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ABSTRACT BOOK

International Experts Summit on

Nursing Science and Practice

November 24-26, 2025

Lisbon, Portugal

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Jonathan M. Watt

Geneva College / Portage Learning, USA

Ethics of Cultural Competence Training with Reference to Faith Practices and Spirituality

Abstract

The concept of cultural competence in medical care as well as behavioral health care has expanded exponentially to include not only traditionally-framed cultural differences but also such things as gender-complex diversity, workplace violence, HR compliance, use of inclusive language, proper use of AI, encouragement toward L2 (Second Language) learning, and much more. The field may take on overtly subjective dimensions as it stretches beyond gaining knowledge and awareness to promoting intense forms of self-examination of one's perceptions, values and truth-conceptions, alongside the expected measurements for it (e.g. Loftin et al 2013). Additionally, the concept has become linked to such matters as social justice, in the hope of promoting equitable access to healthcare.

Undoubtedly, cultural competency is a valuable component of effective medical care and behavioral health care. So this paper takes a selective look at two facets of cultural competence, taking a cue from the American Counseling Association's (ACA) ASERVIC Standards (see Sec.2.F.2.g) with respect to a long-recognized but shifting feature of competency which has morphed in two dimensions: specifically, what has long been handled broadly under the term "religion" now requires distinguishing between spirituality and faith practices – a conceptual outlook held by many, that is present in medical and behavioral care.

The paper, then, argues three points: a) That cultural competence in medical and behavioral care requires awareness of this distinction (spirituality vs. faith practices) that is evidencing

itself in both formal and popular verbiage today; b) That an ethical approach to this (and other) features of cultural competence must be careful to inform, enlighten and challenge, but should not cross the line into pressure to conform to another's worldview; and c) That students entering these helping professions who originate from monocultural settings are likely to need particular guidance in their encounter with this material. Of course, we acknowledge that the contours taken in this field will be indelibly influenced by the culture from which it originates.

Biography

Jonathan M. Watt has taught in multiple departments at Geneva College over three decades at both undergraduate and graduate levels. He is the author, contributor and/or editor of nearly 50 professional publications, most of them in the field of linguistic anthropology and classical languages, and is a reviewer for four journals in linguistics and religion. A veteran pastoral counsellor, he teaches courses related to that field, including integrationist approaches and ethics.

Mohamed M Hosni

Imperial College Hospitals NHS Trust, London, United Kingdom

Emerging trends in the treatment of Endometriosis. What are we missing. A prospective cohort pilot multi-site study

Abstract

Endometriosis is one of the most complexgynaecological conditions that primarily affects women of childbearing age. The management of endometriosis mainly focus on alleviating pain and improving the quality of life. Nevertheless, for 20-40% of women, symptoms persist following surgical and/or pharmacological treatment.[1] Alternative ways of managing pain are needed, which need to consider contemporary pain science and all biopsychosocial aspects of the persistent pain experience.[2]Physiotherapists use a holistic approach to treat patients with persistent pain conditions through pain education, manual therapy, pelvic floor exercises and promotion of healthy bladder and bowel practices. Current guidelines provide minimal guidance for physiotherapy in the care of women with endometriosis, and none of the accredited or provisional endometriosis centres across the United Kingdom identify women health physiotherapists as part of their management team.

Biography

Mr Mohamed Hosni is a Consultant Obstetrician and Gynaecologist at Imperial College Hospitals, with over 20 years of experience. He is a very experienced laparoscopic surgeon, with international reputation in minimal access surgery and endometriosis. He has a broad clinical research background and has collaborated with numerous doctors and scientists on different projects in Obstetric and Gynaecologic research, with many peer-reviewed publications. He has presented both Nationally and Internationally, have several peer-reviewed publications in scientific journals. He completed MD, MSc, and he is currently a member of the Royal College of Obstetricians and Gynaecologists. He is a firm believer in a patient-centred approach, personalized on an individual basis. He places a significant importance on taking time to listen to each patients' specific needs and providing them with a thorough explanation of their treatment options. Entirely dedicated to his profession

Tonia Crawford

University of Sydney, NSW Australia

Nurses role in disaster risk reduction with older people

Abstract

Older people are one of the most vulnerable or at-risk groups who experience higher rates of death and injury from natural disasters due to chronic illness, disability, and social isolation. Despite this, their support needs have received minimal attention in disaster response (Adams et al., 2021; Andrade et al., 2023; Phraknoi et al., 2023). Furthermore, there are additional barriers and greater impacts of disaster for older adults who come from marginalised groups and those with lower incomes (Cox & Kim, 2018). Nursing and disaster preparedness are intrinsically linked, as nurses play a crucial role before, during, and after disasters. Nurses provide education, community engagement, health promotion and implement interventions to safeguard health. As most areas where nurses work have patients/clients who are older, nurses therefore need to be educated in how to have conversations that raise awareness and help them consider and make steps towards disaster preparedness. Community and Primary Health Care nurses in particular are well placed to have such conversations as they provide care in their clients' home environments. Person-Centred Emergency Preparedness (P-CEP) tools and approaches (Villeneuve, 2021) that have been co produced and tested with many individuals and groups over a 10 year period aid inclusive conversations that focus on functional capabilities and support needs of each person in consideration of their context. P-CEP will be presented along with findings from a current project focusing on disaster risk reduction with older people.

Biography

Dr Tonia Crawford RN, BHSc(Nurs), MHSc(Ed), PhD Dr Tonia Crawford is a Registered Nurse and academic with expertise in qualitative research methods including intersectional analysis, action research, and interactional sociolinguistic discourse analysis. Drawing on 20 years of clinical experience in community health nursing and community development in Australia and internationally, Tonia's research focuses on intercultural healthcare communication, nurse education and disability inclusive disaster risk reduction. More recently, Tonia has been collaborating on projects advancing disaster preparedness that includes culturally and linguistically and gender diverse communities. Presenting author details Full name : Tonia Crawford.

Hemant Kumar Saini

Lincoln University ,Petaling Jaya, Malaysia

Explainable AI in Breast Oncology: Trust, Transparency, and Treatment Decisions

Abstract

In the high-stakes world of breast cancer treatment, black-box AI models pose a significant barrier to clinical adoption. This keynote focuses on the rise of explainable AI (XAI) and its critical role in enhancing physician trust, regulatory approval, and patient confidence. We will explore case studies where XAI has clarified diagnostic pathways, justified treatment recommendations, and helped avoid medical errors. The talk will also cover advances in model interpretability, from saliency mapping in imaging to decision-tree hybrid networks, and the importance of designing AI systems that empower rather than replace human judgment.
In the rapidly advancing landscape of AI in healthcare, trust is no longer a peripheral concern—it is the foundation. Nowhere is this more critical than in breast oncology, where decisions are high-stakes, emotionally charged, and deeply personal. While AI has demonstrated immense potential in detecting malignancies, recommending treatment paths, and predicting outcomes, one pressing question remains: Can we truly trust what we cannot explain?

That will explore the evolving role of Explainable AI (XAI) in breast cancer care, not just as a technical challenge, but as a clinical, ethical, and human imperative. As black-box models become increasingly involved in diagnostic imaging, pathology interpretation, and genomic risk profiling, patients and clinicians are demanding more than just accuracy—they seek clarity, accountability, and confidence in every AI-driven recommendation.

We will journey through real-world case studies where explainability made the difference between clinical adoption and rejection, highlighting both the successes and the cautionary tales. From interpretable deep learning models in radiology to decision-tree hybrids in therapy

selection, we'll dissect how novel architectures are bridging the gap between computational complexity and human understanding. We'll also examine how XAI tools like saliency maps, counterfactuals, SHAP values, and causal inference are not just making AI intelligible to experts, but also communicable to patients—an often-overlooked dimension of transparency in care.

Beyond the technology, this talk will confront critical systemic questions:

- How do we ensure regulatory frameworks keep pace with explainability standards?
- What role should medical education play in equipping physicians to interpret and interrogate AI outputs?
- How do we embed cultural and contextual sensitivity into XAI systems that will serve a global patient base?

By weaving together insights from clinical trials, human-centered design, and interdisciplinary research, this keynote argues that explainability is not a luxury in AI-driven oncology—it is a prerequisite for ethical, equitable, and effective care. If we are to entrust AI with decisions about who gets screened, who gets treated, and how aggressively, then it must earn that trust through radical transparency.

As we look ahead, the future of breast cancer care will not be shaped by algorithms alone, but by how well those algorithms are understood, scrutinized, and embraced by the humans they aim to serve

Biography

Dr. Hemant Kumar Saini is presently working as an Assistant Professor (with Accreditation to Supervise Research) Lincoln university Malaysia. Before that, he has worked for several years as an Assistant Professor at Parul University, Computer Applications and Management, Gujrat and Chandigarh University, Gharuan, Punjab. He has more than 14 years of experience in the academics. He obtained Ph.D (CSE), M.Tech (CSE) and RHCE. He has more than 70 research citation indices with Google Scholar. He has authored more than 70+ research papers in reputed conferences and journals, including Web of Science and Scopus. He has authored and edited more than 5 books with various reputed publishers, including Elsevier, Springer, DeGruyter, IET, River Publishers, Apple Academic Press, CRC, Taylor and Francis Group, Scrivener, Wiley, Emerald, NOVA Science, Bentham Books and IGI-Global. He is life member of CSI, ISTE and senior member of IEEE.

Crystal Dobri

St. John Fisher University, New York

Transforming Nursing Education through Immersive AR/VR Pedagogy: A Multi-Year Innovation at St. John Fisher University Wegmans School of Nursing

Abstract

In response to the evolving demands of healthcare education and the critical need for practice-ready nurses, St. John Fisher University's Wegmans School of Nursing (WSON) has embarked on a multi-year, grant-supported initiative to integrate immersive Augmented Reality (AR) and Virtual Reality (VR) technologies into its nursing curriculum. Supported by over $1.7 million in funding from the Mother Cabrini Health Foundation since 2021, this initiative has evolved from the establishment of an Inter-Professional Education Simulation Center to a comprehensive, curriculum-wide AR/VR integration strategy.

This presentation will detail the phased development and implementation of AR/VR pedagogy across undergraduate and graduate nursing programs, including the launch of a new Certified Registered Nurse Anesthetist (CRNA) program. Key components include faculty development, community-informed case study design focused on Social Determinants of Health (SDOH), and the renovation of multiple active learning classrooms equipped for immersive simulation. Outcomes to date demonstrate increased student engagement, enhanced competency in person-centered care, and improved preparedness for complex clinical environments.

We will share lessons learned from piloting to full implementation of AR/VR in junior- and senior-level undergraduate courses and graduate NP courses, strategies for aligning immersive learning with AACN Essentials, and the role of technology in fostering resilience, recruitment, and retention in nursing education. This session will offer a model for institutions seeking to

modernize nursing curricula through experiential, technology-driven learning environments.

Biography

Crystal Dobri is the Director of Experiential Learning and an Instructor at the Wegmans School of Nursing at St. John Fisher University. With a strong background in simulation-based education, she leads the development and implementation of immersive learning experiences that enhance clinical competency and critical thinking among nursing students. Crystal plays a pivotal role in integrating Augmented Reality (AR) and Virtual Reality (VR) technologies into the curriculum, helping to bridge theory and practice in dynamic, patient-centered environments. She is an Apple Certified Teacher and a passionate advocate for innovative pedagogy that prepares students for the complexities of modern healthcare.

Alhaji Adam Abubakari

P96, Passion St, Nc-0001-9502, House No. D12, NER, Ghana

Knowledge, Attitude, and Practice of Women Towards Antenatal Care: A Study Among Women at the Chereponi Government Hospital

Abstract

Antenatal care is a crucial integral part of maternal health services as it helps to identify high risk mothers and guide in planning their deliveries, thereby preventing maternal and infant morbidity and mortality. Many underlying factors influence the capacity of women to survive from complications emerging during pregnancy and childbirth including women's health and nutritional status especially during pregnancy. Also, women's access to and the use of appropriate health services like antenatal care according to their knowledge, attitude, and behaviour during pregnancy. Meanwhile, when it comes to patronage, antenatal care has not attained its fullness even though its inception dates as far as the early twentieth century. It is in the light of these reasons that this study was conducted to assess the knowledge, attitude, and practices of women towards antenatal care in Chereponi Government hospital. A quantitative descriptive cross-sectional survey of women attending Chereponi Government Hospital was carried out. Data was obtained through the use of structured, self-administered questionnaire to collect data from 70 respondents exclusively on knowledge, attitude and practices of antenatal care by women. Data collected were analyzed using Microsoft excel version 2019 and SPSS version 23. The findings of the study revealed that the majority (63; 90%) of the participants of the study had knowledge regarding antenatal care, most of them (n=39; 56%) practiced ANC, and (n=55; 79%) had good attitude towards ANC. The level of overall knowledge of the women about ANC was significantly correlated with their practices during pregnancy, whereas it was insignificantly correlated with their attitude. The level of overall knowledge

had a significant direct correlation with the attitude towards antenatal care, whereas it had an insignificant correlation with the practice. On the basis of these findings, it is recommended that health education programs be undertaken to improve women's awareness toward ANC and eventually improve the health status of Chereponi women. Knowledge about healthy behaviour during pregnancy should be diffused through mass media. This should reinforce the message given by health personnel about pregnancy and the importance of antenatal follow-up visits.

Biography

Alhaji Adam Abubakari is an early career Reasercher and a medical practitioner and currently a Doctoral Candidate in Medicine at Henan University of Chinese Medicine, holds a Master of Medicine (MMed) Degree, dual Degree in Medicine and Surgery (MBBS/MD), Bachelor of Science in Nursing (BSN), Registered General Nursing (RGN), & a Certificate in Innovation and Entrepreneurship for the Digital Economy with focus on Ai for healthcare. As a result, Adam has developed a comprehensive understanding of health systems and the societal factors that impact healthcare delivery, fostering his strong interest in improving health and well-being as well as organizational and managerial aspects of healthcare. Adam's long-term goal is to become a renowned curative and preventive health care specialist, a lecturer mentoring medical and health students, a public health specialist, and most importantly, a researcher contributing to the causes, effects, and treatments of diseases that will inform global policy-making and healthcare.

Abhishek Bansal

Principal Consultant, New Era Consultancy Services, India

Novel B-Bio Propositions, Equations, Models for Understanding Biological Processes, Clinical Diagnosis, Medicine and Therapy

Abstract

In this session, I present my novel B-Bio propositions/theory, equations and models for understanding biological processes, clinical diagnosis, drug discovery and therapy. I demonstrate the development of novel framework construction based on the existing paradigm with new propositions with relevance of unified-multi-engineering specializations including applied physics, applied mathematics, biochemistry, pharmacology, artificial intelligence, genetics, from practical clinical perspective, meant for real life-critical situations involving either human subjects or animals, as my propositions can be easily incorporated in machine/ medical device algorithms for the treament via diagnostic machines, monitoring machines, life-support machines, therapeutic machines, surgical and robotic machines. I demonstrate these for practical medical use through my developed completely free softwares namely BVidal Kernel, Bootable BVidAl operating system, BVidAl RTOS and three graphical user interfaces namely BVidAl Medical Analyzer, BVidAl Heart and ECG Analyzer and BVidAl Medical Image Analyzer, which I expect would be useful but I do not claim any clinical or any pharma usefulness or efficacy.

Biography

Abhishek Bansal is an amateur scholar, fully self-studied various engineering, medical and mathematical specializations, and has been working for the past 21 years (approx.) in R & D(machine designing). He is also involved in non-engg. works. He is the founder of New Era Consultancy Services and Learn Yourself Easy Solutions. His profile can be seen at ORCiD with identification number 0000-0002-2572-9004

Abdulsalam Mustapha

Department of Biochemistry, Skyline University, Nigeria

A Mathematical Model of Cervical Cancer Risk Based on Cervico-Vaginal Microbiota and Clinical Factors in Northern Nigeria

Abstract

Cervical cancer remains one of the leading causes of cancer-related deaths among women in Sub-Saharan Africa, particularly in low-resource settings such as Northern Nigeria. While persistent infection with high-risk human papillomavirus (HPV) is widely recognised as a key cause, emerging evidence suggests that the cervico-vaginal microbiota may also influence the development and progression of the disease. This study aimed to examine how cervico-vaginal microbial infections, along with clinical and behavioural factors, contribute to cervical cancer risk. A logistic regression model was used to analyse the combined effect of these variables. A cross-sectional study was carried out among 132 women with confirmed cervical cancer at Aminu Kano Teaching Hospital in Kano, Nigeria. Data were collected using a structured, interviewer-administered questionnaire and cross-checked with hospital records. Variables assessed included HPV and HIV status, history of vaginal infections, hygiene practices, and sexual health behaviours. Logistic regression analysis was applied to identify significant predictors of cervical cancer. Among the women surveyed, 66.7% had a history of HPV infection, and 26.5% were HIV-positive. Recurrent vaginal infections were reported in 68.9% of participants, with common pathogens including Trichomonas vaginalis, Prevotella, and Porphyromonas. Poor genital hygiene and early sexual activity were also frequently observed. The logistic regression model indicated that HPV infection (OR = 4.48, $p < 0.01$), HIV infection (OR = 2.91, $p < 0.05$), and recurrent microbial infections (OR = 2.67, $p < 0.05$) significantly increased the likelihood of cervical cancer. The model demonstrated strong

predictive performance. This study highlights the combined influence of microbial imbalance, viral infections, and behavioural factors on cervical cancer risk. The use of a mathematical model helped clarify these associations, emphasising the need for comprehensive prevention strategies. These should include microbiota screening, improved sexual health education, and broader access to HPV vaccination, particularly in underserved regions.

Biography

Abdulsalam Mustapha is a dedicated microbiologist and PhD scholar at the University of Ilorin, Nigeria. He lectures in the Department of Microbiology at Skyline University Nigeria, teaching undergraduate courses and supervising research projects. He holds B.Sc. and M.Sc. degrees in Microbiology from the University of Ilorin, with his thesis focused on the antibacterial activity of Nauclea latifolia.

His research interests include antimicrobial resistance, infectious diseases, public health microbiology, and natural product-based drug discovery. He has authored over 25 Scopus-indexed book chapters and published widely in local and international journals.

Beyond academia, Abdulsalam has clinical microbiology experience and has led public health awareness campaigns on Hepatitis B, HIV/AIDS, and cancer in Kano State. He is a member of several professional bodies including the American Society for Microbiology and serves as a peer reviewer for journals like Computers in Biology and Medicine. He remains committed to impactful science, mentorship, and community engagement.

TS Chekol

Armauer hansen Research institute, Addis Ababa, Ethiopia

Addressing Socio-Cultural Barriers to Improve Contraceptive Use in Ethiopia

Abstract

Ethiopia encounters significant socio-cultural barriers to contraceptive use, affecting maternal health, poverty reduction, and women's empowerment. With a fertility rate of 4.6 children per woman and only 25.9% of women of reproductive age intending to use contraceptives, significant challenges remain. This policy brief analyzes data from the 2016 Ethiopian Demographic and Health Survey (EDHS) and 2019 Mini-EDHS, revealing key barriers such as fatalistic beliefs, religious prohibitions, postpartum amenorrhea, and spousal opposition. Socioeconomic factors, including wealth, literacy, and urban residency, greatly influence contraceptive use. Multivariable and structural equation modeling underscore the complex interplay of cultural norms, economic status, and individual autonomy in shaping contraceptive behavior. The brief recommends culturally tailored education programs, male engagement strategies, targeted interventions for underserved regions, and enhanced healthcare systems to improve contraceptive uptake. Implementing these evidence-based policies is essential for improving reproductive health and empowering women in Ethiopia.

Biography

Dr. TS Chekol is a dedicated public health professional with a strong foundation in health systems, quality improvement, and interdisciplinary research. He earned his Bachelor of Science degree from the University of Gondar in Ethiopia at the age of 25. With a deep passion for public health advancement, he later completed his Master of Public Health (MPH) in Ethiopia and obtained a Master of Science in Project Management from Skillmart College at age 35. At 36, he broadened his global perspective by finishing a master's program at Tsinghua University in China. Dr. TS Chekol currently serves as a Junior Researcher in the One Health Division at the Armauer Hansen Research Institute (AHRI). He previously held key roles at the Federal Ministry of Health, including Technical Assistant in Health System Strengthening and Quality Improvement Officer. His research focuses on contraceptive use, antimicrobial resistance (AMR), and health policy. He brings valuable insight to the Women's Health Summit-2025 through his commitment to advancing women's health and evidence-based public health solutions.

Marie Borgella

Massachusetts General Hospital (MGH), USA

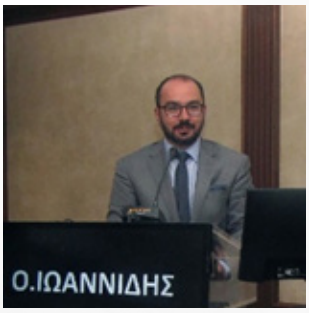
What Matters Most? A Quality Improvement Initiative for Patients 65 and Older on a General Medical Unit

Abstract

Healthcare teams face challenges when caring for older adults (65+) with multiple chronic conditions, especially when treatment for one condition may negatively impact another. The Age-Friendly Health System's 4Ms Framework—mentation, medication, mobility, and what matters most (WMM)—offers a structured approach to address this complexity. Massachusetts General Hospital (MGH), as an Age-Friendly Health System, follows evidence-based practices that prioritize patient-centered care. Despite MGH's status as an Age-Friendly Health System, the 4Ms framework, particularly the 'What Matters Most' (WMM) component, has not been fully integrated into nursing workflows.

Biography

Dr. Marie Borgella is a distinguished nursing leader and educator with a Doctor of Nursing Practice from the MGH Institute of Health Professions. She currently serves as Executive Director of Learning & Development at Massachusetts General Hospital (MGH), where she leads interprofessional education, academic partnerships, and career advancement initiatives. Formerly Nursing Director for Bigelow 7 General Medicine and Interim Director for Oncology, she oversaw unit launches, staff performance, and clinical excellence. Her leadership extends to board roles with the Foundation for Nursing Advancement in Massachusetts, Ethos, and active involvement in ANA, the New England Black Nurses Association, and the Organization of Nurse Leaders. A committed educator, Dr. Borgella teaches at Harvard Medical School and mentors DNP students. She's a sought-after speaker on health equity, resilience, and holistic care. Her accolades, including the Pillars of Excellence Award, reflect her enduring impact on nursing, education, and community health.



Orestis Ioannidis

Aristotle University of Thessaloniki, Greece

Open abdomen and negative pressure wound therapy for acute peritonitis especially in the presence of anastomoses and ostomies

Abstract

Acute peritonitis is a relatively common intra-abdominal infection that a general surgeon will have to manage many times in his surgical carrier. Usually, it is a secondary peritonitis caused either by direct peritoneal invasion from an inflamed infected viscera or by gastrointestinal tract integrity loss. The mainstay of treatment is source control of the infection which is in most cases surgical. In the physiologically deranged patient, there is indication for source control surgery in order to restore the patient's physiology and not the patient anatomy utilizing a step approach and allowing the patient to resuscitate in the intensive care unit. In such cases there is a clear indication for relaparotomy and the most common strategy applied is open abdomen. In the open abdomen technique, the fascial edges are not approximated and a temporarily closure technique is used. In such cases the negative pressure wound therapy seems to be the most favourable technique, as especially in combination with fascial traction either by sutures or by mesh gives the best results regarding delayed definite fascial closure, and morbidity and mortality. In our surgical practice we utilize in most cases the use of negative pressure wound therapy with a temporary mesh placement. In the initial laparotomy the mesh is placed to approximate the fascial edges as much as possible without whoever causing abdominal hypertension and in every relaparotomy the mesh is divided in the middle and, after the end of the relaparotomy and dressing change, is approximated as much as possible in order for the fascial edges to be further approximated. In every relaparotomy the mesh is further reduced to finally allow definite closure of the aponeurosis. In the presence of ostomies the negative pressure wound therapy can be applied as usual taking care just to place the dressing around

the stoma and the negative pressure can be the standard of -125 mmHg. However, in the presence of anastomosis the available date are scarce and the possible strategies are to differ the anastomosis for the relaparotomy with definitive closure and no further need of negative pressure wound therapy, to low the pressure to -25 mmHg in order to protect the anastomosis and to place the anastomosis with omentum in order to avoid direct contact to the dressing. The objective should be early closure, within 7 days, of the open abdomen to reduce mortality and complications.

Biography

Dr. Ioannidis is currently an Assistant Professor of Surgery in the Medical School of Aristotle University of Thessaloniki. He studied medicine in the Aristotle University of Thessaloniki and graduated at 2005. He received his MSC in "Medical Research Methodology" in 2008 from Aristotle University of Thessaloniki and in "Surgery of Liver, Biliary Tree and Pancreas" from the Democritus University of Thrace in 2016. He received his PhD degree in 2014 from the Aristotle University of Thessaloniki as valedictorian for his thesis "The effect of combined administration of omega-3 and omega-6 fatty acids in ulcerative colitis. Experimental study in rats." He is a General Surgeon with special interest in laparoscopic surgery and surgical oncology and also in surgical infections, acute care surgery, nutrition and ERAS and vascular access. He has received fellowships for EAES, ESSO, EPC, ESCP and ACS and has published more than 180 articles with more than 3000 citations and an H-index of 28.

Ammar Alraimi

Dr. Babasaheb Ambedkar Marathwada University, Maharashtra

The Impact of Implementing JCI Administrative Standards on the Quality of Health Services in Yemeni Hospitals

Abstract

This study aims to examine the impact of applying the Joint Commission International (JCI) administrative standards on improving the quality of healthcare services in Yemeni hospitals. The research focuses on six core administrative dimensions outlined by JCI: governance and leadership, quality management and patient safety, infection prevention and control, facility and safety management, staff qualifications and education, and information management.

Adopting a descriptive-analytical approach, the study utilized a structured questionnaire distributed to a simple random sample of 243 participants from three Yemeni hospitals. Data were analyzed using Structural Equation Modeling (SEM-PLS) to test the relationships among the study variables.

Findings revealed a statistically significant positive effect of implementing JCI administrative standards on the quality of healthcare services. Infection control and quality management were identified as the most influential dimensions, while facility and safety management had the least impact, despite its recognized importance. The results suggest that organizational and administrative improvements, along with infrastructure development, can lead to substantial enhancements in service quality even without a direct focus on patient-provider interaction. The study recommends strengthening the application of administrative standards, enhancing information systems and infrastructure, and adopting leadership policies that support quality to ensure sustainable improvement in healthcare performance across Yemeni hospitals.

Theoretically, this research addresses a notable knowledge gap by providing an empirical

model that links JCI administrative standards to quality improvements in hospital services, offering a valuable reference for future studies in health quality management, particularly in developing countries.

Practically, the study offers a data-driven foundation for Yemeni hospitals to reinforce administrative practices—such as leadership, quality management, infection control, staff development, and information management—which play a vital role in improving workplace environments and internal operational systems. It also provides valuable insights for decision-makers in the Ministry of Health, accreditation bodies, and hospital administrators in formulating more effective, evidence-based strategies for achieving sustainable international accreditation. Thus, the study contributes not only to theoretical advancement but also to institutional development efforts in the vital and sensitive healthcare sector.

Najah Adreak

The University of British Columbia, Canada

Invisible No More: Policy and Advocacy to Close the Gender Gap in Heart Health

Abstract

Dr. Najah Adreak is a cardiac surgeon and passionate advocate for women's cardiovascular health. With clinical experience spanning Canada and Libya, she brings a global perspective to addressing gender disparities in heart disease care and outcomes. Dr. Adreak has spoken at international conferences and community events, including TEDx and MiniMed School, emphasizing the urgent need for policy reform, gender-sensitive research, and public awareness in women's heart health. She currently contributes as a subject matter expert in health innovation programs, mentoring interdisciplinary teams on stakeholder engagement and impact evaluation. Dr. Adreak also serves as a sponsor coordinator for initiatives promoting women in tech and health, such as the Vancouver AI+Her Hackathon. Through her work, she champions the integration of advocacy, clinical excellence, and equity-driven policy to transform how we approach women's health—especially in cardiac care, where the silence around female-specific risks has persisted for too long.

Dragana Ignjatijevic

University Clinical Center of Serbia

Contemporary aspects in the care and treatment of patients operated on for brain aneurysms

Abstract

The healthcare process and the level of nursing competencies are the basis of nursing standards. The most important area of a nurse's work is the healthcare process, which should meet basic standards and procedures related to the quality and safety of services. An important aspect is health-educational work with the patient. The goal of this research was to look at modern aspects in the care and treatment of patients operated on for brain aneurysms.

To determine whether there are differences in the procedures for providing adequate evidence-based health care (between the two groups of nurses UKCS and KBC-Department of Neurosurgery)

To determine whether the years of service and education of UKCS and KBC nurses have an impact on the provision of care to neurosurgical patients.
Selection of subjects - In order to better assess the application of adequate care in patients operated on for brain aneurysms and in post-operative treatment, 30 nurses/technicians from UKCS and 30 nurses/technicians from KBC were included.

Research period-June-September 2025
The selection criteria were that nurses work in semi-intensive and intensive care.
Statistical processing of data In the processing of the obtained data, descriptive statistics tests were used - frequencies and percentages, as well as inferential statistics. t-test and ANOVA. The data are presented in tabular and graphical form
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Biography

Dragana Ignjatijević was born in 1978 in Jagodina. She finished high school in 1997 in Priština, and in 1998 she enrolled in the Higher Medical School in Ćuprija. She started working at the Clinic for Neurosurgery in 2002, where she continues to work. 2004/2005 completes Specialization in Gerontology and Geriatrics at the Norwegian University (HiST) in Trondheim. In 2010 he harmonized his diploma at the Higher Medical School of Vocational Studies in Ćuprija. In 2015, he completed a specialization in Clinical Care at the College of Health Vocational Studies in Zemun. In 2018, he enrolled in the College of Social Work – Department of Occupational Therapist. In 2021, she completed the Master studies for nurses at the Academy of Vocational Studies Belgrade – Department of Health School in Zemun.

Palle Larsen

Senior Researcher, UCL Odense, Denmark

Food Waste in Danish Nursing Homes: Leadership, Sustainability, and Organizational Paradoxes

Abstract

Food waste is a global challenge with substantial environmental, economic, and social consequences, and healthcare institutions—including nursing homes—are significant contributors (Elgarahy et al., 2023; Zhang et al., 2022). In Denmark, the issue is intensified by an aging population and complex care needs, which increase the pressure on care institutions to balance nutrition, resources, and sustainability. This study draws on a nationwide mixed-methods survey, qualitative interviews, and case studies to examine food waste management in Danish nursing homes. Findings reveal that food waste arises from overproduction, unadjusted portion sizes, and inefficient ordering and serving, resulting in lost nutritional value and increased operational costs (Reyes-Torres et al., 2018; Soares et al., 2023). Leadership style is pivotal: value-based and dialogic leadership fosters staff engagement and sustainable practices, while top-down approaches often face resistance and limited success (Wadi et al., 2024). Quantitative results show high engagement with sustainability-yet qualitative insights highlight the need for ongoing staff training, collaborative partnerships, and tailored interventions. International frameworks such as the EU Farm to Fork Strategy and UN Sustainable Development Goals provide valuable guidance, but local adaptation is essential. Theoretical models, including the Triple Bottom Line and paradox theory, underscore the importance of balancing economic, environmental, and social goals. Effective food waste reduction requires structured monitoring, reflective leadership, and continuous organizational development, aligning practice with global sustainability objectives and improving outcomes for residents.

Rajani Shakya

Hospital Kathmandu University Hospital, Nepal

Research Projects & Programs on Women's Health from Dhulikhel Hospital

Abstract

Dhulikhel Hospital Kathmandu University Hospital (DHKUH) follows the principles of social equity and gives high priority to community-based activities & research. Within the span of 27 years, it has set an example of noteworthy progress in health services and health sciences education in Nepal. Research & Development Division (R&D) & Department of Public Health & Community Programs established under DHKUH mission is to excel in high quality healthcare, training, research and community-based health program and development. There are 60 researches completed, 35 ongoing projects, 22 collaborators, 19 sponsors and 100+ researchers working in R & D. Almost all programs & research data from the R & D and community programs is being captured electronically at the individual & population level. Among them some of the program and research related to women's health are as follows:.

Biography

Since joining Dhulikhel Hospital, Rajani has been involved in research related to Women's Health, Non Communicable Diseases, Health, and Digital Health.Her education background in MBBS and MD in Community Medicine and is interested in implementation sciences and health system research.She is coauthored in twelve articles and a corresponding author for one of them.

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Effects of acid catalyst on the nanostructure of nickel sulfide thin films prepared by spin coating method

Abstract

In this work, we report for the first time the effect of acidic medium on the structural, morphological, compositional, topographical and electrical properties of nickel sulfide thin films (NiS2). NiS2 thin films were deposited on a glass substrate by the spin coating method. The synthesized samples were characterized using Fourier transform infrared (FTIR), X-ray diffraction (XRD), scanning electronic microscopy (SEM), energy-dispersive X-ray (EDX) spectra, four-point probe measurement and atomic force microscopy (AFM). The presence of the relevant chemical bonds Ni–S–Ni, Ni–S and S–S were ascertained through FT-IR spectroscopy. XRD analysis revealed a nanostructured cubic phase of the grown (NiS2) nanostructure, where the crystallite size was in the range 7−10 nm. SEM revealed that the sample without a catalyst exhibited smaller pore sizes and a dense morphology with spherical grains. EDX analysis confirms the presence of all elements forming NiS2. The NiS2 thin film with acetic acid was found to have the smallest sheet resistance of 1.23×102 Ω/□. Atomic force microscopy analysis was used to confirm spherical surface morphology and current transport properties. (TUNA mode) provides information on the electrical conductivity of NiS2 thin films together with its spherical morphology in the nm range. The current-voltage (I–V) curves show ohmic behavior indicating high conductivity spread over the surface of the samples. This work, by investigating the connection between the electrical and nanostructural characteristics of NiS2 thin films, will pave the way for future device applications.

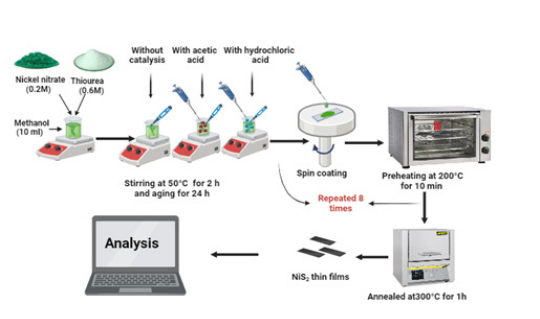
1. Synthesis of thin films

To synthesize NiS2 thin films, nickel nitrate hexahydrate (Ni(NO3)2.6H2O) and thiourea (CS(NH2)2) were used as sources of Ni and S with 25% and 75% molar ratio, respectively [1:3]. 0.2 mol (0.5816 g) of (Ni (NO3)2.6H2O) was dissolved in 10 ml methanol (CH3OH) and ethylene glycol mono methyl ether (C3H8O2) was added (1ml) to stabilize the solution viscosity on the glass substrates. After mixing for 15 minutes by stirring at 50°C, 0.6 mol (0.4567 g) (CS(NH2)2) was added to the mixture. Three different solutions were prepared, hereafter named S1, S2 and S3. S1 remains pristine (without any addition), while a few drops of acetic acid (CH3CO2H) and hydrochloric acid (HCl) were added to S2 and S3, respectively. These acids were used as catalysts to enhance the dissolution of (Ni(NO3)2.6H2O) and (CS(NH2)2) in the solvent. S2 and S3 were stirred by a magnetic stirrer at 50° C for 2 hours. The system eventually formed a green, transparent solution and were then aged for 24 hours. Before each deposition, the substrates (measuring 25 mm × 25.4 mm × 1.2 mm) were thoroughly cleaned multiple times using acetone, ethanol, and distilled water, followed by air drying. The precursor solution was then spin-coated on a well-cleaned glass substrate at a speed of 4000 rpm for 30 seconds. After each coating, the samples are annealed at 200 °C for 10 minutes . The substrate was then left to cool for 4 minutes at room temperature before subsequent deposition. This process was repeated to obtain 8 layers before annealing at 300 °C for 2h.

2. Characterization methods

A (ESEM) type Thermo Fisher Scientific Prisma E, working at 20 KV and an energy dispersive X-Ray spectrometer (EDAX) were used for microstructural investigations and micro-elemental analysis respectively. The structural investigation and phases identification were carried using a Bruker D8 Advance Diffractometer with a grazing incidence diffraction (GIXRD configuration) equipped with CuKα radiation source in the two-theta range 10 - 60°. A four-point probe, type CPS PROBE STATION/Keysight B1500A semiconductor parameter analyzer, was used to measure the electrical resistivity at room temperature. The vibrational bands of the starting solutions were investigated by using Fourier transform infrared spectroscopy with an ATR accessory type ZnSe diamond (model Agilent Cary 630 spectrometer) over a wavenumber range of 370–4000 cm-1. The topology and conductivity of the synthesized NiS2 nanostructures were studied using atomic force microscopy (Bruker dimension icon with scan asyst) in tapping mode/AC mode and tapping frequency 300 kHz. The preparation steps of the sol-gel spin coated NiS2 thin film are schematized in Fig.1.

Figure 1: Schematic presentation of the experimental procedure of sol-gel spin coating.



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Anmut Endalkachew Bezie

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The Role of Sleep Disorder and Disturbance for the occurrence of Occupational Injuries among industry workers in Ethiopia: A systematic review and meta-analysis

Abstract

sleep disorders and disturbances are a significant issue that affects occupational health and safety, yet their association with occupational injuries remains underreported. Therefore, this systematic review and meta-analysis aimed to investigate the association between sleep disturbance, sleep disorder, and occupational injuries among industry workers in Ethiopia. Methods: Observational studies reporting occupational injury, sleep disturbance, and disorder were considered in this study. A comprehensive search of electronic databases, including PubMed, Google Scholar, Semantic Scholar, HINARI, and ScienceDirect, and a Google manual search were conducted up to December 18, 2024. The recommended PRISMA guidelines were used for reporting items. Data were extracted using a standard data extraction template and exported to STATA V 17 for analysis. The JBI quality assessment tool was used to determine the quality of the reviewed papers. To estimate the pooled association, a random effects model was used. The Egger's regression test and the funnel plot were used to evaluate publication bias. Results: This review includes a total of 27 studies that meet the inclusion criteria. The finding revealed that industrial workers who had sleep disorder and sleep disturbance had a 2.4- and 2.8 fold increased risk of experiencing occupational injuries than those without sleep disorder and disturbance, respectively. Subgroup analyses demonstrated that high heterogeneity exists among manufacturing and agricultural workers for sleep disorders and moderate heterogeneity among building and construction sectors for sleep disturbances. Sensitivity analyses confirmed the credibility of these findings. Conclusion: Sleep disorders and disturbances increase the risk of occupational injuries. Therefore, interventions tailored to

the manufacturing, service-providing, building and construction, and agricultural workers are required. Applying workplace policies, prioritizing mental health support to lessen the effects of sleep disturbances and disorders in service-providing industry sectors, and implementing thorough health and safety training, promoting better sleep hygiene practices to lower their risk of injury in agricultural workers, are advised.

Biography

Anmut Endalkachew Bezie is a lecturer at Wollo University, Dessie, Ethiopia. He earned his BSc in Environmental and Occupational Health and Safety in 2021 and his Master of Public Health in Occupational Health and Safety Management from the University of Gondar in 2023. Dedicated to advancing community health and safety, he has built a multidisciplinary research team to address critical public health challenges. His research focuses on mental health, musculoskeletal disorders, sickness presenteeism, pesticide poisoning, particulate matter on childhood asthma and wheezing. Anmut is a lifetime member of the Ethiopian Environmental Health Professional Association.

Melese Alemnew Ayal

Bahir Dar Health Science College, Ethiopia

Treatment outcomes of chronic liver disease and associated factors among patients treated at hospitals in Bahir Dar city, north-west Ethiopia

Abstract

chronic liver disease is an on-going loss of liver structure and functions that lasts for at least six months. About 1.5 billion population suffered with this devastating disease worldwide. The aim of this study was to assess the treatment outcome and associated factors in patients with chronic liver disease at Bahir Dar, North West Ethiopia. A retrospective cross sectional study was conducted in both governmental and private hospitals of Bahir Dar city from January to August 2024. All patients with liver disease for at least six months and treated for their specific causes and/or complications were included. Descriptive statistics was employed to explain socio demographic and relevant clinical characteristics. Binary logistic regression was employed to determine associated factors with poor treatment outcome. Texts, tables and charts used to present statistically and/or clinically significant results. A p-value of.

Biography

I had completed my master's degree in clinical pharmacy at the age of 26 from Addis Ababa University. I am the lecturer of clinical pharmacy at Bahir Dar Health Science College; I have been in academia for more than 5 years. I published more than four papers in renowned journals, and my research focuses on infectious disease.

J. M. Nabholz

King Saud University, King Saud University

Neoadjuvant endocrine therapy with or without palbociclib in low-risk

Abstract

Background The most prevalent subtype of breast cancer (BC) is luminal hormonal-positive breast cancer. The neoadjuvant chemotherapy regimens have side effects, emphasizing the need to identify new startegies. Objective Analyze the complete pathologic response (pCR) rate and overall response in a low-risk hormone-positive subset of patients receiving neoadjuvant hormone treatment (NAHT) with or without Palbociclib (a CDK4/CDK6 inhibitor) to NAHT effectiveness. Materials and methods Based on the upfront 21-gene Oncotype DX or low-risk Breast Recurrence Score assay (RS™), the SAFIA trial is designed as a prospective multicenter international, double-blind neoadjuvant phase-III trial that selects operable with luminal BC patients that are HER2-negative for the induction hormonal therapy with Fulvestrant 500 mg ± Goserelin (F/G) followed by randomization of responding patients to palbociclib versus placebo. The pCR rate served as the study's main outcome, while the secondary endpoint was a clinical benefit. Results Of the 354 patients enrolled, 253 initially responded and were randomized to either F/G fulvestrant with palbociclib or placebo. Two hundred twenty-nine were eligible for the evaluation of the pathologic response. No statistically significant changes were observed in the pCR rates for the patients treated with the F/G therapy with placebo or palbociclib (7% versus 2%, respectively) per the Chevallier classification (Class1 + Class2) ($p = 0.1464$) and 3% versus 10% assessed per Sataloff Classification (TA, NA/NB) ($p = 0.3108$). Palbociclib did not increase the rate of complete pathological response.Conclusion: Neoadjuvant hormonal therapy is feasible in a selected population with a low RS score of < 31.