Mind Authors
INNOVATING MINDS FOR EXCELLENCE

2ND WORLD CONGRESS ON
NURSING & HEALTHCARE

September 8 & 9, 2025 (In-Person)
Venue: Iris Hotel Eden, Prague, Czech Republic

Theme:
"Advancement and Future Endeavor in Nursing Education and Healthcare"

Wise Nursing 2025

https://nursingconference.mindauthors.com/

SCIENTIFIC AGENDA

Day-1

SEPTEMBER 08, 2025

DAY-1

08:30 - 09:00 Onsite Registration & Seating Arrangement
09:00 - 09:30 Introduction & Open Ceremony

Time	Name & Affiliation	Title
Keynote Presentation		
09:30 - 10:00	**Sofica Bistriceanu** *MD, Ph.D., Academy for Professionalism in Health Care [APHC], Romania*	**Humility in the field of medicine**
10:00 - 10:30	**Dr. Mohammed Takroni** *PT. PhD., King Faisal Specialist Hospital and Research Center, Saudi Arabia*	**Priorities in Healthcare and Patient Safety To-Word Fall Prevention a Tertiary Care Facility and Patient Experiences a Tertiary Care Facility and Patient Experiences**
10:30 - 11:00	**Dr. Howard W. Mielke** *Ph.D., Tulane University, USA*	**Primary Healthcare Must Respond to the 20th Century Childhood Lead Poisoning Epidemic**
Refreshment & Coffee - 11:00 - 11:20		
Oral Presentation		
11:20 - 11:45	**Lisa Skinner** *CDP, CDT, CPD, Minding Dementia, LLC, USA*	**Through Their Eyes: A Window into Living with Dementia: A Glimpse into the Unique World of Individuals Living with Alzheimer's and Dementia**
11:45 - 12:10	**Ms. Asma ALAbdali** *Royal Hospital, Oman*	**Exploring Nursing Perspectives Regarding Factors Affecting the Identification of Early Warning Signs in Oman**
12:10 -12:35	**Asst. Prof. Anet Papazovska Cherepnalkovski,** *MD, PhD* *University of Split, Croatia*	**Apnea of prematurity, novel management strategies**
12:35 - 13:00	**Joanna Logan** *RN; RT; BA; DipHE; PGD; PGCE; MSc Advancing Practice; SFHEA* *University of Wolverhampton, UK*	**Implementing a Peer to Peer support Programme on a nursing associate apprenticeship Programme**
13:00 - 13:25	**Dr. Jean Henri Du Plessis** *Fiona Stanley Hospital, Australia*	**Continuous pulse oximetry during skin-to-skin care: An Australian initiative to prevent sudden unexpected postnatal collapse**
Memorable Group Photo & Tempting Buffet lunch - 13:25 - 14:05		

Oral Presentation		
14:05 - 14:30	**Ericka K. Waidley** *PhD, MA, MSN, BSN, EKWaidleyConsulting, Linfield University, ret., USA*	**Facilitating Patient Engagement in High-Tech Care Environments: The Patient's Perspective and Student's Lack of Competency**
14:30 - 14:55	**Ms. Fahima Mohammed Al Harthy** *Royal Hospital, Oman*	**Replacement of Entonox Gas with Transcutaneous Electrical Stimulation Technique (TENS) machine as Friendly technological techniques for childbirth pain relief method**
14:55 - 15:20	**Mr. Fahaid Almutairi** *PhD., Kuwait Nursing Institute, Kuwait*	**Exploring the Impact of Covid-19 on Nursing Burnout: Examining a Continuing Crisis**
15:20 - 15:45	**Dr. Shakir Rahman** *Ph.D., University of Minnesota, USA*	**Effects of Immersive Virtual Reality (IVR) Simulation on Nursing Students**
15:45 - 16:10	**Dr. Prescilla Abou Khalil** *PharmD, CPHQ, MHQSc Saint George Hospital University Medical Center, Lebanon*	**Achieving Excellence in Crisis: The Path to JCI Accreditation in War Times**
Memorable Group Photo & Evening Coffee - 16:10 - 16:30		
Oral Presentation		
16:30 - 16:55	**Dr. Valencia P. Walker** *Geisinger College of Health Sciences, USA*	**Promoting Disagreement for Preventing Disease**
16:55 - 17:20	**Dr. Dana Vackova** *MD, MBA, FHKAM, FHKCCM, SFHEA The University of Hong Kong, Hong Kong*	**What Competences Young Health Care Professionals Need to Embrace Challenges in Healthcare Sector? Preparation of Undergraduate Students for Work in Healthcare**
17:20 - 17:45	**Dr. Tatyana Itova,** *University Hospital Medica Ruse, Bulgaria*	**Monitoring the development of full-term infants with moderate asphyxia**
Keynote Presentation		
17:45 - 18:05	**Dr. Margaret Erickson** *PhD, RN, CNS, APRN, APHN-BC®, SGAHN SAMRM and GAHN, USA*	**Addressing the Elephant in the Room**
END OF DAY 1		

SCIENTIFIC AGENDA

Day-2

SEPTEMBER 09, 2025

DAY-2

09:00 - 09:30 **Introduction & Open Ceremony**

Time	Name & Affiliation	Title
Keynote Presentation		
09:30 - 10:00	**Dr. Mohammed Takroni** *PT. PhD., King Faisal Specialist Hospital and Research Center, Saudi Arabia*	**Plantar Fasciitis Symptoms and the Effectiveness of Foot-Insoles Orthosis on Recovery Process, and Quality of Life Among Health Care Providers**
10:00 - 10:30	**Dr. Howard W. Mielke** *Ph.D., Tulane University School of Medicine, United States*	**The 20th Century Childhood Lead Poisoning Epidemic: A Call to Enhance Surveillance of Environmental Hazards and Improve Primary Prevention in the Healthcare System**
Refreshment & Coffee - 10:30 - 10:50		
Oral Presentation		
10:50 - 11:20	**Athaher Basha Abubaker** *Chief Marketing Officer, PageMaths. INC, USA*	**Introduction to PageMaths**
11:20 - 11:45	**Prof. Bella Savitsky** *BSN, MPH, PhD.,* **& Dr. Rachel Shvartsur** *RN, PhD.,* *Ashkelon Academic College, Israel*	**The work environment of nursing students employed in the healthcare system**
11:45 - 12:10	**Dr. Kadri Haller-Kikkatalo** *Insured Insight Ltd., Estonia*	**Impact Model – Innovative, Motivational, and Collaborative Approach for Cost Optimization and Quality-Oriented Results in Health Insurance and Reimbursement Strategy**
12:10 - 12:35	**Dr. Jonathan Creamer,** *Southampton General Hospital, United Kingdom*	**A Retrospective Audit of Ultrasound-Guided vs Surgical Foreign Body Removal in Extremity Injuries**
12:35 - 13:00	**Advocate Dr. Racheli Silvern** *RN, PhD.,* *Ashkelon Academic College, Israel*	**Patient Safety: A Case Report on the Role of Nursing Students in the Use of Diagnostic Tools**
13:00 - 13:25	**Dr. Igor Ogorevc** *ECPD University UN, Serbia*	**Integrative Medicine, the Future of Medicine in EU**
Memorable Group Photo & Tempting Buffet lunch - 13:25 - 14:05		
Oral Presentation		
14:05 - 14:30	**Dr. Becky Tsarfati** *RN, MHA, PhD, Ashkelon Academic College, Israel*	**Registered Nurses' Perspectives on the Role of Evidence-Based Practice in Nursing**

14:30 - 14:55	**Dr. Sarit Rashkovits** *Yezreel Valley College, Israel*	**How Team Workload Leads to Nurse Exhaustion: A Multilevel Moderated Mediation Model of Intragroup Conflict and Team Learning Behavior**
14:55 - 15:20	**Dr. Rachel Shvartsur** *RN, PhD.,* **& Prof. Bella Savitsky** *BSN, MPH, PhD.,* *Ashkelon Academic College, Israel*	**Postpartum Depression during Wartime: the Israeli Current Experience**
15:20 - 15:45	**Prof. Andre Manov** *University of Las Vegas, Nevada*	**Successful Implementation of Continuous Glucose Monitoring in an Internal Medicine Residency Community Continuity Clinic**
15:45 - 16:10	**De-Ann M Pillers** *MD, PhD, University of Illinois Chicago, USA*	**What is a Reasonable Work Expectation for a Neonatologist?**
Memorable Group Photo & Evening Coffee 16:10 - 16:30		
Oral Presentation		
16: 30 - 16:55	**Yvonne Ramlall** *RPN, Sunnybrook Health Sciences Centre/ Holland Centre, Canada*	**Examining pain before and after primary total knee replacement (TKR): A retrospective chart review**
16:55 - 17:20	**Fatimah A Hawiti** *King Salman Armed Forces Hospital, Saudi Arabia*	**Pediatric Emergencies**
Keynote Presentation		
17:20 - 17:40	**Dr. Margaret Erickson** *PhD, RN, CNS, APRN, APHN-BC®, SGAHN* *SAMRM and GAHN, USA*	**Bringing Health Back into Healthcare: By Stepping into the Patient's Worldview**
Poster Presentation		
	Ms. Ira Linetsky *RN, MA, Midwife* **&** **Dr. Keren Grinberg** *RN, Ph.D.,* *Ruppin Academic Center, Israel*	**The Relationship Between Work Schedule Flexibility and Nurses' Well-Being: A Quantitative Study**
17:40 - 18:00	**Dr. Yael Sela** *RN, Ph.D.,* *Ruppin Academic Center, Israel*	**The Relationship Between Professional Burnout and Perceived Quality of Care Among Nursing Staff: A Quantitative Study**
	Dr. Keren Grinberg, *RN, Ph.D.,* *Ruppin Academic Center, Israel*	**Illness Perception, Pain Catastrophizing, and Subjective Well-Being Among Patients with Chronic Low Back Pain**
End of Day 2 & Conference		

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Keynote Forum

DAY-1

WISE NURSING 2025

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Sofica Bistriceanu MD, Ph.D.

Academy for Professionalism in Health Care [APHC], Romania.

Humility in the field of medicine

In the social hierarchy, medicine holds the top position; saving lives is our priority, and continuously improving people's health, quality of life,and expectancy is our upper-class mission.

To do our work well, we must attain expertise in the specific field of medicine, handle data quickly and efficiently in practice, have communication skills in interacting with collaborators and clients, offer compassionate care, share well the presence, and align with social norms – be professional.

Gaps in instruction, inadvertent communication, arrogance, and personal behaviour that deviates from norms lead to provider bad name and instability in their practice, finally affecting their personal, professional, and social life.

Cool-hearted work, overestimatingof one's own value, and assignmentto positions that do not fit education lead to distress around; unjustified superiority is conducted through humility.

Being aware of personal limits that can change overtime is essential in clinical practice. Time slowly erodes everything, and unexpected medical conditions can affect personal values.In addition, no one can know everything. The vast body of medical knowledge is, in part, available for understanding and practical application. Self-confidenceturns to modesty.

Our partners, collaborators, and customers also play a significant role in society's advancement. We must respect and be respected by each contributor. Arrogancecan create discomfort for those involved in relations, making them depart sooner or later, affecting the provider's name and their life trajectory.

At the end of this presentation, the audience will be able to

- Recognize the significance of humility in daily life
- Identify the effects of arrogance in clinical practice
- Understand how humility influences individual life trajectory.

BIOGRAPHY

Sofica Bistriceanu, MD, Ph.D., graduated from Iasi University in Romania and family medicine research at Maastricht University. She joined the European, American, and Asian Primary Care Research Group, American Academy on Communication in Healthcare, APTR, IHI, NICHQ, EPCCS, EURACT, and WONCA Meetings. With over 100 research studies shared internationally, she has been recognized with numerous awards. Dr.SoficaBistriceanu is a member of the Academy for Professionalism in Health Care, serves on the Editorial Review Board for The Journal of Patient Experience (JPX), and is an Associate Editor for PriMera Scientific Publication. She represents the Academic Medical Unit- CMI, NT, ROU. Additionally, she is the author of seven volumes of poetry published by Chronica, Iasi Publishing House, and Time, Iasi Publishing House.

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Mohammed A. Takroni *PT, MSc. Ph.D.*

King Faisal Specialist Hospital and Research Center, Saudi Arabia

Priorities in Healthcare and Patient Safety to-word Fall Prevention A tertiary Care facility and patient experiences. A tertiary Care facility and Patient Experiences

Millions of patients suffered from serious injuries or death throughout the year due to medical errors. Behind these numbers, there are many stories of several damages in patients' lives, not to mention the billions of US dollars that are spent on prolonged hospital stays, corrective procedures, income loss, disability care, and litigation, resulting from unsafe care. Patient safety is defined as 'The avoidance, prevention, and amelioration of adverse outcomes or injuries stemming from the process of healthcare. A more recent and simple definition of patient safety was presented by Al-Hawsawi and Al-Wahabi in 2017, they simply define patient safety as the prevention of errors and adverse effects to patients associated with health care. In addition, they divided the essentials of patient safety into six categories; safety, Effectiveness, Patients-centered, efficacy, timely, and equitably managed. These sex categories were initiated to avoid patients from being injured, provide them with a service based on scientific knowledge, and provide them with care that is respectful to their preferences, needs, and values. Avoiding waste of equipment, supplies, ideas, and energy, and providing them with care that does not vary in quality. In the United States of America (USA) and all Europe countries, in addition to the kingdom of Saudi Arabia, every second of the day there is an older person fall, and every 20 minutes an older person dies from falling. Many researches have been conducted on fall prevention however; it takes a team to deal with fall and fall prevention. As health care providers and physiotherapists, we have to be acquainted with the patient, analyze their home situation, and provide them with proper strengthening exercises, balance exercises, and gait training with suitable walking aids to insure patients' safety.

Conclusion: Patient safety is a complex issue involving all members of the healthcare team. Physiotherapists and healthcare providers need to be aware of all of the elements of patient safety regardless of their role and work environment. In addition, Physiotherapists must be able to anticipate, recognize, and manage situations that place patients at risk.

BIOGRAPHY

Dr. Mohammed Abdullah Takroni, a cardiac rehabilitation Consultant, had a Fellowship Program in Cardiopulmonary Rehabilitation at Duke University and Medical (DUMC), North Carolina, USA, Master's degree in physical therapy from King Saud University, Master degree in Sports Medicine and Rehabilitation, Manchester Metropolitan University (MMU), UK. PhD. in Cardiovascular and Pulmonary Rehabilitation, Glasgow Caledonian University, Glasgow, UK. Member of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), member of the Irish Association of cardiopulmonary rehabilitation (IACR), member of the British Association for Cardiovascular Prevention and Rehabilitation (BACPR), member of Saudi Heart Association (SHA). Developed most of Cardiac Rehabilitation programs at King Faisal Specialist Hospital and Research Centre (KFSH&RC), Riyadh, Saudi Arabia. Currently, Participated as OCM and key note speaker at several international conferences. Currently, Head Section of Cardiac Rehab Team at king Faisal Heart Institute of KFSH&RC, Physical Rehabilitation Department and Clinical Associated Professor at KSU. Riyadh. Saudi Araba.

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Dr. Howard W. Mielke Ph.D.,
Department of Pharmacology, Tulane University School of Medicine, New Orleans, Louisiana, USA

Primary Healthcare must respond to the 20th Century childhood lead poisoning epidemic

The 20th-century global childhood lead poisoning epidemic was caused by using lead additives in petrol, leading to an exponential increase in air lead due to the extensive commercial marketing of automobiles and leaded fuel. Policy actions to curtail leaded petrol in Japan and the USA decreased air lead and pediatric lead poisoning in the 1970s. A worldwide ban on leaded petrol occurred on August 30, 2021, resulting in marked decreases in air lead and pediatric lead exposure. However, soil lead persists, posing a risk of pediatric exposure, especially in areas with high soil lead levels. Mapping soil lead can help advise parents, encourage community mitigation, and advance policy responses for reducing pediatric lead exposure from legacy lead dust.

What will the audience learn from your presentation?

1. The audience will learn about an invisible worldwide epidemic that coincided with the era of the expansion of automobile use and lead additives in fuels.
2. The audience will learn about the essential issues of air lead and legacy soil lead and their routes of exposureto children and adults.
3. The audience will learn from a pioneering researcher about the complicated process of policy changes for removing lead additives from gasoline.
4. The audience will gain an understanding of why the worldwide 20th-century global lead epidemic is essential to our era.
5. The audience will learn about the cleanup of lead-contaminated communities and why public policy changes are essential to childhood lead prevention.

- Explain how the audience will be able to use what they learned. The audience learns about the need to map soil lead and promote the cleanup of lead dust.
- How will this help the audience in their job? Could other faculty use this research to expand their research or teaching? Students play a valuable role in identifying lead-contaminated play area soils by collecting samples for analysis. This can simplify a designer's job by providing a practical solution and improving design accuracy. Additionally, reducing lead exposure brings multiple environmental and human health benefits.

BIOGRAPHY

Howard W. Mielke received his Ph.D. from the University of Michigan in 1972 and is an adjunct faculty member of the Department of Pharmacology at Tulane School of Medicine. His research focuses on Environmental Signaling in Medicine, specifically the impact of materials and energy on pediatric health in urban environments. In 1976, he conducted his first urban soil lead study in Baltimore, Maryland, which resulted in further studies on the urban environment and children's exposure. He presented his findings before the U.S. Senate. His early studies aided the actions by Congress and EPA to rapidly phasedown lead additives in U.S. automobile fuels in 1986. The WHO achieved a global ban on leaded gasoline in August 2021. The presenting author's bio is listed here: Dr. Howard Walter Mielke Presented with the Albert Nelson Marquis Lifetime Achievement Award by Marquis Who's Who (24-7pressrelease.com).

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Dr. Margaret Erickson

PhD, RN, CNS, APRN, APHN-BC®, SGAHN

Society for Advancement of Modeling and Role-Modeling, Global Academy of Holistic Nursing, USA

Addressing the Elephant in the Room

Nurses have moved away from our historical roots and what brought us into nursing. We frequently find ourselves disconnected, disenfranchised, and disillusioned with our jobs and profession. Extreme numbers of nurses are leaving the profession; experiencing moral distress, compassion exhaustion, and burn out. Poor nurse-patient ratios, difficult working conditions, and the importance of self-care are frequently discussed, and may even be addressed, and yet this is not fixing the problem. In addition, all of these factors can lead to emotional disconnect, distress, and even abuse among the nursing community. To address the mass exodus of nurses from our profession it is essential that we feel connected to our colleagues, engaged in our practice, and experience satisfaction for the work that we do. This requires that nurses re-connect to what brought them to nursing, understand our shared commonalities, and gain insight and understanding in how to be heard, have our values affirmed and supported, and be facilitated in practicing holistically.

Through shared holistic nursing values and philosophy, and our ability to connect with and articulate these essentials components of our practice, we become better grounded in our holistic practice and life work. Participants will be empowered to use their voice, communicating the value of using a holistic paradigm to guide their practice, and through intentional actions become more self-aware, self-reflective, increase job satisfaction a greater quality of wellbeing and well-becoming.

BIOGRAPHY

Margaret Erickson received her Baccalaureate at the University of Michigan and her Masters and Doctorate from the University of Texas-at-Austin. She has practiced Holistic nursing for 45 years, in various settings, including, Adult/Mental Health, ICU, NewbornNursery, Labor and Delivery, Long Term Care, Discharge Planning and Case Management; taught at the University of Texas-at-Austin and beenAHNCC CEO since May 2000. Margaret has researched, published, presented and consulted internationally in holistic nursing practice, education, and holistic health.She has received numerous recognitions/awards throughout her career for her work in Holistic, Nursing Practice and Education. Her passion is working with institutions/organizations, and academic-based universities programs to help them provide health/wellness/ wellbeing and well-becoming focused-services with a focus onrelationship-based-person-centered care.


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Scientific Sessions

DAY-1

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Through Their Eyes: A Window into Living with Dementia: A Glimpse into the Unique World of Individuals Living with Alzheimer's and Dementia

Lisa Skinner *CDP, CDT, CPD*
Minding Dementia, LLC, USA

Currently, there are millions of people living with Alzheimer's disease and dementia throughout the world, yet it remains one of the most misunderstood disorders of today. Lisa uncovers why it's not uncommon for people to believe that dementia exclusively causes memory loss and confusion; however, the overall impact that brain diseases have on a person's cognitive abilities is so much more involved and complicated than people realize.

In this poignant and eye-opening speech, Lisa unveils an astonishing perspective of how individuals living with Alzheimer's disease and dementia realistically perceive their worlds to help them gain a deeper understanding of the challenges, emotions, and experiences faced by those navigating these cognitive conditions. Through personal accounts and real-life illustrations, Lisa enables her audience to imagine what it would be like to walk in their shoe's day by day, as well as why dementia causes the symptoms and behaviors we commonly see.

Biography

Lisa Skinner is a behavioral specialist with expertise in Alzheimer's disease and related dementia. In her 30+year career working with family members and caregivers, Lisa has taught them how to successfully navigate the many challenges that accompany this heartbreaking disease. Lisa is a Certified Dementia Practitioner, a Certified Dementia Care Trainer through the Alzheimer's Association, as well as a Certified Dementia Program Director, and holds a degree in Human Behavior. Additionally, Lisa is a 2x best-selling and award-winning author, an internationally recognized TEDx Speaker, an internationally recognized Podcast and Television Show Host, and has been featured in Forbes' Celebrity Magazine.

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Research Proposal: Exploring Nursing Perspectives Regarding Factors Affecting the Identification of Early Warning Signs in Oman

Asma Alabdali
Royal Hospital, Oman

The early identification of clinical deterioration through Early Warning Signs (EWS) is essential in preventing adverse patient outcomes, such as cardiac arrest, respiratory failure, or death. Nurses, as frontline healthcare providers, play a critical role in recognizing these signs. However, several factors influence their ability to identify early warning signs, including clinical knowledge, communication, training, institutional support, and workload. In Oman, while the healthcare system is advancing, challenges remain in effectively detecting early deterioration due to factors such as staffing shortages and inadequate training. This qualitative study aims to explore the perspectives of nurses in Oman regarding the factors that influence their ability to identify early warning signs. Using semi-structured interviews and focus groups, the study will investigate factors like clinical experience, communication within healthcare teams, institutional and environmental support, and the role of education and training in improving detection skills. The study will also examine the impact of Early Warning Systems (EWS) in clinical practice and identify challenges and facilitators related to their use. Findings from this study are expected to provide insights into improving nursing practices, enhancing early warning sign detection, and ultimately improving patient outcomes in Omani healthcare settings. By understanding the experiences of nurses, this study aims to offer valuable recommendations for policy, training, and practice improvements in Oman's healthcare system.

Biography

Asma Alabdali, BSN, MBA, ILM (Level 3 in Leadership & Management), is the Unit Nurse Supervisor of the Surgical & Renal Unit at Royal Hospital, Muscat, Oman, with over 21 years of nursing experience. She has led several quality improvement and research projects on pain assessment, patient satisfaction, and early warning signs of clinical deterioration.

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Apnea of prematurity, novel management strategies

Anet Papazovska Cherepnalkovski*, *MD, PhD*[1,2,3], Marija Bucat, *MD*[1], Majda Budimir, *MD*[1], LukaBrajkovic, *MD*[1], Klara Cogelja, *MD*[1,3], Lovre Milostić, *MD*[1]

[1]Department of Neonatology, Clinic for Gynaecology and Obstetrics, Clinical Hospital Centre Split, Croatia
[2]University of Split, University Department of Health Studies, Split, Croatia
[3]University of Split, School of Medicine, Split, Croatia

Apnea of prematurity (AOP) represents one of the most common diagnoses in neonatal intensive care. Apneas significantly contribute to the length of hospital stay of premature infants. AOP is a prolonged respiratory pause (≥20 seconds), or a shorter one followed by bradycardia. Three types of apneas have been described among which most common are mixed apneas. The incidence of apnea is inversely proportional to gestational age, thus almost all preterm infants ≤28 gestation weeks (GW) have episodes of apnea. Over 28 GW, the frequency decreases, from around 85% in 30 GW to 20% in 34 weeks. Apnea often persists beyond term gestation in newborns born 24-28 weeks. Preterm infants have an increased risk of SIDS; however, the data does not support a causal relationship with preterm apnea. Various treatment modalities are explored for AOP ranging from prone positioning, application of nasal CPAP, methylxanthine therapies to certain novel therapies such as olfactory stimulation, transpyloric feeding anddoxapram treatment. Among the methylxanthines, caffeine has been associated with better long-term outcomes. During the talk, our department'spolice with medication and nursing for apneas will be presented. Some debatable issues will be addressed such as: blood transfusion and apnea relationship, the role of gastroesophageal reflux and the effects of apnea on neurodevelopment. In conclusion, the apnea of prematurity reflects the immaturity of respiratory control. Newborns born at ≤28 weeks may show apneas until or after term age. Caffeine citrate at standard doses is a safe and effective medication for the treatment of preterm apneas.

Biography

Asst. Prof. Anet Papazovska Cherepnalkovski completed her PhD at the University of Skopje, Republic of North Macedonia in 2016. She worked at the Pediatric Clinic's Neonatology Department in Skopje, before transferring to work as an intensive care neonatologist at the University Hospital of Split, Croatia. She holds the position of Head Department of Neonatology. She has been involved in education of medical students and pediatric residents since 2008 and was promoted into assistant professor in 2020. She was assigned as head of three and an associate on several undergraduate courses at the Departments for midwifery and nursery. She has over 90 publications. She is lecturing three continuous medical education courses in Croatia and serves an editorial board member of several reputed journals.

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Implementing a Peer to Peer support Programme on a nursing associate apprenticeship Programme

Joanna Logan[1], Joe Carey[2], Kimberley Meekcom[3] Abbie Dunn[4] and **Alicia Priest[5]**
University of Wolverhampton, UK

Peer to Peer support has been shown to provide additional benefits for students within the higher education setting. (Bailey, 2021; Larkin & Hitch, 2019; Brown, 2014)

In May 2023 the Study Skills Team at the University of Wolverhampton asked for volunteer courses to undertake the development of the Peer Assisted Support Sessions (PASS) leadership Programme. This was supported by the Nursing Associate Apprenticeship Teaching Team.

Having completed the PASS Leadership Training,we developed a strategy to provide two cohorts of Students access to fortnightly PASS sessions. Following this we audited the experience of students receiving PASS support and from the perspective of Students leading the sessions.

All students who took part in the audit stated that this support helped their sense of belonging within the University. The students attending the sessions felt that the sessions enabled them to see assessments differently and that this helped them to engage more with formative and summative assessment activities as the leaders had already completed these.

The students leading the sessions found the support from the Course Team and Study skills team enabled them to develop their coaching and leadership skills which were directly transferable to their clinical role. They also stated that they enjoyed the interaction with their peers.

Our Poster/ Presentation will focus on the Implementation of PASS and the benefits to students. We are currently working on rolling this out to other programs such as the BNurse Programme and at the date of the Conference this will have been implemented and we should also be able to present audit data from this.

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Biography

Completed my first degree in a social sciences programme and then trained in Leeds, UK as a registered nurse and qualified/ graduated from the University of Leeds in 1997. Since then, I have completed a Post graduate diploma in renal nursing, PGCE and MSc in Advanced Clinical Practice.

I have worked in a variety of clinical roles where I have always been keen to develop educational strategies that support staff and students. I joined the University of Wolverhampton in 2018 and have worked as a Senior Lecturer both on the Pre-registration nursing programme as well as the Nursing Associate Programme. I also supported the development of the Future Nurse Standards (NMC, 2018a) as well as the Nursing Associate Standards of Proficiency (NMC, 2018b).

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Continuous pulse oximetry during skin-to-skin care: An Australian initiative to prevent sudden unexpected postnatal collapse

Dr Jean Du Plessis*, Michael Kirk, Myra Quilatan, Shailender Mehta

Fiona Stanley Hospital, Perth, Australia. Department of Neonatology Level 3 Locked Bag 100, Palmyra DC, WA 6961 Australia

Aim: To examine the use of continuous pulse oximetry monitoring (CPOM) of newborns as a non-invasive and non-intrusive standard of care for promoting early and safe skin-to-skin contact between mothers and newborns immediately after birth and to gather acceptability feedback from midwifery staff and mothers.

Methods: All babies receiving skin-to-skin contact (SSC) had continuous pulse oximetry monitoring (CPOM) for the first-hourpostbirth. Staff were trained with education sessions before implementation. Midwives and mothers were surveyed post-implementation and again after distribution of an education brochure regarding CPOM.

Results: Seventy per cent of midwives and 66% of mothers responded to the survey. The majority of midwives received the practice positively and felt reassured by the use of CPOM in the immediate postpartum period. The survey identified gaps in maternal knowledge of the risk and benefits of SSC which improved significantly after the distribution of the educational brochure (P = .01).

Conclusion: Continuous pulse oximetry monitoring with a compact monitor in the first-hourpostbirth is a simple, non-invasive and innovative approach to enhance safe skin-to-skin care by improving vigilance of newborns. Our study confirmed the acceptance of such approach by midwives and mothers in our population.

Keywords: SUPC; kangaroo care; skin-to-skin care; sudden postnatal collapse.

Biography

Dr Jean Du Plessis is the Head of Service of Neonatology at Saint John of God Hospital Murdoch, and a consultant Neonatologist at Fiona Stanley Hospital Perth, Western Australia.In addition to long standing clinical career, he also possesses excellent administrative and diplomatic skills and has track record of successful delivery of high quality patient care to the population of South Perth. Dr Du Plessis has been closely involved with the University of Western Australia and the University of Notre Dame Fremantle. He is current investigator of various clinical trials running in the neonatal unit. His research interests include innovations to improve neonatal health care.

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Facilitating Patient Engagement in High-Tech Care Environments: The Patient's Perspectiveand Student's Lack of Competency

Ericka Waidley *PhD, MA, MSN, BSN*
EKWaidleyConsulting, Linfield University, ret., USA

The impact of the use of technology on patient care has been a focus of the healthcare industry for more than a decade. Recognizing the impact of technology on nursing practice and how this affects the nurse's engagement with patients is a significant challenge for the future of nursing education and professional development. Teaching and incorporating competencies such as transpersonal caring and patient engagement in the here and now will continue to be a challenge as the evolution of technology continues at warp speed.

This nursing research is a combination of phenomenology and narrative analysis. The study explored the patients' perspective of the nurse's use of technology in care delivery at the bedside. A semi-structured interview format was used to interview a total of 18 hospitalized patients in two different acute care environments. Six significant themes evolved from the data analysis.

The nursing profession has not ignored the impact of emerging technologies on patient care, however we have ignored the importance of listening to our clients and asking how they perceive these changes in nursing practice. In addition, nursing education has not kept up with these changes and this lack of response has created a deficit in the skills needed to provide comprehensive, individualized patient cantered care. This research provides evidence, and suggestions for, additional skills and competencies that need to be developed and integrated into nursing school curricula and professional development activities.

Biography

Ericka Waidley completed her PhD in Human Organization and Systems and an MA in Leadership Studies from Fielding Graduate University. She is an international speaker and consultant in areas related to organization development and redesign, process/systems development, quality management, communication, strategic planning, and shared leadership. Ms. Waidley has extensive experience as an educator and has held many leadership positions both professionally and with community organizations. She is a published writer in professional journals, texts, and on the Web. As an educator she has developed curricula and taught at several universities in California and Oregon, both in the classroom and online.She currently is focused on her leadership & management consulting business and acts as a mentor for nursing professionals.

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Replacement of Entonox Gas with Transcutaneous Electrical Stimulation Technique (TENS) machine as Friendly technological techniques for childbirth pain relief method

Fahima Mohammed Al Harthy
Royal Hospital, Ministry of Health (MOH), Oman

Background: Labor pain during childbirth can have devastating effects on the progress of labor, mother, and fetus. Consequently, the management of labor pain is crucial for the well-being of the mother and fetus. Transcutaneous electrical nerve stimulation (TENS) is a non-pharmacological analgesic technique. (Anne,2021)

Purpose: to reduce greenhouse gas emissions in the Hospital as much as possible &achieving zero neutrality in line with the priorities of the environment and natural resources.

Method: Pilot study was conducted at the largest tertiary hospital in Oman. Purposive sampling was applied for participant recruitment. Questionnaire was used as data collection methods. The study included all mothers came in laboursuite complaining oflabour pain. However, High risk mothers were excluded. The data collection process yielded 100 mothers. The interview protocol highlighted the effectiveness on TENS machine in reducing labour pain.

Results: Total of 100 mothers were involved in this pilot study and showed that they have knowledge about TENS machine and the staff were explained well regarding the use of TENS machine (graph 1). However, the mothers reported that they are satisfied with it in regards to the pain relief in terms of frequency and location of the TENS. Moreover, all the mothers were happy and satisfy with this TENS after used for labour pain therefore they are highly recommended to be used for relieving labour pain (graph 2).

Conclusion: TENS machine can be used and replaced with Entonox gad as childbirth pain relief method

Keywords: Entonox Gas, TENS, labour pain, Analgesia, Friendly technological techniques.

Biography

With an experience of 19+ years as staff Nurse / Midwife, I am working at Royal Hospital, the biggest Hospital in Oman as a tertiary hospital which received all high risk cases all over Oman.

I have graduated from Muscat Nursing Institute in Oman as staff Nurse in 2004 and from Oman Specialized Nursing institute as a Midwife in 2008.

I have been working in Maternity Unit with different experiences as staff Nurse, Senior Nurse, Shift In charge, Midwife and ward in charge for the last 16 years. Then from 11 September 2022 onwards I have been appointed as head Unit Nurse of Maternity Department in Royal Hospital with total workforce of 260 staff and medical orderlies with 7 wards including delivery suite, outpatients and High Dependency Wards.

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Exploring the Impact of Covid-19 on Nursing Burnout: Examining a Continuing Crisis

Fahaid Almutairi *Ph.D (MSc Nursing)*
Community & Primary Health Care- Griffith University/Australia)
{Public Authority of Allied Education & Training/Kuwait}

The COVID-19 pandemic has devastatingly affected the healthcare system, particularly on nurses. Studies have found that nurses are more likely to experience burnout, mental health, and physical health issues due to the increased stress and workload associated with the pandemic. This paper explores the impacts of the pandemic on nursing burnout and mental health and the correlation between fatigue and burnout. It also discusses the impact of the pandemic on nurses' moral distress and the link between burnout and quality of life of nurses. Finally, it offers useful advice for lowering burnout in nurses and raising their quality of life. The results indicate that identifying measures to lessen nurses' burnout and enhance their quality of life is crucial for ensuring the health and wellbeing of the nursing workforce.

Biography

I have been a faculty member at the Public Authority for Applied Education and Training since 2008. Currently, I serve as Head of the Quality Assurance and Academic Accreditation Office at the Nursing Institute, where I oversee the implementation of accreditation standards and continuous improvement processes. From 2020 to 2022, I chaired the Kuwait Nursing Association during the critical period of the COVID-19 pandemic, leading initiatives to support nursing professionals and enhance healthcare services. With extensive experience in education, leadership, and quality management, I am dedicated to advancing nursing education and strengthening the healthcare sector in Kuwait.

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Effects of Immersive Virtual Reality (IVR) Simulation on Nursing Students

Shakir Rahman[1*], Renee Sieving[2] and Cynthia Bradley[3]

[1]PhD Nursing student and Graduate Research Assistant, University of Minnesota School of Nursing, USA*

[2]Professor, University of Minnesota School of Nursing, USA

[3]Assistant Professor, University of Minnesota, USA

Immersive Virtual Reality (VR) is described as a technology that immerses users in a computer-generated environment, allowing them to perceive it as real. In nursing, VR is increasingly recognized as a valuable pedagogical approach for teaching non-technical skills such as communication, situational awareness, stress management, leadership, teamwork, and clinical judgement. Clinical judgement is a critical process in nursing, involving daily judgments about patient care and the management of complex issues. It encompasses observation, information processing, critical thinking, evaluating evidence, and selecting the best options to optimize patient health. The review aimed to critically appraise and synthesize existing literature on the impact of immersive virtual reality on clinical judgment in nursing students, highlighting the potential benefits and identifying gaps in current research. Relevant literature retrieved using different databases such as Ovid Medline, CINAHL, and Open grey for published and unpublished articles from 2010 to 2024. Quantitative and mixed-methods studies were included while articles were excluded which did not report on primary studies related to nursing students, VR as an intervention, and clinical judgement as an outcome.

Quality assessment of the studies was achieved through various checklists. Results of the review indicated that VR and game-based learning have shown potential in enhancing critical thinking skills among nursing students. While some studies reported significant improvements in critical thinking abilities, others did not find substantial differences compared to traditional educational methods, indicating variability in outcomes across different research efforts. In conclusion, the review highlights the need for innovative teaching methods, such as virtual reality, while calling for more rigorous research to evaluate its effectiveness in clinical judgment development.

Biography

Shakir Rahman is a PhD student at the University of Minnesota USA. His area of research is simulation in nursing education. As a Graduate Research Assistant, he is working with regards to simulation, its effectiveness, and implementing in undergraduate nursing curriculum. Being an educator, he is actively involved in teaching and learning with undergraduate nursing students. His interest is in collecting,

analyzing, interpreting, and presenting quantitative data. He is actively involved in various educational courses, including "Transformative Teaching: Teaching for Learning in Mind" and is passionate about developing a training program for novice nurse educators to enhance nursing standards. His commitment to education and professional development underscores his dedication to advancing nursing practice and education.

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Achieving Excellence in Crisis: The Path to JCI Accreditation in War Times

Dr. Prescilla Abou Khalil
Saint George Hospital University Medical Center, Beirut, Lebanon

Maintaining quality standards and achieving Joint Commission International (JCI) accreditation in Beirut, Lebanon in times of war, staff shortages, financial crisis, 2nd biggest explosion in the world presented significant challenges for a 145 years old hospital (Saint George Hospital University Medical Center) to stay focused, ensure patient and staff safety, quality of care and improvement. The exceptional prevailing circumstances disrupted the hospital infrastructure, leading to limited resources, severely damaged facility, and a lack of essential supplies. This environment complicated the ability to maintain patient care standards, which were critical for JCI accreditation and ensuring patient safety in a healthcare setup. Additionally, staff shortages, whether due to physical harm, displacement, or burnout, further exacerbated the situation, creating gaps in expertise and qualified personnel to meet JCI's rigorous standards and best quality of patient care.

To address these challenges, a competent quality team was built who adopted innovative management strategies. First, we laid down strong foundations by creating clear policies, procedures, protocols and clinical pathways. Subsequently, the implementation phase kicked off by prioritizing the training and development of remaining staff. This was essential to ensure that the workforce is highly adaptable and well-versed in emergency protocols. Further, effective resource allocation was crucial to maintain operational efficiency, which involved strategic partnerships and alternative sourcing methods to secure critical supplies.

A key management strategy in this context involved fostering resilience and adaptability within the organization. By maintaining clear communication channels, promoting teamwork, and utilizing available resources efficiently, we were able to continue delivering high-quality care despite adversity. Achieving JCI accreditation under such circumstances was challenging if not impossible. Credit goes to the robust yet flexible approach that prioritizes quality care and patient safety amidst the most difficult conditions.

Biography

Dr. Prescilla Abou Khalil, is an experienced doctor in pharmacy and a quality management professional, currently serving as the Manager of Quality and Patient Safety at one of the most prestigious university hospitals in the Middle East, a 145 years old institute - Saint George Hospital, University Medical Center (SGHUMC) in Beirut, Lebanon. In her role, Dr. Abou Khalil is one of the pillars that has led the hospital through the Joint Commission International (JCI) accreditation process, and continue to ensure the institution meets the highest global standards in healthcare quality, patient safety, risk assessment and proactive improvement projects. With a strong background in medication safety and clinical pharmacy, she has previously held the position of Assistant Chief for Quality and Medication Safety at SGHUMC, where she drove initiatives that improved operational efficiency and patient care. Dr. Abou Khalil has earned her Bachelor of Science in Pharmacy and her Doctor of Pharmacy (PharmD.) both from the Lebanese American University, Beirut Lebanon (the only American accredited university outside of the U.S. by the Accreditation Council for Pharmacy Education (ACPE)) and from the University of Incarnate Word, Houston Texas; along with numerous other certifications, including those from Oxford and Harvard universities, highlighting her commitment to professional excellence in healthcare leadership.

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Promoting Disagreement for Preventing Disease

Valencia Walker
Geisinger College of Health Sciences, USA

Increasingly divisive political rhetoricfrequently spills into healthcare environments. This can erode respect, trust and communication among team members. It may also adversely affect physician-patient relationships. In professional environments with low psychological safety, speaking up to disagree with unprofessional behaviorstypically happens at a frequencyincapable of maintaining a respectful, high-quality culture of safety. This erosion of culture makes it increasingly difficultto attain equitable health outcomes across populations, particularly for those experiencing structural vulnerability and historical exclusion from healthcare. Utilizing organizational change principles, the "Candid Convos" project is an initiative designed to facilitate navigating disagreementsand responding tounprofessional behaviors. The goalof "Candid Convos" is to promote a respectful culture that prioritizes inclusive excellence, which can drive improved health outcomes through enhanced team performance. After a presentation of the model and experience at a non-urban,academically focused health center in the northeast region of the United States, attendeeswill work in small groups to identify opportunities for incorporating elements of the "Candid Convos" project at their home institutions.

Biography

Dr. Valencia P. Walker (She/Hers) is Vice Dean for Health Equity and Inclusion at Geisinger College of Health Sciences. She also provides expertise in the areas of microaggressions, intersectionality, and anti-racist praxis. Her neonatology background drives her advocacy for Black pregnant people and their infants, primarily through Birthing the Magic Collaborative.

Dr. Walker received her education and training in the United States. Her undergraduate studies were at Florida A&M University. She obtained her medical degree from Emory University School of Medicine and finished her Pediatrics training at University of Tennessee – Memphis. She also completed her Neonatology fellowship at Cincinnati Children's Hospital Medical Center and holds an MPH in Health Policy from Harvard T.H. Chan School of Public Health.

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What competences young health care professionals need to embrace challenges in healthcare sector? Preparation of Undergraduate Students for Work in Healthcare

Vackova Dana

The University of Hong Kong, LKS Faculty of Medicine, School of Public Health

Background: At the University of Hong Kong, undergraduate medical, nursing, pharmacy, and Chinese medicine students engage in collaborative Interprofessional education programme (IPE) to enhance their skills in clinical management, leadership, community – based research, communication, peer-to-peer interaction, health education, and promotion. Through problem-based and evidence-based learning, students prepare for future healthcare work and contribute to the well-being of local communities.

Method: A descriptive narrative format was used to present our experience of developing and running IPE programmes for undergraduate students (N=500-1000). Descriptive statistics and focus groups data were analysed to identify main challenges in programmes implementation

Results: We identified the main factors and barriers in establishing cross-faculty IPE programmes. Factors important for successful programme implementation included students' motivation and readiness for IPE, tutors' training and guidance, co-designing the programme with the community partners and networking, and appropriate task and time management. Differences in timetables and assessment requirements for medical, nursing and pharmacy curricula, lengthy ethical approval, and unemphatic communication with main stakeholders represented main barriers and challenges in programmes running.

Conclusions: Interprofessional competences represent a fundamental skill set for the next generation of healthcare professionals. IPE has become an integral part of the undergraduate curriculum, effectively preparing future healthcare professionals to engage in primary healthcare activities, prevention, and address healthcare determinants within local communities.

Biography

Dr Dana Vackova, MD, MBA, FHKAM, FHKCCM, SFHEA is a Principal Lecturer at the University of Hong Kong, LKS Faculty of Medicine School of Public Health (SPH). She is a HKU Med coordinator of Enrichment Year (EY) Humanitarian Services, member of the Taskforce for Inter-professional education (IPE) and Clinical Curriculum Reform committee. She is responsible for the SPH MBBS curriculum development and management. She developed MBBS courses such as IPE community based reserach, Occupational Medicine, Challenges in Health Care Management and online Induction course for EY students. She received grants for medical education research and presented her research results at the international medical education conferences. She is also an author of many clinical and public health cases for MBBS students.

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Monitoring the development of full-term infants with moderate asphyxia

Tatyana Itova[1,2*] and **Momchil Itov**[1]

[1]*University Hospital Medica Ruse, Bulgaria*

[2]*University of Ruse"AngelKanchev", Bulgaria*

Early identification of developmental delays is crucial for optimal outcomes in infants. This study utilized the ASQ-3 to monitor the neurodevelopmental progress of term infants with moderate asphyxia born at University Hospital Medica Ruse, Bulgaria for a period of one year. We aimed to investigate the impact of early neonatal complications arising from perinatal asphyxia on long-term developmental outcomes. Concomitant pathologies in the early neonatal period that could potentially influence long-term development were also evaluated. Post-neonatal health status and physical development were assessed to evaluate developmental trajectories. Our goal is to inform targeted interventions and support services by understanding the specific challenges faced by these infants.

Biography

Tatyana ITOVA has recognized specialties in pediatrics and neonatology, acquired at the Medical University of Varna, Bulgaria, has a PhD in Medicine in the field of Pediatrics at the Medical University of Pleven, Bulgaria. She heads the Department of Neonatology at Medica Ruse University Hospital. Dr. T. Itovas scientific interests are focused on monitoring risk newborns, neurodevelopment, neuromonitoring, ultrasound examination of the central nervous system.

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Keynote Forum

DAY-2

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Mohammed Takroni *PT. PhD.*

King Faisal Specialist Hospital and Research Center, Riyadh. Kingdome of Saudi Arabia

Plantar Fasciitis Symptoms and the Effectiveness of Foot-insoles Orthosis on Recovery Process, and Quality of Life among Health Care Providers

Introduction: Plantar fasciitis (PF) accounts for about 80% of cases of heel pain. Foot orthoses (shoe insole/arch support), are one of the conservative management for plantar fasciitis, in addition to the variety of physiotherapy modalities. To our knowledge, we could not find any study that assesses the authentic benefits of using foot insoles with their different types on reducing PF pain among healthcare providers in the kingdom of Saudi Arabia (KSA).

Aim of this Study: To evaluate the short and long-term effectiveness of foot orthosis in the recovery of plantar fasciitis and assess its influence on pain and quality of life among healthcare providers.

Methods: A 93 subjects agreed to participate in the study male (n=30) 32.3%, and Female (n=63) 6.78%. All participants were asked to sign a consent form before participating in filling out the survey questions. Study Design: Experienced Musculoskeletal researchers/Clinicians developed the study online questionnaire. Results: 93 participants (n=30) 32.3% were male and (n=63) 64.5 % were Female.

Results: The results showed that 42 (45.2%) of the participants used the foot-orthosis and 51(45.8) did not use it. Out of the 42 participants who used the foot orthosis 33 (35.5%) benefited from the foot orthosis. A significant decrease in pain level score was reported after using the foot orthosis (3.00) compared to before using the orthosis (6.79), p= 0.000.

Conclusion: The study confirms that Planter Fasciitis is one of the common problems among healthcare providers in the KSA, and foot orthosis is one of the best conservative management for decreasing PF symptoms. The study did not find a direct effect of Age, gender, BMI, and the received PT treatments on the benefits of using foot orthosis.

BIOGRAPHY

Dr. Mohammed Abdullah Takroni, is a Cardiac Rehabilitation Consultant, has Fellowship in Cardiopulmonary Rehabilitation and Musculoskeletal Sport Medicine from Duke University and Medical (DUMC), North Carolina, USA, Master's degree in physical therapy from King Saud University, Master degree in Sports Medicine and Rehabilitation, Manchester Metropolitan University (MMU), UK, Ph.D., in Cardiovascular and Pulmonary Rehabilitation, Glasgow Caledonian University, Glasgow, UK. Member of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), member the European Society of Cardiology (ESC), member of the British Association for Cardiovascular Prevention and Rehabilitation (BACPR), member of Saudi Heart Association (SHA), member of the American Orthopaedic Society for Sports Medicine (AOSSM). Published several articles in the field. Developed the Cardiac Rehabilitation programs at King Faisal specialist hospital and research center (KFSH&RC), Riyadh, Saudi Arabia. Currently, head section of Cardiac Rehab Team. , physical therapy department.

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Dr. Howard W. Mielke Ph.D.,
Department of Pharmacology, Tulane University School of Medicine, New Orleans, Louisiana, USA

The 20th Century Childhood Lead Poisoning Epidemic: A Call to Enhance Surveillance of Environmental Hazards and Improve Primary Prevention in the Healthcare System

The 20th-century global childhood lead (Pb) poisoning epidemic was caused by using Pb additives in petrol combined with the extensive post-war highway construction and commercial marketing of automobiles. Policy actions to curtail leaded petrol in Japan and the USA simultaneously decreased air lead and pediatric lead poisoning in the 1970s. A worldwide ban on leaded petrol took place nation by nation and was completed on August 30, 202. However, Pb persists in the environment, posing a high risk of pediatric exposure, especially in historically high-traffic congestion areas with elevated soil Pb. Mapping soil lead provides information to advise parents about Pb-contaminated soil, encourages community mitigation, and advances policy responses for reducing pediatric lead exposure from legacy Pb dust.The 20th-century epidemic of lead (Pb) poisoning of children significantly affected their lifetime of chronic health issues, depressing natural learning abilities, and affecting social behavior.The continuing crisis underscores the urgent need for improved primary prevention strategies to identify and mitigate the risks of environmental Pb exposure. By enhancing environmental screening, educating caregivers, and improving community surveillance initiatives, children can be protected from lifelong harmful effects of Pb and ensure a healthier future for society. Ongoing environmental Pb exposure inhibition necessitates more robust primary prevention measures to strengthen the healthcare system from the societal ravages of Pbexposure.

What will the audience learn from your presentation?

1. The audience will learn about an invisible worldwide epidemic that coincided with the era of the expansion ofautomobile use and lead additives in fuels.
2. The audience will learn about the essential issues of air lead and legacy soil lead and their routes of exposureto children and adults.
3. The audience will learn from a pioneering researcher about the complicated process of policy changes for removing lead additives from gasoline.
4. The audience will gain an understanding of why the worldwide 20th-century global lead epidemic is essential to our era.
5. The audience will learn about the cleanup of lead-contaminated communities and why public policy changes are essential to childhood lead prevention.

- Explain how the audience will be able to use what they learned. The audience learns about

the need to map soil lead and promote the cleanup of lead dust.

- How will this help the audience in their job? Could other faculty use this research to expand their research or teaching? Students play a valuable role in identifying lead-contaminated play area soils by collecting samples for analysis. This can simplify a designer's job by providing a practical solution and improving design accuracy. Additionally, reducing lead exposure brings multiple environmental and human health benefits.

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Dr. Margaret Erickson

PhD, RN, CNS, APRN, APHN-BC®, SGAHN

Society for Advancement of Modeling and Role-Modeling, Global Academy of Holistic Nursing, USA

Bringing Health Back into Healthcare: By Stepping into the Patient's Worldview

Most nurses agree the patient's worldview is an important aspect of understanding the individual's needs and how those relate to their health. Some speak of the importance of active listeningand other approaches that influence a person's ability to express their perspectives. Yet, many lack the foundation for interpretation of what they hear, how it relates to their current healthcare problem, and implications for one's practice. In addition, many perceive the individual's worldview as subjective data, not necessarily related to the health challenge presenting at the moment, and therefore insignificant. The holistic nursing theory and paradigm, Modeling and Role-Modeling holds that the individual's worldview is the primary source of information, directs the type of information and knowledge needed to plan care, and is the essence of evidence-informed nursing practice. Modeling, the process used to assess the individual's-worldview, requires nurses are prepared to proactively facilitate building a trusting, functional relationship with the individual so they feel safe, protected, and understood. It also requires nurses understand how to find patterns of relationships, interpret, synthesize, analyze, and utilize their findings. These processes are the bases for planning care needed to facilitate healthy coping, healing, and growth. This framework also provides the foundation and framework for creating healthcare approaches that are centered and grounded within a person's worldview, culture, beliefs, values, attitudes, and practices. Which in turn,facilitates attaining holistic health and wellbeingwhile supporting inclusivity, belonging, and social justice for vulnerable and diverse populations.

BIOGRAPHY

Margaret Erickson received her Baccalaureate at the University of Michigan and her Masters and Doctorate from the University of Texas-at-Austin. She has practiced Holistic nursing for 45 years, in various settings, including, Adult/Mental Health, ICU, NewbornNursery, Labor and Delivery, Long Term Care, Discharge Planning and Case Management; taught at the University of Texas-at-Austin and beenAHNCC CEO since May 2000. Margaret has researched, published, presented and consulted internationally in holistic nursing practice, education, and holistic health.She has received numerous recognitions/awards throughout her career for her work in Holistic, Nursing Practice and Education. Her passion is working with institutions/organizations, and academic-based universities programs to help them provide health/wellness/ wellbeing and well-becoming focused-services with a focus onrelationship-based-person-centered care.


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Scientific Sessions

DAY-2

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The work environment of nursing students employed in the healthcare system

Prof. Bella Savitsky *BSN, MPH, PhD* and **Dr. Rachel Shvartsur** *RN, PhD*
Nursing Department, School of Health Sciences, Ashkelon Academic College, Israel

Background: The nursing profession exposes employees to various occupational hazards, both physical and mental, with long-term health implications. Students working in the healthcare system are often unprepared for these challenges and may encounter situations that jeopardize their health. Due to limited research on safety among healthcare students, there is a need for further investigation.

Objectives: To characterize the work environment of paid students in the healthcare system and examine the relationship between exposure to workplace health risks and self-reported health.

Methods: A cross-sectional study was conducted with 86 students from the third and fourth years of a 4-year program who worked in the healthcare system for pay and completed questionnaires on demographics, employment details, occupational hazard exposure, and self-reported health.

Results

The average age of participants was 27 ± 4 years, with 75% women and 25% men. Seventy-four percent worked in hospitals (25% in the emergency department), 22% in the community, and 4% in Magen David Adom (Israel's emergency response service). On average, students worked 28 hours per week (including two evening and two night shifts). Sixty-seven percent were frequently or constantly exposed to prolonged standing, associated with back pain (74% vs. 41%) and leg pain (56% vs. 30%) (p=0.007 and p=0.03). Half of the sample frequently lifted heavy objects, associated with back pain (83% vs. 43%) and neck pain (29% vs. 7%) (p=0.001 and p=0.02). Seventy-one percent commuted to and from night shifts by car, and 27% worked while sick due to staffing shortages. In the past three months, sixty-four percent faced verbal violence, 33% experienced physical violence, and 6% experienced sexual harassment.

Conclusions: Students in the healthcare system face occupational hazards that affect their health before officially entering the profession. This includes a higher prevalence of orthopedic issues, sleep problems, fatigue, and exposure to violence.

Recommendations: The curriculum should include workshops on ergonomics, dealing with violence, and stress management. Head nurses must consider students' workload, provide emotional and practical support, and avoid using them as cheap labor for physically demanding tasks.

Biography

Dr. Bella Savitsky is a senior lecturer at the nursing school of Ashkelon College in southern Israel, alongside her work as a public health epidemiologist. Her expertise lies in large-scale epidemiological research and public health initiatives, focusing on trauma care, health outcomes, and the well-being of distinct populations. Dr. Savitsky has contributed to significant studies using databases like the National Trauma Registry and the National Insurance Institute's database. She also explores issues like mental health in military families, nurses' job satisfaction, the well-being of nursing students, and attitudes toward Posthumous Sperm Retrieval (PSR). Her research is aimed at improving public health policies and practices, and she collaborates with multidisciplinary teams to achieve these goals.

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IMPACT Model - Innovative, Motivational, and Collaborative Approach for Cost Optimization and Quality-Oriented Results in Health Insurance and Reimbursement Strategy

Kadri Haller-Kikkatalo
Insured Insight Ltd., Estonia

The challenges in healthcare today—ranging from aging populations and workforce shortages to complex reimbursement systems and strained relationships between insurers and providers—highlight the urgent need for innovation. Traditional models like Diagnose-related-grouping (DRG) and fee-for-services (FFS) struggle with flexibility, regional adaptability, and aligning incentives without hidden costs. Meanwhile, the focus on healthy life expectancy as a key health indicator is shifting reimbursement priorities toward outcomes rather than service volume.

The IMPACT model offers a modern, analytics-driven solution to address these issues. It introduces a business model for health insurance funds that incorporates advanced reimbursement mechanisms and resource monitoring while fostering collaboration between insurers, providers, patients, and policymakers.

The model leverages modern data analytics and AI to maximize health outcomes with limited resources, streamline workflows, enhance workforce satisfaction, and promote clarity in responsibilities. It enables better fraud detection, integrates financial expenditure with health outcomes, and facilitates the adoption of cutting-edge technologies while phasing out outdated practices.

By bridging gaps between stakeholders and aligning healthcare management with population needs and policy strategies, the IMPACT model ensures an equitable, efficient, and outcome-oriented healthcaresystem.

Biography

Kadri Haller-Kikkatalo, MD, PhD is a Medical Scientist and Healthcare Specialist with over 10 years of experience in healthcare and data analytics. She has authored over 40 scientific publications on immune mechanisms, including immunogenetics in reproduction and diabetes. For six years, she led the analytics department at the Health Insurance Fund, implementing data-driven solutions to improve decision-making and organizational performance. She recently founded a consultancy company focused on integrating healthcare management, insurance, and analytics. Dr. Haller-Kikkatalo's expertise includes healthcare provision, database management, and advanced data analytics, bridging the gap between healthcare systems and data science.

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A Retrospective Audit of Ultrasound-Guided vs Surgical Foreign Body Removal in Extremity Injuries

Jonathan Creamer[1*] and **Ping Hei Cheng**[2]

Southampton General Hospital, United Kingdom

Background: Foreign body removal is commonly performed surgically, but ultrasound-guided removal (USGR) offers a less invasive alternative. This audit compared the two approaches in terms of cost-effectiveness, patient satisfaction, and clinical outcomes.

Methods: We conducted a retrospective audit of patients who underwent surgical or ultrasound-guided removal of extremity foreign bodies. Only cases suitable for either method were included. Data collected included procedural costs, complications, and outcomes. A standardised post-procedure questionnaire assessed patient satisfaction and areas for improvement.

Results: Twenty patients were included: 12 had surgical removal (2 excluded due to complex injuries) and 8 underwent USGR. Ten patients completed questionnaires—6 from the surgical group and 4 from the USGR group. USGR had significantly lower costs (£570 vs £2,247 per case) and similar complication rates. One failed removal occurred in the USGR group; none in the surgical group. Patient satisfaction was slightly higher in the surgical group, particularly regarding access to theatre. Overall, cost-effectiveness favoured USGR. However, its use was limited by foreign body type, location, and operator experience.

Conclusions: Ultrasound-guided removal is a cost-effective and minimally invasive alternative to surgery in selected cases. Although satisfaction was higher with surgical removal, USGR reduces theatre demand and procedural costs. Broader adoption may be supported by increased training and resource allocation. Further studies with larger samples are recommended to assess long-term outcomes and generalisability.

Biography

My name is Dr Jonathan Creamer; I'm a resident doctor based at Southampton General Hospital, United Kingdom, with interests in Trauma and Orthopaedics as well as humanitarian surgery. I have a strong interest in quality improvement and clinical efficiency, in order to maximise patient safety and hospital resources.

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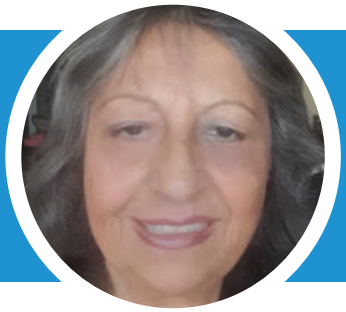

Patient Safety: A Case Report on the Role of Nursing Students in the Use of Diagnostic Tools

Advocate Dr. Racheli Silvern, *RN, PhD* and **Dr. Becky Sarfati**
Ashkelon Academic College, Israel

Objective: To examine the use of educational tools and methods in training nursing students in patient safety in a clinical environment

Background: Incident analysis is a learning tool that treats errors as opportunities to identify vulnerabilities, draw conclusions, and improve processes to prevent future failures. Effective learning requires an open mind and a willingness to learn from incidents, focusing on improvement rather than blame. Organizations can encourage open dialogue and collaboration by fostering a culture of trust and transparency. This approach transforms setbacks into valuable lessons, enabling teams to address systemic issues, enhance safety, and boost efficiency. Continuous reflection and adaptation ensure that the organization evolves and strengthens, making it more resilient to future challenges while fostering innovation and growth

Design: A case study where nursing students used the Ishikawa diagram to analyze an incident and present their findings to their peers.

Methods: Structured meetings and appropriate tools guided students through analyzing the event, considering the causes and emotional aspects, and making decisions.

Results: Students provided diverse perspectives, demonstrating openness and honesty despite initial tension. The case study fostered a constructive dialogue about patient safety.

Conclusions: The report combines educational concepts with an approach to fostering a constructive organizational culture, integrating tools from risk management and treatment safety. It emphasizes the importance of embedding patient safety education within nursing academia and clinical practice.

Keywords: patient safety, safetytreatment safety, nursing education, students

Biography

- Intensive Care Nurse
- Attorney
- Head of the Clinical Experiences and Simulation Center
- Senior faculty member in the Department of Nursing, Ashkelon Academic College
- Lecturer on legal aspects and ethical issues in the various programs
- Member of the College's Disciplinary Committee
- Chairman of the Ethics Committee of the Department of Nursing
- Doctoral thesis on the viewsheld by intended mothers and surrogate women regarding the surrogacy process
- Currently conducting research on the subject of the Patient Dying law as part of a postdoctoral fellowship

Ogorevc Igor
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Integrative medicine, the future of medicine in EU

Ogorevc Igor[1], Ostojic Negoslav[2], Ogorevc Irma[3] and **Stanisic Slavisa[4]**
ECPD University UN, Belgrade, Serbia[1,2,3,4]

Integrative medicine (IM) is the medicine of the 21st century. On the basis of scientific achievements of official medicine in the prevention, diagnosis and treatment of disease, integrative medicine has taken the best of complementary medicine. The idea of integrative medicine that originated in the United States, that in recent years it has been established in Europe by organizing many national associations. Integrative medicine includes the use of the best possible treatment and procedures of science, allopathic medicine in combination with the best methods of complementary and alternative medicine (CAM) and based on the individual needs of the patient.Integrative medicine is essentially the application of a holistic approach to health care that re-integrates science and art of healing. Integrative Medicine carried out a qualified health professional with special skills for interacting emotional, spiritual, physical and environmental factors that influence health and well-being. Implementing the integrative medicine in health systems needs to implement adequate training for future medical students and doctors. Citizens want the freedom to choose their own therapies, their doctors and/or practitioners, compatible with their needs, values, ethics, worldview, spiritual philosophy or their perception of the meaning of health and illness. In the European Union, IM is practiced by approximately 145,000 doctors, dually trained in conventional medicine and a particular IM modality and around 160,000 trained IM practitioners (with or without statutory regulation), practicing various IM modalities. The provision and implementation of education and implementation of integrative medicine in health care is the task of educational and scientific institutions, associations, medical services, health insurance organizations, and government institutions.

Biography

Born on September 22, 1966 in Ljubljana. Director of the Institute for Integrative Medicine ECPD University for pease UN. Lecturer at the International Summer School of Integrated Medicine ECPD. Professor of Naturopathy at the School of Evolutionary Naturopathy Jean Monet Brussels. at the same time, I completed health education as a trainer of functional nutrition, diagnostics in quantum medicine therapy. I have published one book and more than 25 studies that we present at congresses around the world. Twice we are invited like the innovator to give lectures to the European Parliament in Brussels, as the author of the method of thermoregulation and supplementation. Organizer of the European Congress of Integrative Medicine in Ljubljana. Recipient of »Horizont 2020.2020".

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Registered Nurses' Perspectives on the Role of Evidence-Based Practice in Nursing

Dr. Becky Tsarfati *RN, MHA, PhD*[*], **Kadosh Mali**[2] and **Ohayon Orna**[3]
Ashkelon Academic College, Israel

Background: Evidence-based practice is an approach that is gaining momentum in the health sector and nursing. There is a paradigm shift from nursing based on personal experience and intuition to evidence-based nursing. However, many studies indicate that the approach is not implemented comprehensively and that there are many obstacles that nursing workers face in implementing the approach.

Aim: The study aimed to examine the attitudes and use of registered nurses in Israel in evidence-based practice (EBP) and to investigate the obstacles to implementing the approach.

Method: The study was conducted using a convenience sample method. 90 registered nurses participated in the study and answered questionnaires distributed via social media.

Findings: The findings showed that nurses have a positive attitude towards evidence-based practice (EBP) but a moderate to high implementation of EBP during actual work. No significant relationship was found between nurses' seniority or education and the use of EBP. Also, no relationship was found between the managerial role and the use of EBP. However, a significant relationship was found between the perception of the attitude towards EBP and the nurses' seniority. The main barriers reported were the lack of a mentor/facilitator in implementing EBP and the lack of time to implement the approach in daily practice.

Conclusions: The research findings indicate that a positive attitude and understanding of the essence of using EBP in nursing practice, developing programs to enrich knowledge, and developing strategies to promote the issue by decision-makers will lead to quality nursing practice.

Biography

My name is Dr. Becky Tsarfati. I have been a nurse for over 35 years and a director and lecturer in the Nursing Education Division for over 25 years. I work at Ashkelon Academic College in the Nursing Department as the head of the General Bachelor of Nursing Program and the Adult Nursing Division director. My research interests are nursing education, computer technologies and their impact on the nursing profession, and nurses' professional identity from a professional and public perspective. I have been engaged in postdoctoral research in adult nursing for the past year.

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Patient Centered Care and Emotional Demands - The Moderating Role of Safety Leadership

Sarit Rashkovits
Yezreel Valley College, Israel

Patient-centered care (PCC) involves providing care that is compassionate, empathetic, and responsive to each patient's needs, values, and expressed preferences (Institute of Medicine [IOM], 2001). PCC is one of the IOM's six core aims for improving healthcare in the 21st century. However, a recent meta-analysis has revealed mixed associations between PCC and clinical outcomes.

PCC requires nurses to engage deeply with patients' values, concerns, and goals—necessitating sustained emotional presence and empathy. As such, PCC may impose substantial emotional demands (ED) on nurses. ED refers to the extent to which a job involves emotionally stressful interactions or requires the investment of emotional resources (Peeters et al., 2005). Elevated ED is a well-established predictor of exhaustion and burnout (e.g., Bakker & Demerouti, 2007). Ironically, then, promoting PCC may inadvertently compromise care quality by emotionally overburdening nurses.

Importantly, whether nurses experience PCC as emotionally draining may depend on their identification with—or alienation from—the underlying values of patient-centered care. Leadership style plays a critical role in shaping these perceptions. Safety leadership—defined as the perceived prioritization of patient safety by head nurses—reflects an authentic, values-based commitment to patient well-being. This study examined whether safety leadership moderates the relationship between PCC and nurses' emotional demands.

A moderation analysis using validated self-report measures from 553 nurses revealed that the positive association between PCC and emotional demands was significantly weaker under higher levels of safety leadership.

These findings suggest that the effective implementation of PCC requires nurse managers who model a consistent, values-based commitment to patient well-being.

Biography

Sarit Rashkovits has completed her Ph.D. from the Technion, Israel Institute of Technology, Faculty of Industrial Engineering and Management, Department of Behavioral Sciences, Organizational Psychology, 2007, and completed her Master's in Haifa University, in Organizational & Vocational Psychology, 1995. She is a Senior Lecturer at the Max Stern Academic College of Yezreel Valley, department of Healthcare Systems Management (graduate and undergraduate programs). Her research interest includes organizational behavior in healthcare, proactive behaviors, team learning, leadership, motivational states of empowerment and burnout, patient safety and quality of care. Her work has been published in Journal of Advanced Nursing, and International Journal of Stress Management among others.

Dr. Rachel Shvartsur
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Postpartum Depression during wartime: the Israeli current experience

Dr. Rachel Shvartsur *RN, PhD.,* and
Prof. Bella Savitsky, *BSN, MPH, PhD.,*

[1]*Nursing Department, School of Health Sciences, Ashkelon Academic College, Israel*

Background: The psychological toll of war can increasethe susceptibility of women to postpartum depression (PPD). There is a noticeable gap in understanding the mental health of mothers of newborns during ongoing military conflicts.

Objective: To assess PPD prevalence among Israeli Jewish women who gave birth during the current war, starting on October 7th, 2023.

Methods: A cross-sectional study of 179 Israeli Jewish women who gave birth during the war, with interviews conducted in February-April 2024. Data included demographics, husband'swar participation, and PHQ-9 scores for PPD assessment. Multivariable logistic regression analysis assessedPPD odds (PHQ-9 score ≥10).

Results: The average participant age was 29 years; all participants were married. Religious affiliation varied: 20.1% were secular, 14.5% traditional, 58.7% religious, and 6.7% ultra-orthodox. Among 44%, husbands participated in the ongoing war. Nearly a third (30%) were evacuated from home, mostly due to attacks by Hamas in the South (80%). The prevalence of PPD was 25.7%. In a multivariable model, women with prior depression history had more than four-fold odds for PPD (OR=4.3, 95%CI: 1.6-11.8). Women with babies aged 4 months or older, born during the war's onset, had significantly higher odds for PPD (OR=2.7, 95%CI: 1.2-6.1). Secular women had higher odds for PPD than religious (OR=2.6, 95%VI:1.1-6.2). Women with pregnancy complications such as gestational diabetes and preeclampsia had twice the odds for PPD (OR=2.3, 95%CI: 1.1-5.2). Age of women, type of birth, gestational age, or premature birth were not associated with depression.

Conclusion: During the ongoing war, PPD prevalence among Jewish women exceedsthree times the reported ratein 2019 (7%). In Israel, PPD screening is performed 4-8 weeks post-birth. We recommend adding an assessment at 4 months post-birth, especially for women with a depressionhistory and those who gave birth at the most intense phase of the war's onset.

Biography

Dr. Rachel Shvartsur is a senior lecturer at the nursing school of Ashkelon College in southern Israel. Her expertise lies in epidemiological research and public health initiatives, focusing on the mental health of distinct populations. She explored issues like mental health in civilians living under constant missile attacks, postpartum women, military families, nurses; job satisfaction,the well-being of nursing students, and attitudes toward Posthumous Sperm Retrieval (PSR). Herresearch aims to improve public health policies and practices, and she collaborates withmultidisciplinary teams to achieve these goals.

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Successful Implementation of Continuous Glucose Monitoring in an Internal Medicine Residency Community Continuity Clinic

Prof Andre Manov

Mountain View Hospital, Department of Medicine, Sunrise Health GME consortium, University of Las Vegas, Nevadaand Touro University Medical School, Henderson, Nevada

In this retrospective study, data from eleven patients with type 1 or type 2 Diabetes Mellitus (DM), receiving a minimum of 3-4 insulin injections per day, and self-monitoring their blood glucose (SMBG)4-times a day, were selected from our internal medicine residency primary care clinic. The patients were equipped with a Continuous Glucose Monitoring (CGM) device that shared 24-hour glucose data with the clinic. They were assigned to members of our CGM team which included internal medicine or transitional year medical residents who functioned under the supervision of a board-certified endocrinologist. In consultation with our endocrinologist, the resident assessed the patients' glucose management data and adjusted their treatment regimens bi-weekly by calling them monthly and seeing them in the clinic.

Significant results from the study include in three months after the initiation of the CGM reduction of HbA1c from 10.5 % to 7.47%, average blood glucose decrement from 254 mg/dL to 167 mg/dl, reduction of the incidence of mild hypoglycemia below 70 mg/dl to 54 mg/dl from 27 min per day to 7 minutes per day- less than 7%, and more pronounced hypoglycemia with glucose less than 54 mg/dl from 3 minutes per day to less than one minute per day- less than 1%. We observed a significant increment in the time in the blood glucose range from 18 to 62% per day. Furthermore, 15% of the patients in this study eventually discontinued their daily insulin injections and continued treatment with oral diabetic medications with or without the use of injectable GLP-1 receptors once a week. Patient satisfaction, as measured by the CGM Quality of Life questionnaire, improved.

Our study affirms that CGM devices significantly improved glycemic control compared to SMBG, supporting its efficacy in optimizing glycemic control in real-world clinical practice. The results imply this can be accomplished in internal medicine residency clinics and not exclusively in specialized endocrine clinics. As far as we know, this is the first study of this kind in a residency clinic in the USA.

Key Words: Diabetes mellitus Type- I and type- II, Continuous glucose monitoring (CGM), HbA1C, Glucose management indicator (GMI), Glucose variability.

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What is a Reasonable Work Expectation for a Neonatologist?

De-Ann M. Pillers *MD, PhD*
University of Illinois Chicago, Chicago, IL, USA

As the field of Neonatology has evolved since its origins in the mid 1960-70s, so have the demands on neonatologists. Patient acuity is higher, premature infants are born ever younger, clinical scenarios are more complex, and the physical and mental toll on those who care for NICU infants has increased. One of the key dilemmas in understanding how neonatologists work has been the lack of a unifying approach to defining that work. Work occurs 24/7/365 onsite and from home, in addition to work outside of the NICU, such as follow-up clinic or consults. In the USA, a traditional approach has been to describe 'weeks on-service' but 'weeks' are defined differently between centers, so this approach does not facilitate accurate comparisons between institutions. The American Academy of Pediatrics and the Association for Academic Neonatology Division Directors have convened a workgroup called 'SWAN' (Staffing and Workload for Neonatologists) that I am honored to Chair and which has recommended that a common metric is to define work by hours. How is work defined by the audience at this meeting? And what is the range of appropriate work hours assigned for your institution? Burnout has been a concern tied to excessive work hours and stress in the USA that may be compromising the success of the specialty in recruiting new talent and in supporting those who desire a career in research. Is this a common finding across the globe for those who practice Neonatology? In this session we will explore the current definitions of appropriate work assignments in an international audience and how these work assignments may impact the future of our specialty.

Biography

De-Ann M Pillers, MD,PhD, is the Dharmapuri Vidyasagar Endowed Professor of Neonatology and Head, Section of Neonatology at the University of Illinois Chicago where she is also the Vice Head for Academics. Dr. Pillers is a graduate of Washington University St. Louis (A.B., B.S.Ch.E.) and Oregon Health and Science University for clinical training. She is an established investigator with a track record of basic, translational and clinical science and has a keen interest in the development of future investigators in neonatal medicine. She has been a Program Director of the NICHD-supported Oregon Child Health Research Center and PI of an NIH T32 in Developmental Biology. Her areas of interest are the causes and consequences of premature birth, and neonatal sensory neurobiology including retinopathy of prematurity. Dr. Pillers is known as a "Top Doctor in America' and serves as the Program Director for the UIC Neonatal-Perinatal Fellowship Training Program.

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Examining pain before and after primary total knee replacement (TKR): A retrospective chart review

Yvonne Ramlall *RPN*, *Leadership Clinical Practice Fellow*
Sunnybrook Health Sciences Centre/ Holland Centre, Canada

Objective: The goal of total knee replacement is to improve function and reduce knee pain. The aim of this retrospective chart review was to assess the change in pain intensity from prior to TKR to after TKR at time of discharge from hospital.

Method: Consecutive charts of 595 patients who were discharged from the orthopaedic inpatient setting between January 2014 and July 2014 were reviewed.

Results: The mean pre-operative pain intensity score was 7/10 (n = 473), and the mean pain intensity score prior to discharge from hospital was 3/10 (n = 548). Four hundred and fifty-six patients had both a pre-operative and pre-discharge pain intensity score documented, for those patients there was a significant change in pain intensity scores from prior to surgery to prior to discharge ($p < 0.001$).

Conclusion: Pain after TKR can be a limiting factor in rehabilitation activities. This retrospective chart review examined the pain intensity scores before and after primary TKR for patients in our facility. We found a significant difference in the pain intensity from before surgery to after surgery. However, further research needs to be conducted to examine the intensity and quality of pain as well as which analgesics patients are consuming after discharge from hospital at 6 weeks and 3 months.

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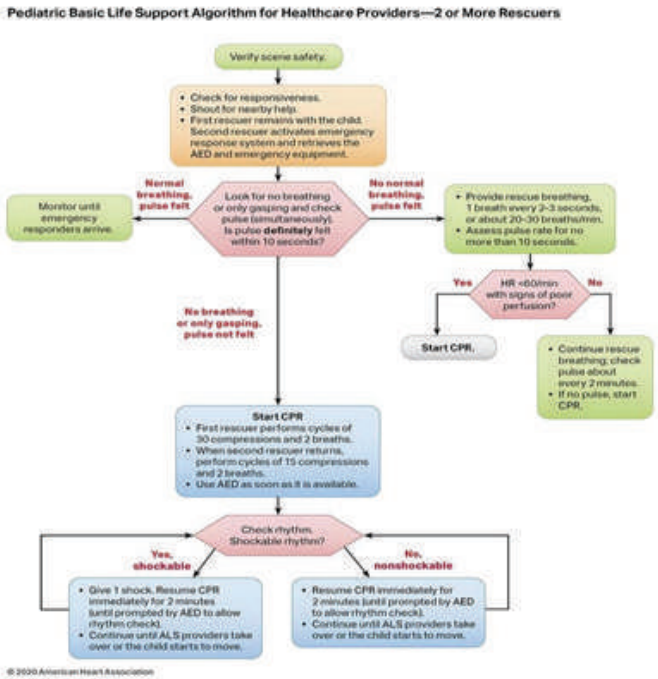
Pediatric Emergencies

Fatimah Musallam AlHawiti
King SalmanArmed Forces Hospital, Saudi Arabi

Sick and injured children are unique population that requires special care. The increase in population and change in lifestyle have imposed stress among people resulting in an increase in the mortality and mortality.

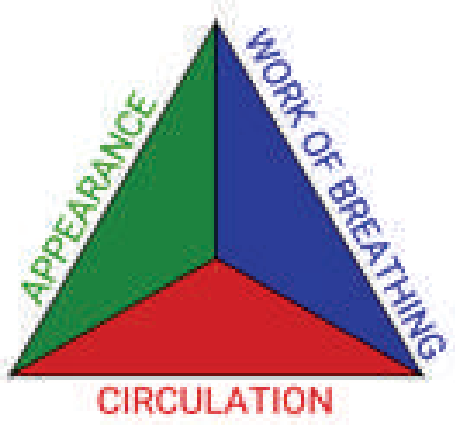


The first thing in Pediatric emergencies is to use systematic approach when caring seriously ill or injured child.

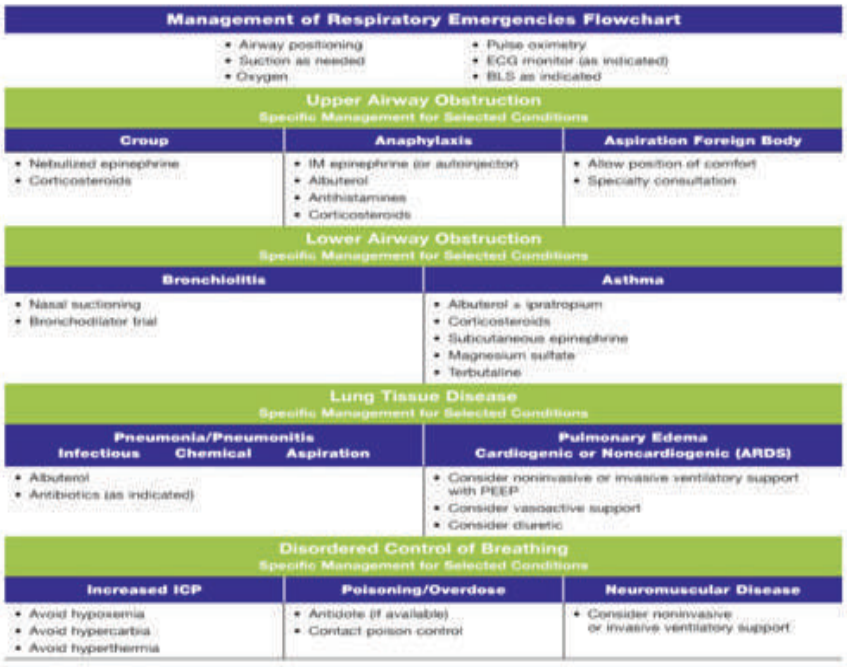
Evaluate-Identify-Intervene help to determine the best treatment or intervention.

Is core component of systematic evaluation and care of seriously ill or injured child.

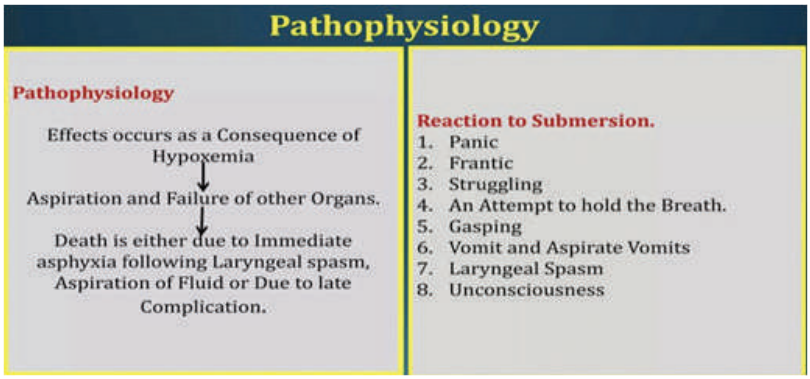
The initial impression is first quick "from the doorway"



Guidelines for Recognizing and Responding toCommon Pediatric Emergencies Respiratory distress, Drowning, Choking and Allergic Reactions



1. Respiratory distress



2. Drowning

Management

A fastresponse is required

- Before undertaking rescue mission, you must ensure your physical safety.
- utilize a reaching or throwing device rather than entering the water directly.
- Quickly, carefully remove the infant from the water.
- Evaluate the respiration, level of consciousness and check breathing rate.

If cardiopulmonary resuscitation is considered,Give the initial two rescue breaths.

3. Choking

May experience complete or partial choking.

- Cough
- Complete airway obstruction
- wheezing
- cyanosis
- loss of consciousness

4. Allergic Reactions

To prevent allergic reactions, it is important to find out who has known allergies and to deal with them

CONCLUSION

In pediatric emergencies, rapid and effective response can save lives.

Biography

Fatimh AlHawiti
Senior Specialist- Critical Care Nursing
RN, BSN, Saudi Diploma in Cardiac
Care Nursing, Head Nurse of PICU.
Saudi Arabia, King Salman Armed Forces Hospital in TABUK.
"Work hard in silence, let your success be the noise." – Frank Ocean

Mind Authors
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Poster Presentations

DAY-2

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The Relationship Between Work Schedule Flexibility and Nurses' Well-Being: A Quantitative Study

Irena Linetsky[1], *RN, MA, Midwife, PhD Candidate* and
Dr. Keren Grinberg[2] *RN, Ph.D.,*
[1]*Nursing Sciences Department, Faculty of Social and Community Sciences, Ruppin Academic Center, Emek- Hefer, 402500, Israel*
[2]*Head of Nursing Sciences Department, Faculty of Social and Community Sciences, Ruppin Academic Center, Emek- Hefer, 402500, Israel*

Nurses frequently face demanding work conditions, including night shifts, weekend duties, and irregular hours, which contribute to physical and mental health challenges and reduced overall well-being. This quantitative study aimed to examine the relationship between work schedule flexibility and nurses' well-being across three dimensions: subjective well-being, physical health, and mental health. Additionally, the study explored whether organizational support and sleep quality might moderate the impact of flexibility on well-being.

The study surveyed 63 nurses from various healthcare institutions using standardized questionnaires assessing subjective well-being, physical and mental health, and flexibility. Data were analyzed using Pearson correlation tests in SPSS.

Results revealed a significant positive correlation between work flexibility and physical health ($r = 0.536$, $p < 0.001$), supporting the hypothesis that flexible scheduling benefits nurses' physical well-being. However, no significant relationships were found between flexibility and subjective well-being ($r = 0.082$, $p = 0.595$) or mental health ($r = -0.217$, $p = 0.158$). The weak negative correlation with mental health suggests that flexibility alone may not suffice to improve psychological well-being and might be influenced by additional factors such as emotional workload and organizational support.

These findings underscore the importance of implementing flexible scheduling in healthcare settings, complemented by managerial support and burnout reduction interventions. Allowing nurses to choose shifts based on personal and family needs may enhance physical health and job satisfaction. Given the small sample size and moderate reliability of some measures, further research with larger, more diverse samples is recommended to better understand the complex mechanisms linking flexibility to mental and subjective well-being.

Biography

Ira Linetsky is a Registered nurse, PhD Candidate. Midwife for over 20 years. Combines my work in the delivery room with teaching at the Ruppin Academic Center. At the Academic Center, I am a coordinator of adult nursing course, sexuality course, anda head of medical simulations. Main research topics: post-trauma and pain during childbirth.

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The Relationship Between Professional Burnout and Perceived Quality of Care Among Nursing Staff: A Quantitative Study

Dr. Yael Sela *RN, Ph.D.** and **Dr. Keren Grinberg** *RN, Ph.D.*
Ruppin Academic Center, Nursing Sciences Department, Israel

Background: Burnout among nursing staff is a major challenge in healthcare systems and may negatively impact the quality of patient care. This study examined the relationship between levels of burnout and perceived quality of care as experienced by nursing professionals themselves.

Objective: To investigate whether the dimensions of burnout—emotional exhaustion, depersonalization (cynicism), and professional efficacy - are associated with perceived quality of care, and to explore the influence of demographic variables on burnout levels.

Methods: A correlational quantitative study was conducted using structured questionnaires. Ninety nursing professionals from various healthcare institutions were recruited, and data analysis included only the 64 participants who completed all the questionnaires. Research tools included a demographic questionnaire, the Maslach Burnout Inventory (MBI), which measures emotional exhaustion, cynicism, and professional efficacy, and a questionnaire assessing perceived quality of care. Data was analyzed using Pearson correlation coefficients.

Results: Findings indicated significant associations between low professional efficacy and lower perceived quality of care, as well as between cynicism and reduced quality in nurse–patient relationships. A positive correlation was also found between the number of children and levels of emotional exhaustion. However, emotional exhaustion was not significantly associated with perceived quality of care.

Conclusions: The study highlights the importance of addressing emotional and psychological aspects of nursing work. Burnout, particularly in the forms of reduced professional efficacy and increased cynicism, may negatively influence the quality of care provided. These findings support the development of interventions aimed at reducing burnout and enhancing both staff well-being and care quality.

Biography

I am a registered nurse with 20 years of experience, working in public community healthcare. In addition, I serve as a senior lecturer (PhD) in the Department of Nursing Sciences at the Ruppin Academic Center. My research interests include health promotion, education and training of nursing students, the integration of advanced technologies in nursing, and chronic disease management, with a particular focus on diabetes.

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Illness Perception, Pain Catastrophizing, and Subjective Well-Being Among Patients with Chronic Low Back Pain

Dr. Keren Grinberg

PhD, RN, Head of Nursing Sciences Department, Faculty of Social and Community Sciences, Ruppin Academic Center, Emek- Hefer, 402500, Israel

Chronic low back pain (CLBP) is among the most common and disabling medical conditions, significantly affecting patients' quality of life. Beyond its physiological aspects, the experience of chronic pain is shaped by cognitive and emotional factors—particularly pain catastrophizing and individuals' perceptions of their illness.

This study aims to explore the relationships between illness perception, pain catastrophizing, and subjective well-being among individuals with CLBP. Specifically, it examined whether negative illness representations are associated with higher levels of catastrophizing, and whether a sense of control influences subjective well-being.

A quantitative, cross-sectional study was conducted with 84 adult participants diagnosed with CLBP. Participants completed three standardized self-report instruments: the Revised Illness Perception Questionnaire (IPQ-R), the Pain Catastrophizing Scale (PCS), and a subjective well-being questionnaire.

The findings indicated a significant positive association between negative illness perceptions and elevated levels of pain catastrophizing. Additionally, a strong positive correlation was found between perceived control and subjective well-being. However, no significant associations emerged between perceived illness severity and reported levels of stress or fatigue.

These results highlight the critical role of psychological factors in coping with chronic pain. Interventions that target maladaptive thought patterns, strengthen patients' sense of control, and deepen their understanding of their illness may contribute to improved well-being and reduced suffering in individuals living with chronic low back pain. The study emphasizes the need for integrative, patient-centered approaches in pain management.

Biography

Dr. Keren Grinberg is a senior faculty member and Head of the Nursing Department at Ruppin Academic Center in Israel. She is a registered nurse with over 20 years of experience in clinical nursing, education, and research. Dr. Grinberg is known for her academic leadership, her involvement in nursing curriculum development, and her mentorship of undergraduate students, including those in specialized programs for diverse populations such as the ultra-Orthodox (Haredi) community.

Her primary research interests focus on health promotion, women's health, chronic pain, and nursing education.

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9450 SW Gemini Dr
Suite 71868
Beaverton, Oregon 97008 US
Email: info@mindauthors.us
Phone:+1 (302) 208 0029
www.mindauthors.com