

World
Nursing Education and Evidence Based Practice Conference
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Heart Conference
April 22-23, 2019 Dubai, UAE

Poster



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Prevalence, clinical characteristics and in-hospital outcome of heart failure in women. A single center registry from Egyptian cardiac care unit

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Objectives: This registry represents data from Cardiac Care Unit (CCU) of Menoufia University Hospital, as representative to tertiary academic centre in Egypt, and provides an epidemiological snapshot of the female HF patients, their risk profile and short-term outcome during hospitalization.

Methods: It is a local single center cross sectional observational registry of CCU patients one year from July 2015 to July 2016. Data were collected through special software program. Women with clinical and laboratory evidence of HF were systematically studied.

Results: From 1006 patient admitted to CCU, 345(34.3%) were females; 118(42.6%) of them and 178(26.9%) out of 661 male patients had evidence of HF. Women with HF showed 11.7% prevalence of the total CCU admissions. 72.7% were Heart Failure with reduced Ejection Fraction Heart Failure with preserved Ejection Fraction (HFpEF) and 27.3% were HFpEF. Compared to men, women with HF were older in age, more obese, more likely to be asymptomatic than men, had higher prevalence of associated co-morbidities, less likely to be re-admitted for HF and less likely to have Acute Coronary Syndrome (ACS) and Percutaneous Coronary Intervention (PCI). Valvular diseases and cardiomyopathies were the commonest etiologies of their HF. Women had more frequent normal ECG, higher EF% and smaller LA size. No difference in medications and CCU procedures. While females had shorter stay, no significant difference in hospital mortality compared to male patients.

Conclusions: Despite higher prevalence of HF in females admitted to CCU and different clinical characteristics and etiology of HF, female gender was associated with similar prognosis during hospital course compared to male gender.

Biography

Marwa Ahmed Elgharably is a Cardiology specialist in the Egyptian Ministry of Health. She did her research work in Menoufia university hospital, Egypt.

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Modern treatment methods of heart failure

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Being a very common condition among the whole population of the world, often leading a life-threatening illness and having high risk and mortality rate, chronic heart failure is also a major public health problem for the world. According to data provided in 2017, 26 million people worldwide suffer from heart failure. These reasons include especially malnutrition and obesity, diabetes mellitus that is increasing every year, increase in smoking, hypertension, and an increase of alcohol consumption. Our goal is to investigate what has been achieved in the treatment of chronic heart failure patients with a Left Ventricular Ejection Fraction (LVEF) < 40% recent years. In recent years, it is revealed that brain natriuretic peptide has been crucial in the pathogenesis of heart disease. The activity of natriuretic peptides, in particular B-type natriuretic peptide, causes a number of significant cardiac and renal effects. Thus, B-type natriuretic peptide has a significant role in the diagnosis of heart failure and in the evaluation of its prognosis. However, natriuretic peptides can not last long in the body and break down quickly. This process is mainly due to neprilysin and that is why, neprilysin inhibition is needed in order to prevent the process. Due to this reason, we tried to investigate the results of the complex medical treatment method performed with the combination of sacubitril / valsartan which is neprilysin inhibitor in chronic heart failure patients. We also investigated the device treatment methods used in the treatment of these patients, particularly the cardiac resynchronization therapy. Finally, we investigated the results of the complex medical treatment method performed with the combination of sacubitril / valsartan in comparison with the results of the device treatment methods.

Biography

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Accepted Abstracts



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Experiences and health related quality of life among women with systemic lupus erythematosus in Iloilo province

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Background: Globally, the Lupus Foundation in America estimates that 1.5 million Americans and at least 5 million people worldwide suffer from SLE. In the Philippines, there is an estimated 443,891 among the population and the increasing number identified is getting more serious and is difficult to deal with.

Methodology: A descriptive phenomenology, qualitative research, with six participants involved. The guide questions were divided into four aspects: physical, psychological, social and spiritual lived experiences and health related quality of life. The rigor and validity of the study was achieved through engagement with the data, verification with feedback, use of extracts from verbatim account and peer debriefing. The data analysis involved the use of Colaizzi methodological approach.

Results: Main themes surfaced as similar among participants in their journey towards independence, acceptance, family support and faith and trust to God. At first, they really had a hard time accepting their disease condition but later on, they come to adapt to its changes and keep moving forward and learned lessons from it. They spend their time thinking about how to live their life normally. Medications and therapies were essential parts and the prolonged compliance to medications entailed side effects which the client cope up.

Conclusion: Participants made strategies on how to control, ease or relieve the suffering brought about by their physical, psychological, social and spiritual distress. Their faith, hope and trust in God even strengthened after knowing the disease.

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Arsenic status of cardiovascular tissues from cardiac patients

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Non cancer effects also affecting the health of persons due to the arsenic exposure. Cardiovascular illness has been well documented, but little it is known on arsenic in the cardiovascular tissues. The aim of this work was to study the status of arsenic in cardiovascular tissues from an arsenic exposure heart patients' group of Antofagasta Chile, regarding a group of none arsenic exposure patients. Total arsenic concentrations were measured in 215 cardiovascular pieces tissues of the arsenic exposure group and 25 pieces tissues of the control group. Each patient was asked to complete a self-administered questionnaire. The determinations of total As were performed by means of HG – AAS, HG – AFS and ICP – MS, while the speciation analysis was made applying HPLC – ICP – MS. Auricle, saphenous veins, mammary arteries, and pooled fat samples from the arsenic exposure group gave concentrations of arsenic within the following ranges: 0.79 – 13.9; 0.28 – 13.6; 0.25 – 10.7; and 0.12 – 7.70 µg / g dry weight, which were greatest, than of the control group. The clustering of the total arsenic concentrations with demographic – case variables influenced by medical geology factors and conditional case – variables they allowed to infer that the first they are more important as discriminating against of the disease cardiovascular risk, and the arsenic speciation reveals that the principal “arsenic target tissues” were the auricles and the mammary arteries. The knowledge of the total arsenic and the prevalence of As³⁺ in the auricle of the arsenic exposure group patients, could contribute to understand the arsenic impact on cardiovascular illnesses in countries where arsenic it is an important environmental stressor.

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Islamic values, cultural customs and influences upon delivery of acute and critical care nursing services to patients admitted to Saudi Arabian hospitals

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Introduction: Saudi Arabia is an Islamic country located in the Arab peninsula where the Islamic religion was established and founded. The country has a shortage of Saudi national nurses. The Saudi government recruits many expatriate nurses to cover this shortage. Expatriate nurses may have different religious beliefs and cultural values but are required to work in Saudi Arabia and provide good quality competent care to Saudi Arabian patients. The Ministry of Health (MOH) in Saudi Arabia data base shows 51.28% of nursing professionals working in MOH health care organisation are expatriates (Health Statistical Year Book, 2010). These statistics explain the multi cultural make up of the health care organisations in Saudi Arabia. In some hospitals in Saudi Arabia there are nurses from 30 to 50 different countries (Tumult, 2001). This large expatriate nursing workforce is required to understand the Islamic values and cultural traditions to be able to respect the patient's beliefs and also deliver care that is culturally sensitive (Penuchi, 2005; Bankert et al., 2005)

Aims: This study has two aims: Firstly, it aims to examine the Islamic values and cultural customs that influence the delivery of nursing critical care services to patients admitted to Saudi Arabian intensive care units. Secondly, the study will evaluate Saudi and non-Saudi nurse's adaptation of care to Islamic religious beliefs and Saudi customary values in their daily critical care nursing service delivery process.

This study aims to answer the following questions.

- 1) How do critical care nurses consider cultural and religious patient's values when delivering care?
- 2) How is critical care practice adapted within an Islamic country to provide quality care?
- 3) How do non-Saudi nurses view and adapt care to fit with cultural and religious values?
- 4) What are the barriers and facilitating factors for nurses to work in partnership with Islamic patients and families?

Methodology: This is a two-phase research design study. Phase one utilises a survey design conducted to provide data that will give a snap shot of the effects of Islamic values, cultural customs and influences upon the delivery of acute and critical care nursing to patients admitted to Southern regional Saudi Arabian hospitals. The development of the instrument and its claim for validity will be discussed. This will be followed by phase two which is face to face interviews. This study uses research instrument developed particularly for this study utilising constructs arising from Lininger's Sunrise Model and will be one of the few mixed method studies with this focus conducted with this population.

Outcomes: Any study or research conducted in Saudi Arabia may influence many Islamic countries around the globe as well as Islamic populations in non-Islamic countries. The results of this research provide valuable information about nurses' practice and cultural perceptions when working in Saudi Arabian hospitals. The result of this research study may be used to improve the quality of nursing critical care services to Saudi Arabian and other Islamic people living throughout the world. The results consider the adaptation of Islamic values to acute care delivery and have generated themes that may facilitate understanding of nursing care in Islamic dominant countries.

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Comparison of the effect of face to face and video-clip training on hand hygiene behavior in cancer patients

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Background: Hand-washing is crucial measure for controlling infectious diseases and the most important intervention to prevent infection in patients with cancer.

Aim: This study aimed to compare the effects of face-to-face and video-clip education on hand hygiene behavior in cancer patients.

Method: This randomized controlled clinical trial was conducted on 105 patients with cancer refer to Shahid- Motahari clinic in Shiraz, Iran within 2017-2018 in three groups of face-to-face education (i.e., individual training), video-clip education (i.e., training through short-film in mobile), and control group (i.e., without training). Participants performed step of hand washing according with W.H.O hand washing checklist before, immediately and 12 weeks after training. The data were analyzed using SPSS version 21.

Results: Independent t test showed that hand-washing mean score at the end of and 12 after the training is significantly different in patients in face to face and video-clip in compare with control groups ($P = 0.000$ and $P = 0.000$, respectively). Also, independent t test showed that hand-washing mean score at the end of and 12 after the training is significantly different in patients in video- clip in compare with face to face groups ($P = 0.008$ and $P = 0.000$, respectively).

Conclusion: The result of this study showed that the usage of face-to-face and video-clip teaching are effective method to improve health behavior, but because of video-clip is simpler and easier to use, is more effectiveness through cancer patient to imply hand washing.

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Nurse as second victim after adverse event

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Background: Nurses is being a second victim after made error. They suffered from physical and psychological symptoms followed an event. Healthcare organization has a significant role in support nurses after an event. However, little attention is paid from governmental bodies, to support the second victims.

Aim: To describe nurses' experience followed adverse events and the importance of organization for support them.

Methods: A descriptive study conducted at King Saud Medical City, a total of 355 staff nurses were selected from clinical areas. Data were collected between July 2 to Dec 5, 2017 using a self-administered questionnaire.

Results: 33.8% of the participants were involved in an adverse event in their career, and 64.2% involved with no patient harm, while 19% with fetal harm. Also, 82% experienced physical and psychological symptoms. Flashback returned to work anxiety, difficult concentration, grief and depression were the most psychological symptoms reported. Sleep disturbances, unable to relax and Sweaty palms were the most physical symptoms reported by them. 42.3% of them spent one to three weeks till they rid all symptoms. 55.2% received informal support from Head Nurse (216%), Nurse Manager (18.9%), Director of Nursing (8%) and friend/ Family. Nurses were worried a lot about what their clinical peers would think about them after the events. They have not been adequately supported by the organization (77.6%). there was no designated member of the organization guiding them after an event.

Conclusions: Adequate support can work effectively to reduce symptoms, after an event. Lack of supports can lead to emotional burden.

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Neural regulation of cardiovascular function during inhibition of nitric oxide synthesis in rats

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Deficient synthesis of Nitric Oxide (NO) is an important component not only of hypertension but also of cardiac autonomic dysfunction. It is not known whether the hemodynamic and cardiac autonomic derangements associated with NO deficiency are due to interference of direct vasodilatory action of NO or involve some neuro-humoral system. In order to clarify and fill in the existing gaps, we assessed cardiac autonomic functions during acute and chronic inhibition of NO synthesis by NG-nitro-L-arginine methyl ester (L-NAME) in adult Wistar rats. Baroreflex Sensitivity (BRS) and Heart Rate Variability (HRV) were measured for assessment of cardiac autonomic functions. We further evaluated the contribution of oxidative stress, sympathetic nervous system as well as renin-angiotensin system, to the changes in neural regulation of cardiovascular system during NO inhibition. Serum Malondialdehyde (MDA) was measured as a marker of oxidative stress. "Subtractive approach" of chemical sympathectomy by 6-hydroxydopamine was used to study the role of sympathetic nervous system and extent of involvement of renin-angiotensin system was studied using angiotensin II type I receptor blocker, losartan. Our results reveal that sympathectomy completely reversed not only pressure rise but also cardiac autonomic dysfunction in chronic L-NAME treated rats whereas a partial reversal that too of only cardiac autonomic responses was observed in acute L-NAME treated rats. These results thus suggest that, it is the inhibition of direct vasorelaxant action of NO which mediates the effects seen after acute L-NAME administration on the other hand, effects of long-term inhibition of NO synthesis are primarily mediated through sympathoexcitation. Thus, the role of sympathetic nervous system in L-NAME model is time dependent and its contribution becomes important with longer NO inhibition. In addition, administration of losartan had no effect on pressor response of L-NAME irrespective of its duration, but it was effective in restoration of autonomic derangement especially after chronic L-NAME treatment.

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Nursing education program for asthmatic patients

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Introduction: Globally, asthma is one of the major non-communicable diseases with 235 million people currently suffering from the condition. In Saudi Arabia, there is a 4% prevalence of asthma amongst the adult population. This study aimed to develop an adult asthma patient self-management education programme that took into account the Saudi context and culture.

Systematic review: A systematic review was conducted to determine the most effective way of delivering asthma self-management education programs. It was shown in the review that asthma was more prevalent in individuals with less education, with nurses had an important role in educating patients with this disease. Following analysis of this evidence alongside the Saudi context; small group education programs delivered by nurses were selected as the most appropriate means of delivering education which considered patient individual needs and cultural values to improve their health outcomes in terms of self-management.

Methods: An explanatory sequential complementary mixed methods design was adopted. This design encompassed a quasi-experiment using a pre-post-test comparative study followed by qualitative part using face-to-face interviews with patients. The intervention was an educational program developed and included topics selected based on patients' needs in the review and following the SINA guidance. The programme was tested to determine whether it provide them with the necessary knowledge and skills to self-manage their asthma and consequently decrease their visits to emergency departments. Further, the program was also approved and co-designed with nursing staff who provide care for patients with asthma in the selected hospital and following consultation with patients. The program was delivered by nurses and other professionals who were trained to ensure the quality of delivery. Data was collected pre, post and at 3 and 6 months following the intervention and included topics related to asthma; Asthma Control Test, Asthma Self-Management Questionnaire, the Asthma Knowledge Questionnaire and the Patient Activation Measure (PAM) instrument. Prior to data collection, instruments were all translated to Arabic language, the language of participants, and validated to assure the validity of patients' responses. Patients in the control group were able to receive the intervention after six months, the last data collection point in the study.

Findings: Analysis of the responses between the pre and post-tests demonstrate that patients with higher levels of knowledge had higher Patients' Activation Measure scores. Patients' scores in all data sets in phase 2 were higher than those in phase 1 which indicated the education was effective and increased confidence in self-management of their asthma. Results to date suggest that the bespoke education is relevant and provides the necessary knowledge to increase confidence and patient activation towards disease self-management and reducing complications.

Study Progress: Longer term follow-up data and qualitative interviews will be completed in late February 2019. It is anticipated that these results will confirm the educational program is suited to the Saudi Arabian context, improves knowledge and increases confidence in the self-management of asthma.

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Chest pain unit in a public emergency of Rio De Janeiro: A pioneer and challenging experience

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Statement of the problem: The diagnostic strategy of the Chest Pain Units (CPU) in tertiary Brazil's private hospitals allowed individuals with chest pain of non-cardiovascular etiology to be investigated in less complex and costly locations, resulting in high earlier and safer hospitals with reduced diagnostic errors and hospitalizations unnecessary.

Fundamentals: This cost-effectiveness of health care quality encouraged the Albert Schweitzer Municipal Hospital (ASMP) medical emergency staff to join forces and embrace the idea of creating a clinical protocol of chest pain management, which would start at hospital triage. Patients with a moderate degree of suspicion would be separated from the others into a unique space within the emergency room, consisting of three hospital beds provided with continuous cardiac monitoring, noninvasive arterial blood pressure measurement, oximetry, cardiopulmonary resuscitation equipment and an exclusive nursing and medical.

Methodology & Theoretical Orientation: The Chest Pain Unit of ASMP was inaugurated on June 7th, 2018. Any patient who seek ASMP with A, B and C Chest Pains are routinely submitted to a first EKG in 10 minutes. Patients with an ST segment elevation Myocardial Infarction (MI) (Route 1) are sent to the CPU for thrombolysis with Alteplase. The others are classified as Route 2 based on Grace score.

Findings: 96 patients were admitted, 39 females, mean age 60 years and 57 males, mean age 54 years. Of the 96 hospitalized patients, 50 were discharged in less than 24 hours. The time of hospitalization was reduced from 72 to 12 hours.

Conclusion & Significance: Despite the short time of follow-up since CPU inauguration, this strategy proved to be safe and cost-effective, with reduced unnecessary hospitalizations and hospitalization times. This pioneer experience was meant to be an example that despite all economic difficulties it is possible to save lives and spend less money.

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