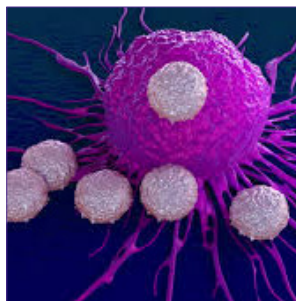
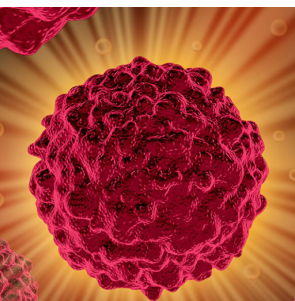

Scientific Tracks & Sessions

December 05, 2019

Nursing Education 2019

Cancer 2019



Joint Event
29th International Conference on
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&
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December 05-06 2019, | Dubai, UAE

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December 05-06, 2019 | Dubai, UAE

Diabetic foot ulcers and Vitamin D status: A literature review

Antony Macido

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Approximately 15% of patients with diabetes mellitus (DM) are prone to developing diabetic foot ulcers (DFU) in their lifetime. The term vitamin D status or 25-hydroxyvitamin D (25(OH)D) levels is used interchangeably to represent the status of vitamin D in individuals throughout this article. Evidence suggests a relationship between 25(OH)D levels and DFU. However, very minimal data are available on the association between DFU and vitamin D deficiency. After a careful review of the literature, it was inferred that vitamin D could be associated with DFU and diabetic foot infections. Available evidence on vitamin D and DFU suggests a negative correlation between 25(OH)D levels and the presence of DFU. Evidence also supports a negative relationship between 25(OH)D levels and diabetic foot infections. Further large-scale randomized controlled studies need to be done to confirm the relationship between 25(OH)D levels and DFU including the use of vitamin D in the management of DFU and

diabetic foot infections. Despite the lack of strong evidence to recommending vitamin D in DM and DFU, it is not a bad idea to provide routine vitamin D supplements to patients with DM and DFU for its other benefits.

Speaker Biography

Antony Macido has completed his doctor of nursing practice (DNP) from Maryville University, USA and his MSN with Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS) certification from University of California Los Angeles (UCLA), USA. He has followed the foot-steps of his mother who as a nurse guided him to the profession of healthcare. He is passionate in providing direct care to his patients and works as an NP for the internal medicine department in a busy hospital in Los Angeles. As a beginner he had so far published 2 articles in reputed nursing journals and has been serving as a peer reviewer in popular nursing and other allied health journals.

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Psychosocial problems of street children in foster homes

K Ramu

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Background: Street life is always challenge for survival not only for adults but very difficult for children. They live within the city but are unable to take advantage of the comforts of urban life. Nurses have a major role in addressing this issue. This study focused primarily on access to health and education in street children from different age groups in Tumkur District, Karnataka, India.

Methods: A survey was conducted on 100 children (aged 4-17 yrs) residing in home-based foster care between Aug 2004 to Jan 2006 in Tumkur, Karnataka, India.

Statistics: Percentage was calculated to know the difference.

Results: Majority of the samples were from rural area with 68 (68%) participants and remaining 32 (32%) were from urban area. 30 (30%) were Hindus, 60 (60%) were Christians, 10 (10%) were Muslim and from other religious caste. Among 100 street children, 12 (12%) were in the age group of 6 and 8 years, 14 (14%) were in the age group of 7 and 12 years, whereas, 17 (17%) were in the age group of 9 years, 22 (22%) were in the age group of 10 years and 10 (10%) were in the age group of 11 years. Based on the family system of 100 street children, 60 (60%) were from nuclear families, 32 (32%) were from joint families and 8 (8%) were from extended families. Majority of the samples were rarely absent to school

with 15 (15%) participants, 12(12%) were often absent to school, 8 (8%) were absent very often to school and remaining 65 (65%) were regular to school. The other parameters considered were no. of children in the family, birth order of the child, preschool learning, marks percentage, problems with isolation.

Conclusion: As nurses have a major role in addressing this issue, they should be trained in planning and implementing all the basic need a street child needs and work in association with government and NGO's.

Speaker Biography

Ramu. K has completed his doctorate in Nursing from National Consortium under Indian Nursing Council (INC) & Rajiv Gandhi University of Health Sciences (RGUHS) & Master in Nursing from Mangalore University. He Published nearly 25 research articles both in National & International Journals. He has been invited as a resource person/ speaker by nursing colleges in India. He presented a paper on type 2 diabetes at East Asian Congress On Nursing & Primary Health Care held during May 13th 2019, Tokyo, Japan. He is an Academic Council member & Board of Studies member of RGUHS. He is a Karnataka state Student Nurses Association (SNA) Adviser. He is an Editorial Board Member of RJNS, Nursing Journal, RGUHS. Received best principal award in the year of 2008 on the occasion of International Nurses day. Motivated and inspired by my beloved wife to be a well known academician.

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Moving Forward: Clinical Nurse specialist role evolvement

Farzana Badshah

Hamad Medical Corporation, Qatar

Advanced nursing practice (ANP) has evolved over the past several decades to become an integral part of the health care system. Today, different advanced practice roles exist in the health care system, one of which is the clinical nurse specialist (CNS). CNSs who are Advanced Practice Nurses (APNS) perform multidimensional jobs which not only influence patients and their families but also nurses, nursing practice and the whole organizational system. It is evident in the literature that CNSs provide quality and cost-effective health care.

Although the CNS role has been in place for many decades worldwide, the literature indicates variance in the way the role has been operationalized in different countries. In this paper, we will discuss how the role got evolved and implemented in

Hamad Medical Corporation (Qatar) and how we are moving forward in our organization. This paper will also discuss the challenges experienced by CNSs at breast Surgical Specialty and how it was taken as an opportunity to improve CNS role and services.

Speaker Biography

Farzana Badshah works at Naciona Center for Cancer Care and Research, Hamad Medical Corporation as Clinical Nurse Specialist in breast surgical oncology. She holds bachelor and master's in nursing degrees from University of Calgary in Qatar. She joined Hamad Medical Corporation in 2008. She worked as a staff nurse and MDT coordinator before resuming her current role. She is passionate about oncology nursing and promoting nursing role in patient pathway and patient engagement.

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Impact of a Health promotion course on knowledge and attitudes toward Chronic Non-Communicable Diseases among undergraduate students

Maysa H Almomani

Jordan University of Science and Technology, Jordan

Background: The incidence and prevalence of chronic non-communicable diseases (CNCDs) are increasing globally. Health promotion (HP) strategies are essential to enhance individuals' responsibility for their own health. Education is crucial for enhancing knowledge and attitudes regarding the health-promoting lifestyle and preventing CNCDs.

Aims: This study evaluates the effect of a HP course on improving knowledge and attitudes towards CNCDs among undergraduate students in Jordan.

Methods: A one-group pretest-posttest quasi-experimental study was conducted. A convenience sample of 178 of non-health major undergraduate students was enrolled in a 3-credit HP course during the summer of 2016. A computer-based questionnaire was used to evaluate students' knowledge and attitudes towards CNCDs such as diabetes, hypertension and cancer, before and after the course.

Results: There was a significant improvement in the overall knowledge ($p=0.000$) and attitudes ($p=0.000$) in both male

and female participants towards CNCDs after the course. The increase in posttest scores was higher among males. The overall knowledge and attitudes scores were significantly higher among females in the pretest but the differences in their overall scores became not significant in the posttest.

Conclusion: Health education on specific CNCDs is effective in improving university students' knowledge and attitudes about healthy behaviors, thereby preventing CNCDs. It is important to incorporate HP education regarding CNCDs into university curricula using innovative approaches to enhance healthy behaviors in young adults.

Speaker Biography

Maysa H Almomani is presently working as a faculty member and worked as a Chairperson of Adult Health Nursing Department from Sep 2012-Sep 2014. She was a Full-time Lecturer and Clinical Director from 2000-2006. She started her career as a Clinical Instructor in Jordan University of Science and Technology. She has an excellent background technically and presented many research papers in this particular field.

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An exploration of clients' agency regarding their own reproductive health while living with intimate partner violence

Sumaya Joseph

Department of Health Western Cape, South Africa

Problem: A study conducted amongst women in Soweto, South Africa attending antenatal clinics in 2002, found that 21.8% of women seeking care experienced multiple assaults by a male partner (Dunkle, Jewkes, Brown, Yoshihama, Gray, McIntyre, & Harlow, 2004:238).

This study aims to develop insight into how intimate partner violence influences women's decision making and ultimate reproductive health choices.

Methodology and theoretical orientation: women were interviewed using a semi-structured interview guide. A qualitative descriptive approach was adopted with an embedded feminist perspective. Describing lived experiences has been conceptualised as an overarching philosophy on which all qualitative research draws. Descriptive qualitative research recognises an experience as being unique to an individual. Hermeneutic descriptive qualitative research concerns with creating a rich, deep account of an experience (Burns & Grove, 2011:76).

Research setting: All women attended a primary health care facility within the Khayelitsha Eastern substructure of the Western Cape South Africa.

Findings: Women have limited agency which influenced not only their reproductive and sexual health but their daily lives.

Conclusion: The lack of agency challenges women's ability to make reproductive health choices. Adhering to social norms is of higher value than women's rights and become an oppressive force. Intimate partner violence coupled with, fear challenges women's agency in a society where women have a lower status than men. Women living with intimate partner violence are at risk of unwanted pregnancies, sexually transmitted infections and HIV. This is mainly because of a

lack of agency. Individual stories behind statistics are powerful tools to raise awareness and steer interventions to advocate for the empowerment of women's health care.

The following is a summary of themes that emerged.

Theme	Sub-theme
Social Norms	<ul style="list-style-type: none"> •Alcohol use.
	<ul style="list-style-type: none"> •Masculinity vs Femininity.
	<ul style="list-style-type: none"> •Reproductive health issues.
	<ul style="list-style-type: none"> •Culture and religious pressure.
	<ul style="list-style-type: none"> •Love and belonging.
Mental state and agency	<ul style="list-style-type: none"> •Psychological trauma.
This is it! This theme relates to reasons women gave for eventually getting what they want.	<ul style="list-style-type: none"> •"I am a mother, I am a daughter" •"I didn't tell him"

Speaker Biography

Sumaya Joseph Nurse (general, psychiatric & community) and midwife-Coronation Nursing College. Advanced midwifery and neonatal nursing science-University of Johannesburg. Nursing administration, Nursing education-BCur UNISA-clinical nursing science, Health assessment, treatment and care-Stellenbosch University. MNur-Stellenbosch University. She is a nurse/midwife for over 20 years. She is currently, employed by the department of health in the Western Cape, as an Operational manager of a maternal child health unit in Khayelitsha. She has studied at Rand Afrikaans University, University of South Africa and recently completed a Master's degree in Nursing at Stellenbosch University. In 2015 she was identified as an expert in midwifery by the provincial nursing department and was invited to join the team of obstetricians from South Africa, at the RCOG (Royal College of Obstetrics and Gynaecology) to give input on post-partum contraceptive training manuals. She continues to advocate for women's reproductive rights.

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Mobile health applications for Postnatal Care

Ali Idri


Mohammed V University in Rabat, Morocco

Providing a continuum of care from antenatal, childbirth and postnatal period results in reduced maternal and neonatal morbidity and mortality. Timely, high quality postnatal care is crucial for maximizing maternal and newborn health. In this vein, the use of postnatal care mobile applications (apps) constitutes a promising strategy. The objective of the present study is to scrutinize the functionalities and features included in postnatal care apps available in Android and iOS app repositories. A Systematic Literature Review (SLR) protocol was adopted to perform the selection, data extraction and functional evaluation of the available postnatal apps on iOS and Android platforms. The analysis of the functionalities and technical features of the apps selected was performed according to a 37-item assessment questionnaire developed on the basis of the scientific literature of postnatal care and a preliminary analysis of available postnatal apps. Forty-eight postnatal apps were retrieved from app repositories of the iOS and Android platforms. Results of the functional content analysis show that postnatal apps achieved low scores owing to the complexity and ramification of postnatal care. Conclusion. The present study helps in identifying areas related to the postnatal care that require further endeavors to be properly addressed. It also provides directions for developers to leverage the advancement and innovation on mobile technology to build complete apps with increased specificity for postnatal care.

Speaker Biography

Ali Idri is a Full Professor at the Computer Science and Systems Analysis School (ENSIAS, University Mohammed V, Rabat, Morocco). He received his Master and Doctorate of 3rd Cycle in Computer Science from the University of Mohamed V in 1994 and 1997 respectively. He received his Ph.D. in Cognitive and Computer Sciences from the University of Quebec at Montreal in 2003. He is the head of the Software Project Management Research Team since 2010 and the Chair of the department Web and Mobile Engineering for the period 2014-2020. He was the principal investigator of several leading national and international projects including PEER and Erasmus projects. He was ranked at the 3rd position of the Top-Ten researchers in the field of software effort estimation according to the study "Research Patterns and Trends in Software Effort Estimation" published in the journal Information and Software Technology (Information and Software Technology 91 (2017) 1–21). He was recently ranked 2nd of the Top-Ten researchers in doing Systematic Mapping Studies in Software Engineering according to the study "Landscaping systematic mapping studies in software engineering: A tertiary study" published in the journal of Systems and Software 149 (2019) 396–436. He is an Associate Editor of BMC Medical Informatics and Decision Making, JCR 2016, IF = 1.643. He is an Expert Evaluator of the CNRST which consists of evaluating the research projects handled by this organism. He is very active in the fields of software engineering, machine learning and medical informatics and has published more than 180 papers in well recognized journals and conferences such as Information and Software Technology, Journal of Software and Systems, International Journal of Medical Informatics, Computer Methods and Programs in Biomedicine and Journal of Applied Soft Computing.

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Adherence to universal precautions and its associated factors among nurses caring for critically ill patients in Dar es salaam, Tanzania

Salima Abdallah Wibonela, Ally Mwangi, Columba Mbekenga, Fatina Bororo and Pedro Pallangyo

Jakaya Mrisho Cardiac Institute, Tanzania

Background: Globally, Healthcare workers particularly those working in critical care settings are at high risk of occupational exposure to infections. Owing to the severe consequences of blood-borne infections, surveillance systems to monitor exposure to body fluids in health-care settings have been established in the developed world. In contrast, such systems are not available and consequently, exposure to body fluids is rarely reported, documented and monitored in many African countries.

Objective: We aimed to assess adherence to Universal Precautions and its associated factors among nurses caring for critically ill patients in Dar es Salaam.

Methodology: A quantitative cross sectional study was conducted in Critical care settings of Muhimbili National Hospital (MNH) and Muhimbili Orthopaedic Institute (MOI) among nurses. Data was collected through direct observation and self-administered questionnaire. Knowledge, practice and factors affecting adherence to Universal Precautions were assessed. Continuous and categorical variables were compared using the student T-test and chi-square analyses respectively.

Results: A total of 144 nurses were enrolled in this study. All participants were assessed using questionnaire and observation was conducted in only 42 (29.2%) of participants. The mean age of the participants was 35.7 years and 84%

were females. 81(56.3%) of participants had attained a diploma level of education. 55(38%) were found to have good knowledge of universal precautions. 123(85.5%) reported they always wash hands, however, just 28.9% of participants were observed to wash hands before putting on gloves. 94.4% reported they always use gloves, 67.4% reported they always wear a gown and 55.6% reported that they always wear a mask. Regarding sharps management 135(93.8%) reported good practice and among the observed participants 40/42(95.2%) demonstrated good sharps management practice.

Conclusions: Adherence to Universal precautions amongst nurses in Tanzania's major hospital is variably poor. It is crucial to establish surveillance systems to monitor exposure to body fluids in this set-up.

Speaker Biography

Salima Abdallah Wibonela is a working as a critical care nursing officer in cardiac ICU at Jakaya Kikwete Cardiac Institute, Dar es salaam, Tanzania. She has experience in working in research institution, clinical practice, administration and teaching. 2013 to 2015 she attained knowledge and skills in research methodology at Muhimbili University of Health and Allied Sciences. She is now a researcher among other Tanzanian nurses through her on-going research activities.

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Medication adherence pattern, associated factors and outcomes among hospitalized heart failure patients in a tertiary hospital in Tanzania: A prospective cohort study

Jalack Millinga, Pedro Pallangyo, Lucia Kabeya, Naairah R. Hemed, Zabella Seif, Happiness J. Swai, Smita Bhalia, Francis Fredrick, Mohamed Janabi, Stephen Humphrey and Jalack Millinga

Jakaya Kikwete Cardiac Institute, Tanzania

Background: Management of heart failure is complex and multifaceted but adherence to medications remains the cornerstone of preventing avoidable readmissions, premature deaths and unnecessary healthcare expenses. Despite of evidence-based efficacy on anti-failure drugs, poor adherence is pervasive and remains a significant barrier to improving clinical outcomes in heart failure population.

Methods: We enrolled 459 patients with established diagnosis of heart failure. Sociodemographic, clinical, laboratory and echocardiographic data were gathered using a structured questionnaire during the hospital admission of enrollment. Medication adherence was assessed using the 8-item Morisky Medication Adherence Scale (MMAS-8). The primary outcome measures were rehospitalization and mortality at 180-days. Linear logistic regression analyses were used to assess for factors associated with adherence and predictors of rehospitalization. Based on their adherence status, participants were compared with respect to survival using Cox proportional-hazards regression model. All tests were 2-sided and $p < 0.05$ was used to denote statistical significance.

Results: The mean age was 46.4 years and participants aged ≤ 50 years constituted 55.4% of the cohort. There was a female predominance (56.5%), 67.5% resided in urban areas and 74.2% had primary education. About 22% of all participants had health insurance. Of the 419 participants eligible for assessment of medication adherence, 313 (74.7%) had poor adherence and 106 (25.3%) had good adherence.

Possession of a health insurance was found to be the strongest associated factor for adherence (OR 8.7, 95% CI 4.7-16.0, $P < 0.001$). During follow-up, rehospitalization rates were 32.8%, 48.1% and 53.0% at 30, 90 and 180 days respectively. Participants with poor adherence displayed a 70% increased risk for rehospitalization compared to their counterparts with good adherence (RR 1.7, 95% CI 1.2-2.9, $p = 0.04$). Overall, 177 (42.2%) patients survived the 180-days of follow-up. Poor adherence was found to be the strongest predictor of early mortality (HR 2.5, 95% CI 1.3-4.6, $p < 0.01$).

Conclusion: Poor medication adherence in patients with heart failure is associated with increased readmissions and mortality. In view of this, deliberate efforts to assess and improve adherence should be incorporated and become an integral part of daily patient management. Furthermore, strategies to increase health insurance acquisition are fundamental to improve adherence especially among persons living in resource-poor settings.

Speaker Biography

Jalack millinga is a cardiovascular critical care nurse at Jakaya Kikwete cardiac institute, Dar es salaam, Tanzania. Aside from her clinical passion, she has passion with clinical research. Her main research interests are heart failure, medication adherence and critical care. She aspires to motivate and cultivate the culture of research among other tanzanian nurses through her ongoing research activities.

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Knowledge on risk factors for Chronic Kidney Disease (CKD) among adult patients attending hemodialysis at Muhimbili National Hospital

Adam Malaika

Muhimbili National Hospital, Tanzania


Chronic kidney disease (CKD) is a major public health problem in the nation, the burden of chronic kidney disease is rising countrywide, as shown by increases in attributable deaths and prevalence of end-stage kidney disease for example on November 2018 the Patients on dialysis were 224, 242 on December and 251 on January 2019 at Muhimbili national hospital (Muhimbili national hospital medical report dialysis unit 2018/2019). Chronic kidney disease and its complications, which involve most organ systems, can be prevented, but awareness and use of accurate methods are needed to enable timely diagnosis. The purpose of this study was to assess the knowledge of risk factors associated with chronic kidney disease. The study was conducted at Muhimbili National Hospital from October 2018 to May 2019 in Tanzania from adult patients undergoing haemodialysis. Following consent, participants were studied in their clinics while doing dialysis. Random sampling on bed side was done to obtain patients and provide them with questionnaire. Total population included in the study was 180 and those who were critically ill were not included in the study.

The age group 45–70 years constituted almost 59.4% of the respondents. This implies that the prevalence of chronic kidney disease is higher in elderly people than in the general population. Our results also suggest that men had a higher

prevalence of CKD than women, in the study 124 were men (68.9%), 56 were female (31.1%). It was found that 130 of the respondents had never heard about chronic renal failure before being diagnosed (72.2%) and only 50 (27.8%) patients heard about the disease before suffering with CKD (27.8%). Eighty eight percent of the patients were not aware on the things that lead to chronic renal failure and thus only twelve percent knew some of the risk factors associated with the disease.

Therefore the clinical based study for adult patients undergoing haemodialysis at Muhimbili national hospital has shown limited knowledge on the risk factors associated with chronic kidney disease. For that case there is need for government to have programs coupled with nurses to increase awareness and understanding of chronic disease risk factors, the programs formulated should have alternative ways to see how can reach all required age group all over the country in which the population can meet her healthcare needs, National health insurance fund should look another way to improve their services especially for the first users who are told to wait until one year for the card to grow then start functioning. Finally, our assessment of local attitudes suggested that such public health efforts would be well received.

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