a much bigger problem than is recognized. HL is more than just about patients not understanding medical vocabulary, it is about the patient’s ability to understand health instructions, diagnosis, medications, to actively participate in their treatment, care, and informed decision-making during and after hospitalization whether sick or healthy. It is imperative that nurses, healthcare providers know how to assess each patient’s HL level prior to, and incorporate principles of HL in communication and patient teaching. If patients do not understand the healthcare instructions they will be returning to the hospital quickly after discharge. Clear, effective communication decreases medical errors, length of stays, readmission, and improves quality, safety, and outcomes.

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Groin dressing post cardiac catheterization: Traditional pressure VS. Transparent film

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Post cardiac catheterization puncture site care is usually done with a tight pressure dressing in many institutions and cardiac centres due to the belief that it should prevent the bleeding. This practice is uncomfortable to the patients. Nurses have also described difficulty in assessing the sheath insertion site in the groin when a pressure dressing is in place. A new way of dressing using transparent film dressing (TFD) has approved and rated better with regard to: comfort, less pain, decrease hematoma formation and facilitates nurses' assessment of puncture wound site after femoral sheath removal. The aim of this study was to determine the efficacy of using a small transparent non pressure dressing compared with the traditional controlled pressure dressing applied to the femoral artery puncture wound to maintain haemostasis with respect to 3 outcomes: patient satisfaction, bleeding

or hematoma formation, and ease of nursing assessment of the groin puncture site after the procedure. 80 post cardiac catheterization patients were randomized to have their groins dressed either with pressure dressing or TFD. 100% in TFD group vs. 55% in pressure dressing group reported feeling very comfortable (p-value=0.003). Hematoma formation was equal in the two dressing groups with no incidence of bleeding complications. Nurses rated the ease of assessing the groin significantly higher for TFD than for pressure dressings (p-value=0.000). Dressing of the puncture site after cardiac catheterization with TFD was more comfortable than the conventional pressure dressing without any difference in hematoma or bleeding complications.

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Anxiety levels among first year university nursing students on starting clinical practice

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Clinical practice in nursing is a challenging experience for many first-year nursing students. It has been found to cause anxiety among beginning students resulting in feelings of inadequacy to perform professional nursing skills. Students often express a lack of knowledge and competence to take care of patients in the clinical setting. In Kenya, the Bachelor of Science in Nursing (BScN) students normally commence clinical practice at the beginning of the second year after successfully completing the basic science courses which are offered in the first year of study. Students in the first year of study are usually referred to as “pre-clinical” at some universities.

The purpose of this study was to explore the perceptions of anxiety among pre-clinical nursing students anticipating to begin their clinical practicum. A phenomenological qualitative approach was used in this study. Structured interviews method

was used to obtain data from the selected respondents.

The study population comprised first year nursing students at a private University in Kenya. A qualitative study design was used to sample the thirteen students who participated in the study. Purposive sampling was used until data saturation was achieved. Data from interviews was analyzed thematically.

The results indicate that nursing students experience considerable anxiety when commencing clinical practice. This finding agrees with other studies cited in literature. The anxiety levels could be reduced by counseling, early exposure to the clinical practice environments during the pre-clinical period. There is need for open discussions with students regarding the real-life clinical situations that will be encountered during practice.

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Sleep Duration and Sleep Quality as Predictors of Health in Elderly Individuals

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The main purpose of the present study was to explore the associations of sleep duration and sleep quality with self-rated health. In this cross-sectional study, participants were 894 elderly individuals. Self-rated health, sleep duration, and sleep quality were self-reported. The associations were examined using multiple logistic regression analyses. After adjusting for sex, physical activity, smoking consumption, alcohol consumption, psychological distress, socioeconomic status, and chronic disease/s, sleeping <6 h (OR (Odds ratio) = 3.21; 95% CI (95 percent confident interval) 1.61 to 6.39), 6–7 h (OR = 2.47;

95% CI 1.40 to 4.36), 8–9 h (OR=3.26; 95% CI 1.82 to 5.83), and >9 h (OR=3.62; 95% CI 1.57 to 8.34) and having 'poor' sleep quality (5 points; OR=2.33; 95% CI 1.46 to 3.73) were associated with 'poor' self-rated health. When sleep duration and sleep quality were entered simultaneously into the model, the same associations remained. Our findings provide evidence that both 'short' and 'long' sleep and 'poor' sleep quality are associated with 'poor' self-rated health. Thus, interventions that promote healthy sleep hygiene in the elderly are warranted.

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