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ABSTRACT BOOK

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Maissa Khatib

Arizona State University, USA

From Trust to Tools: A Participatory Methodological Framework for Co-Developing Digital Health Technologies in Nursing Research

Abstract

The rapid expansion of digital health technologies presents significant opportunities for advancing nursing research and practice. However, many interventions fail to achieve sustained adoption due to methodological limitations, including insufficient community engagement, misaligned power structures, and inadequate integration of equity into research design. This abstract presents an equity-centered, participatory methodological framework for co-developing digital health and behavior change technologies, advancing cutting-edge approaches in nursing research.

Using the Design Studios for Health (DSH) framework, this work conceptualizes co-creation as a systematic research methodology rather than a peripheral engagement activity. The approach integrates evidence-based nursing science, participatory design principles, and community engagement models across the full technology lifecycle, including problem framing, data generation, prototyping, testing, and implementation. This methodological structure enables rigorous integration of community-generated qualitative data into design specifications, ensuring digital interventions are contextually grounded, usable, and ethically developed.

A key methodological contribution is the explicit distinction between engagement models, which govern power, decision-making, and accountability, and engagement methods, which operationalize participation at different research stages. Findings

demonstrate that methodological misalignment, such as pairing high-risk technologies with shallow engagement models, can compromise data validity, ethical integrity, and intervention effectiveness. In contrast, aligned participatory approaches enhance analytic depth, strengthen the trustworthiness of findings, and support sustainable translation of research into practice.

This framework contributes to cutting-edge nursing methodologies by offering a replicable, equity-focused approach for designing and evaluating digital health interventions. Implications for nursing research include strengthening methodological rigor in community-engaged studies, improving translational outcomes, and expanding nurses' roles as methodological leaders in digital health innovation. By reframing co-creation as a core research methodology, this work advances the science of nursing-led digital health research and implementation. The framework is adaptable across clinical, community, and nursing contexts.

Biography

Dr. Maissa Khatib is a social scientist and Clinical Assistant Professor in the Precision Health Research Initiative in the College of Health Solutions at Arizona State University. Her interdisciplinary research focuses on the intersections of climate change, migration, gender, and health equity, with particular attention to how structural and social conditions shape health outcomes across the life course. Grounded in qualitative, participatory, and community-led methodologies, Dr. Khatib centers the lived experiences of refugees, immigrants, and other marginalized populations. A core contribution of her work is advancing community-governed research approaches for digital health and behavior change innovation. She utilizes equity-centered methodologies that integrates community engagement and co-creation across the research and technology development lifecycle. She has led and contributed to federally and foundation-funded projects addressing climate-related health risks, chronic disease prevention, and digital health innovation, collaborating closely with communities, healthcare systems, and interdisciplinary teams to translate research into equitable practice.

Verga Gabriela Isabela

Dunărea de Jos University of Galați, Romania

Nutritional and Behavioral Factors Influencing Well-Being in Patients with Rheumatic Diseases

Abstract

Rheumatic diseases are chronic inflammatory conditions that significantly affect patients' quality of life (QoL), emotional well-being, and daily functioning. Increasing evidence suggests that lifestyle behaviors, particularly diet, sleep quality, and physical activity, may influence symptom burden and patient-reported outcomes. This study aimed to evaluate the relationship between dietary habits, lifestyle factors, and self-perceived quality of life in patients with rheumatic diseases. A cross- rheumatoid arthritis, ankylosing spondylitis, systemic lupus erythematosus, and osteoarthritis. Participants completed a structured questionnaire assessing sociodemographic characteristics, dietary behaviors, physical activity, sleep quality, and perceived QoL. Statistical analyses included descriptive statistics, Chi-square tests, correlation analyses, logistic regression, and linear regression models. Most participants were female (86.9%) and aged 46–55 years. Patients who followed a special diet reported significantly better perceived QoL and greater pain improvement compared to those without dietary modifications. Sleep quality emerged as the strongest independent predictor of QoL ($\beta = 0.42$, $p < 0.001$), followed by dietary influence ($\beta = 0.29$, $p < 0.001$) and physical activity ($\beta = 0.18$, $p < 0.001$). Strong negative correlations were observed between disease burden and emotional well-being, sleep quality, and overall QoL. Urban participants reported greater awareness of the positive impact of nutrition, while older patients experienced higher disease burden and lower QoL scores. Diet and lifestyle factors play an important role in shaping quality of life among patients with rheumatic diseases. Integrating nutritional counseling, sleep optimization, and physical activity into standard rheumatologic care may improve patient outcomes and

well-being. Further longitudinal studies are needed to explore causal relationships and evaluate targeted lifestyle interventions.

Keywords: rheumatic diseases; quality of life; diet; lifestyle; physical activity; sleep quality; nutrition.

Biography

PhD candidate in the 4th year at the Doctoral School of Biomedical Sciences, with over 35 years of professional experience in nursing and healthcare management. Currently serving as Head Nurse of the Integrated Outpatient Department at the "Sf. Ioan" Emergency Clinical Hospital for Children in Galați, Romania. He graduated from the Faculty of Psychology, as well as the Faculty of Medicine and Pharmacy, specializing in General Nursing, and further completed a Master's degree in Nutrition. His academic and professional interests focus on rheumatic diseases, patient quality of life, clinical nutrition, and the optimization of the nursing process through multidisciplinary and patient-centered approaches.

Tricia K. Gatlin

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

Dr. Tricia K. Gatlin serves as Dean of the Wegmans School of Nursing at St. John Fisher University, where she leads strategic initiatives in nursing education, curriculum innovation, and workforce development. With over two decades of academic and clinical leadership, Dr. Gatlin has championed experiential learning and technology-enhanced pedagogy, including the integration of Augmented Reality (AR) and Virtual Reality (VR) across undergraduate and graduate nursing programs. Her work has been supported by multiple grants from the Mother Cabrini Health Foundation, positioning Fisher as a regional leader in immersive simulation education. Dr. Gatlin is committed to preparing practice-ready nurses equipped to meet complex healthcare challenges with compassion, competence, and leadership. She actively collaborates with community partners to address social determinants of health and improve outcomes for vulnerable populations. Dr. Gatlin's scholarship and advocacy continue to shape the future of nursing education in New York State and beyond.

Marie A. Borgella

Massachusetts General Hospital, 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 Clinical Questions 1. How well does current nursing practice align with the 4Ms Framework? 2. Can WMM be effectively integrated using a validated tool? 3. Does WMM integration improve goal-setting and documentation? Evidence & Implementation • EPIC supports documentation for medication, mentation, and mobility. • The WMM-ST tool (Moye et al., 2021) was tested via Plan-Do-Study-Act (PDSA) cycles from Oct–Dec 2023 on an inpatient unit. • Nurses used the tool during admission, progress notes, and discharge to track patient goals. Results • 30 patients (65+) completed the WMM tool. • 67% had actionable goals identified. • 45% had progress documented. • 30% had WMM integrated into assessments. • 25% had no WMM documentation. Conclusion • Integrating WMM is feasible and beneficial, but inconsistent documentation reveals workflow barriers. • Embedding the tool in EPIC and enhancing training could improve adoption. • Findings support broader implementation of the 4Ms Framework to enhance care for older adults.

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.

TRABELSI Foued

Medical school in Monastir, Tunisia

Impact of a wellness charter on nursing practice for older adults in Tunisian healthcare centers: a cross-sectional quasi-experimental multicenter study

Abstract

Background: Wellness, a comprehensive approach to patient care, aims to promote freedom, respect and listening to the patient needs in order to prevent abuse. No previous study have assessed the impact of an intervention promoting wellness in older patients within hospital settings. Furthermore, the predictors of key wellness indicators remain unexplored. This gap hinders efforts to target both organizational and individual-level determinants of quality care for older patients.

Objectives: To establish a baseline of nurses' perceptions of different concepts of wellness of older adults, to identify predictive factors for two specific indicators of wellness: a) whether wellness is discussed during annual staff evaluations, and b) the presence of posters or documents related to wellness within departments, and to evaluate the impact of a training program based on a charter specifying the principles of wellness among nurses.

Methods: A descriptive, quasi-experimental, cross-sectional design was chosen. A before/after study was conducted with a sample of 500 Tunisian nurses. Initially, a self-assessment was carried out using a validated French questionnaire covering eight wellness-related domains (25 items total). This was followed by a communication and awareness campaign explaining the charter, after which the self-assessment was repeated. The domains assessed included: respect for privacy, dignity, and

confidentiality (5 items), pain management (2 items), patient/resident comfort (2 items), end-of-life care (3 items), communication (2 items), promotion of patient autonomy (4 items), preservation of personal dignity (3 items), and changes in service organization practices (4 items). To determine factors independently linked to wellness outcomes—specifically, items 21 (discussion of wellness during annual evaluations) and 22 (presence of wellness-related materials in the department)—both univariate and multivariate analyses were performed.

Results: After the intervention, all eight domains showed statistically significant improvements: changes range from 8% to 46%. Factors significantly associated with the discussion of wellness during annual reviews included: maintaining confidentiality [odds-ratio (OR)=2.28], avoiding professional discussions at the patient's bedside [OR=1.88], supporting end-of-life care and comfort [OR=2.76], scheduling staff breaks in rotation [OR=2.33], and monitoring patient call response times [OR=2.43]. Factors significantly associated with the presence of wellness-related documents in the department included: consistent attention to pain management [OR=6.73], collecting advance directives [OR=2.28], encouraging patient mobility [OR=0.14], rotating staff breaks [OR=1.61], monitoring call response times [OR=2.96], and offering flexible visiting hours [OR=1.51].

Conclusion: Emphasizing staff training on patients' rights and fostering an ethical nurse-patient relationship are crucial to improving wellness in care settings.

Biography

I am Trabelsi Foued, a doctoral student in health sciences and technologies at the Monastir medical faculty. I am head of the hospital hygiene unit at the regional health directorate of Sousse. I have 3 articles and 2 abstracts published.

Omar Alqaisi
University of Al-Zaytoonah, Jordan

Assessment of Quality of Pain Management in Orthopedic Patients Post Operatively and its Impact on Sleep Quality and Patients' Satisfaction about Pain Management

Abstract

Background: Postoperative pain management is an important aspect of patient care in orthopedic surgery. There is a complex relationship between postoperative pain, sleep quality, and patient satisfaction, influenced by multiple interrelated factors.
Aim: This study aims to assess the quality of pain management and its impact on sleep quality and patient satisfaction among postoperative orthopedic patients.

Methods: A descriptive, correlational design was used. The Pittsburgh Sleep Quality Index and the Pain Treatment Satisfaction Scale were employed to examine the relationship between sleep quality, patient satisfaction, and postoperative pain. The study included 125 patients from two governmental hospitals in Amman.

Results: Overall patient satisfaction with postoperative pain management was moderate, with a mean Pain Treatment Satisfaction subscale score of 3.23 (standard deviation, +0.82). While patients generally rated aspects related to pain relief positively, doctor-patient interactions were identified as an area needing improvement. Demographic factors significantly influenced satisfaction levels: lower income and a higher number of dependents were negatively correlated with satisfaction, while older age, higher body mass index (BMI), and longer hospital stays were associated with poorer sleep quality, as measured by the Pittsburgh Sleep Quality Index (PSQI). Specifically, the study found a strong positive correlation between BMI and global PSQI

scores (r = 0.72, P = 0.03), and a negative correlation between time since surgery and PSQI scores (r = –0.61, P = 0.01). Income level and number of dependents also influenced treatment satisfaction.

Conclusion: Personalized care, timely medication monitoring, and improved doctor-patient interactions are crucial to optimizing patient satisfaction and postoperative outcomes in orthopedic surgery.

Keywords: Orthopedic Patients, Pain Management, Sleep Quality, Patient Satisfaction.

Biography

Mr. Omar Al-Qaisi from Al-Zaytoonah University is a nursing expert in oncology and emergency medicine. He holds a master's degree in emergency and disaster medicine from Al-Zaytoonah University. He currently works as a part-time clinical instructor at Al-Zaytoonah University and also at the Military Oncology Center. He has experience using Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) and the Mixed Methods Appraisal Tool (MMAT) for research. His recent research focuses on sexual healthcare, selenium, orthopedics, sleep quality, pain management and patient satisfaction in oncology patients.

Lim Siew Hoon

Singapore General Hospital, Singapore

Exploring the use of wearable devices for sleep self-monitoring among nurses: a feasibility observational cohort study

Abstract

Shift work disorder is common among nurses, characterised by sleep disturbances, fatigue, and reduced well-being. Poor sleep hygiene practices further worsen sleep quality, yet remain understudied. While actigraphy is the gold standard for objective sleep assessment, consumer-grade devices such as Apple Watch provide low-cost alternatives but have been rarely validated in nursing populations. This study evaluated accuracy and feasibility of Apple Watch compared with actigraphy in measuring sleep parameters, and to examine associations between sociodemographic factors, shift patterns, sleep hygiene, and sleep quality among nurses working rotating shifts. A two-phase feasibility observational cohort study was conducted in a tertiary hospital in Singapore. In phase one, five nurses concurrently wore an Apple Watch and GENEActiv® actigraph for two weeks. Bland–Altman plots and paired t-tests were used to assess agreement for total sleep time, wake after sleep onset, and sleep efficiency. In phase two, 50 nurses completed demographic, work-related questionnaires, and Sleep Hygiene Index. Sleep outcomes were tracked with Apple Watch. Descriptive and inferential statistics, including regression analyses, were applied to examine associations between demographics, shift patterns, sleep hygiene, and sleep quality. Bland–Altman analysis reported Apple Watch slightly underestimated wake after sleep onset, with a mean bias of –20 minutes. The 95% limits of agreement ranged from –60 to +40 minutes, with tighter agreement at shorter awake durations. The Apple Watch demonstrated acceptable agreement with actigraphy, supporting feasibility as a low-cost tool for sleep monitoring. Findings will inform larger-scale studies and guide interventions to enhance sleep quality and workforce well-being.

Biography

Dr Lim Siew Hoon studied PhD in Nursing at National University of Singapore, Alice Lee Centre for Nursing Studies (graduated in 2017). She is currently a Nurse Clinician working in the Nursing Research Department in Singapore General Hospital, Singapore. She is also currently working in the clinical area of colorectal surgical inpatient ward setting in the acute care setting, with 19 years of clinical experience. Her current research focus areas include well-being of nursing workforce, improvement of patient engagement and empowerment among patients with colorectal cancer and stoma, as well as the improvement of frailty in elderly.

Takako Wada
Gifu Shotoku Gakuen University, Japan

When Support Becomes Invasive: Team Containment in Trauma-Informed Community Support

Abstract

Trauma-informed care (TIC) has increasingly been implemented in community-based child and family support. However, support may itself be experienced as intrusive in trauma-related cases, creating relational challenges in community practice. Little is known about how practitioners sustain therapeutic relationships under such conditions.

Purpose: This study explored the conflicts experienced by practitioners engaged in trauma-informed community support and examined how these relationships were sustained within teams.

Methods: Semi-structured interviews were conducted with 12 professionals involved in community-based child and family support, including nurses, psychologists, and welfare practitioners. Interview transcripts were analyzed using a qualitative descriptive approach.

Results: Three major categories were identified:

1. Invisibility and uncertainty in support practice
2. Support as invasion and relational disconnection
3. Boundary erosion and team containment

Practitioners experienced uncertainty because clients' difficulties were fragmented, difficult to verbalize, and context-dependent. In high-risk cases involving trauma histories, supportive interventions were sometimes perceived as surveillance, control,

or threat, resulting in relational disconnection and interruption of care. Practitioners attempted to reinterpret hostile reactions as trauma responses to maintain therapeutic engagement.Repeated exposure to clients' traumatic experiences also led to emotional and bodily boundary erosion among practitioners. At the same time, teams functioned as emotional containers in which practitioners shared emotions, reconstructed meaning, and reorganized boundaries collectively. Team containment supported the continuation of therapeutic relationships despite ongoing uncertainty and relational rupture.

Conclusions: Trauma-informed community nursing support involves continuously reconstructing relationships while confronting uncertainty, disconnection, and emotional boundary erosion. Team containment may serve as an essential organizational mechanism for sustaining practitioners and maintaining therapeutic engagement.

Biography

Takako Wada is a faculty member at the Faculty of Nursing, Gifu Shotoku Gakuen University, Japan. Her clinical and research interests include trauma-informed care, community nursing, child and family support, and mental health nursing. She has been engaged in qualitative research focusing on relational challenges and support processes in community-based practice. Her recent work explores therapeutic relationships, practitioner experiences, and team-based containment in trauma-informed community support. She is particularly interested in sustaining therapeutic engagement and interdisciplinary collaboration in community healthcare settings. She has presented research findings at academic conferences related to nursing and community health practice.

Blanche Andrews
Stellenbosch University, South Africa

Occupational Medicine in Social Security and Disability/ Return-to-Work: Strengthening the South African Workforce

Abstract

South Africa's legal framework plays an important role in managing the impact of workplace injuries, chronic illnesses, and disabilities on both employees and the broader economy. Within this system, occupational medicine practitioners are uniquely positioned to guide evidence-based decisions on disability assessments and to design effective return-to-work (RTW) interventions. By integrating medical expertise with an understanding of local legislation—such as the Labour Relations Act and Compensation for Occupational Injuries and Diseases Act (COIDA)—occupational health professionals can help bridge the gap between policy and practice. This presentation examines the role of occupational medicine in supporting injured and ill workers through fair, transparent incapacity determinations and structured RTW programs. Drawing on South African case studies, we will highlight how early intervention, multidisciplinary collaboration, and continuous monitoring can expedite recovery and reduce the economic burden on social security systems. The presentation emphasizes how robust occupational health assessments and targeted RTW strategies can promote sustainable employment, diminish disability stigma, and enhance overall workforce resilience. Occupational medicine has an important contribution toward shaping inclusive social security policies that bolster worker well-being and national productivity.

Biography

Dr Blanche Andrews is a senior lecturer and head of the Occupational Medicine Clinical Unit within the Division of Health Systems and Public Health in the Faculty of Medicine and

Health Sciences at Stellenbosch University, Cape Town. She is a qualified medical doctor and specialist in occupational medicine with experience spanning the military, private, and public sectors. Dr Andrews is committed to highlighting the improtant role occupational health has in improving population health outcomes and its benefits for workplace productivity and societal well-being.

Beena Sachan

University in Lucknow, Uttar Pradesh

Morbidity status of pesticide applicators at mango plantation in Lucknow District, India

Abstract

Nowadays Pesticides are very essential for agriculture. These substances are used extensively throughout the world. The World Health Organization (WHO) and the United Nations Environment Program estimate pesticide poisoning rates of 2-3 per minute, with approximately 20,000 workers dying from exposure every year, the majority in developing countries. From an environmental perspective, chemically-polluted runoff from fields has contaminated surface and ground waters, damaged fisheries, destroyed freshwater Ecosystems and created growing "dead zones" in ocean areas proximate to the mouths of rivers that drain agricultural regions. The aim of this study was to find out morbidity status among pesticide applicators. This was a cross-sectional study conducted over a period of one year. A total of 564 pesticides applicators from rural Lucknow, aged 18 years and above, were interviewed and examined. Multistage random sampling technique was used to select the requisite number of pesticide applicators. Out of 564 pesticide applicators 32.4 percent belonged to 30-39 years age group. Majority (82.6%) of them was males and 60.1% percent had more than 5 years of exposure to pesticide. A total of 45.6 percent and 39.8 percent of farmers had primary and intermediate school education, respectively. 40.0 percent were suffering with respiratory problems, followed by dermal problem, which was 27.0 percent. 21.0 percent and 10.0 percent pesticides applicators were suffering with gastrointestinal and ocular morbidity respectively. Morbidity status was significantly high after five years of exposure. Applicators were observed mixing pesticides without appropriate safety equipment. Some pesticide application equipment was in poor condition and leaking. Additionally Applicators were observed eating and drinking without first washing their

hands. There is a strong need for planning and programming intervention activities to address health needs in the area.

Biography

Dr Beena Sachan finished her MD (Community medicine) at 28 years old years from King George Medical University, Lucknow, UP, India and MA (Sociology) from CSJM University, Kanpur, UP, India . She is Professor junior grade at the department of community medicine, Dr RMLIMS, Lucknow, UP, India. She has 37 research publication and nine research projects. She is doing work in environment health, adolescent health and in the field of Non communicable diseases. impact healthcare delivery, fostering his strong interest in improving health and well-being as well as organizational and managerial aspects of healthcare.

Ammar Alraimi
Dr. Babasaheb Ambedkar Marathwada University, Maharashtra, India

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.

Uchenna Cosmas Ugwu

University of Nsukka, Nigeria

Physiotherapy outcomes and associated demographic and clinical factors among women with low back pain in southeast Nigeria

Abstract

Low back pain (LBP) is a leading cause of disability among women worldwide, particularly in low- and middle-income countries where access to rehabilitation services and treatment outcomes are often suboptimal. This study assessed physiotherapy outcomes and associated sociodemographic and clinical factors among women with LBP in southeast Nigeria. A multicenter cross-sectional study was conducted between September 2025 and March 2026 across 15 physiotherapy centers in Nigeria. A total of 446 women aged ≥18 years with confirmed LBP were recruited using multistage sampling. Data were collected using the Physiotherapy Outcome Assessment Questionnaire (POAQ). Physiotherapy outcomes were categorized as positive (symptom improvement) or negative (no improvement/worsening). Associations between outcomes and selected variables were examined using chi-square tests and odds ratios (ORs) with 95% confidence intervals (CIs). Overall, 76.0% of participants reported positive physiotherapy outcomes. Younger women achieved significantly better outcomes than older women. Parity was significantly associated with treatment success, with women reporting 0–2 pregnancies demonstrating the highest improvement rates (p=0.006). Normal BMI was strongly associated with favorable outcomes (87.6% versus 68.0% among women with abnormal BMI; p=0.001), with more than threefold higher odds of improvement (OR=3.32, 95% CI: 1.96–5.63). Educational level and duration of LBP were not significantly associated with outcomes. Maternal age, parity, and BMI are important determinants of physiotherapy outcomes among women with LBP.

Integrating risk-stratified rehabilitation, weight-management strategies, and reproductive health considerations into physiotherapy programs may improve recovery and optimize musculoskeletal health outcomes in resource-constrained settings..

Biography

Uchenna Cosmas Ugwu is an Associate Professor at the University of Nigeria, Nsukka (UNN). He holds a Ph.D., M.Ed.,& B.Sc. in Public Health/Health Education. His research focuses on gerontology and geriatrics, chronic disease epidemiology, women health, diabetes management, & mental health. Dr. Ugwu's works appear in reputable journals including: International Journal of Geriatric Psychiatry, Cambridge Prisms: Global Mental Health, Journal of Midlife Health, Discover Medicine, Journal of Diabetology and BMC Women's Health. He is a member of professional bodies including HEPRAN, NAHE, & TRCN, currently a member of the university senate by representation.

Hamideh Bidel

University of Medical Sciences Gonabad, Iran

Relationship between Shift Work and Mental Workload, Cognitive Failure, and Needle Stick in Nurses

Abstract

Nurses are among the largest professional groups in hospitals and are frequently exposed to demanding work environments that may increase the risk of occupational injuries. This study aimed to investigate the impact of shift work on mental workload, cognitive failure, and needlestick injuries among nurses. A descriptive study was conducted on 243 nurses working in a hospital in Isfahan. Data were collected using the NASA Task Load Index (NASA-TLX), the Wallace and Chen Cognitive Failure Questionnaire, and a Needlestick Injury Questionnaire. Statistical analyses were performed using appropriate inferential tests in SPSS. The mean age and work experience of participants were 35.85 and 11.61 years, respectively. The mean scores of mental workload and cognitive failure were 81.75 and 63.46, indicating considerable occupational and cognitive demands. A significant difference was observed in workload across different work shifts, with nurses working rotating shifts reporting the highest workload levels ($P < 0.05$). In addition, 72% of nurses reported experiencing at least one needlestick injury during the previous six months, and the likelihood of such injuries was significantly higher among those working rotating shifts ($P < 0.05$). These findings highlight the association between rotating shift work, increased workload, and a greater risk of occupational injuries. Effective scheduling strategies, continuous training, enhanced supervision, and adherence to occupational health and safety standards are recommended to improve nurses' safety and reduce needlestick injuries.

Biography

I was born in December 1995 and pursued my academic education in Occupational Health and Safety, earning an M.Sc. degree with a specialization in Ergonomics. My research interests focus primarily on ergonomics and cognitive ergonomics, particularly in occupational settings. I have authored and published several books and scientific articles in the fields of occupational health, safety, and ergonomics. My academic and research activities are mainly centered on investigating human factors, cognitive performance, mental workload, and workplace interventions aimed at improving health, safety, and productivity. Currently, I serve as a faculty member at Gonabad University of Medical Sciences. In addition to teaching, I am actively involved in research and development projects related to ergonomics, with a particular emphasis on cognitive ergonomics across various occupational groups. My work focuses on identifying workplace risk factors and developing evidence-based strategies to enhance worker well-being, performance, and occupational safety.

Fu-Ling Chu
University in Taoyuan City, Taiwan

The Effect of Multimedia Health Education on Anxiety and Complications in Children After Cardiac Catheterization

Abstract

Aims: Cardiac catheterization is a common diagnostic and therapeutic procedure for congenital heart disease in children, yet its invasiveness often induces anxiety and fear that affect cooperation and recovery. Traditional oral or written education is limited by children's comprehension. This study examined the effectiveness of multimedia health education in reducing postoperative anxiety and complications in children undergoing cardiac catheterization.

Methods: A randomized controlled trial was conducted from January to December 2024 in a pediatric cardiology ward of a medical center in northern Taiwan. Thirty children aged 4–12 were randomly assigned to an experimental group (n = 15) and a control group (n = 15). On the day of admission, the experimental group received the "Bobo Undergoes Cardiac Catheterization" multimedia video and picture book education, while the control group received routine nursing education. Anxiety levels were assessed at three time points using the Children's Emotional Manifestation Scale (CEMS) and Visual Facial Anxiety Scale (VFAS). Postoperative complications (bleeding, bruising, pulse loss) were recorded one day after the procedure. Data were analyzed using t-tests, chi-square tests, and generalized estimating equations (GEE).

Results: The experimental group had significantly lower CEMS scores one day after the procedure ($t = -2.4$, $p < .05$). GEE analysis showed greater reductions in systolic ($B = -9.0$, $p < .05$) and diastolic ($B = -9.1$, $p < .01$) blood pressure over time compared with the control group. Bruising area was smaller in the experimental group ($t = -2.25$, p

< .05), and bleeding and pulse loss occurred less frequently, though without statistical significance.

Conclusion: Multimedia health education improves understanding, reduces anxiety, enhances cooperation, and may decrease postoperative complications. It is an effective and feasible strategy in pediatric nursing.

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Unlocking Job Satisfaction: How Organizational Efficiency and Experience Shape Operating Room Nurses' Well-Being

Abstract

This study examined job satisfaction among operating room nurses, focusing on the impact of organizational efficiency, professional experience, and intrinsic motivation. Based on a survey of 99 nurses and statistical analyses including exploratory factor analysis, multiple regression, and ANOVA, the findings showed that organizational efficiency was the strongest predictor of job satisfaction, followed by professional experience. Intrinsic motivation had a slight negative effect, suggesting that internal drive alone may not compensate for the demands of high-pressure surgical environments. Additionally, demographic factors such as gender and years of professional experience significantly influenced perceptions of both organizational efficiency and professional development. These results highlight the importance of reinforcing organizational structures and valuing professional experience to enhance job satisfaction in this specialized field.

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Fetal Biometry Measurements in Diabetic Pregnant Women as Predictors of Neonatal Hypoglycemia

Abstract

Pregnant women with gestational diabetes mellitus (GDM) or pre-existing diabetes mellitus (DM) are at increased risk of prenatal and neonatal complications, including fetal hyperglycemia, hyperinsulinemia, fetal overgrowth, macrosomia, and large-for-gestational-age infants. This study aimed to investigate the association between fetal biometric parameters measured by ultrasound in diabetic pregnancies and neonatal outcomes, particularly neonatal hypoglycemia, compared with normal pregnancies.

This retrospective study included singleton pregnancies delivered at ≥37+0 weeks of gestation at Haeundae Paik Hospital between January 2013 and December 2022. Expectant mothers with GDM or pre-existing DM were compared with those with normal pregnancies. Fetal biometric measurements included head circumference (HC), abdominal circumference (AC), the difference between AC and HC (AC–HC), and the HC/AC ratio. Neonatal outcomes analyzed were neonatal intensive care unit (NICU) admission, intubation, acidosis (umbilical artery pH <7.0), and hypoglycemia. Univariate and multivariate logistic regression analyses were performed to identify independent prognostic factors.

A total of 473 pregnant women were included, of whom 175 (37.0%) had diabetes and 298 (63.0%) had normal pregnancies. In diabetic mothers, neonatal hypoglycemia was significantly associated with the HC/AC ratio ($p = 0.006$) and an AC–HC difference greater than –2.5 cm ($p = 0.040$). In contrast, no significant association between fetal biometric parameters and neonatal hypoglycemia was observed in the normal

pregnancy group. Other neonatal outcomes were not significantly correlated with fetal biometry.

In conclusion, singleton pregnancies delivered at ≥37 weeks of gestation in diabetic mothers with a greater discrepancy between fetal HC and AC (HC/AC ratio <0.95 or AC–HC ≥2.5 cm) are at increased risk of neonatal hypoglycemia compared with normal pregnancies.

Biography

Aram Heo graduated from medical school in South Korea and is currently a fourth-year resident in the Department of Obstetrics and Gynecology at Haeundae Paik Hospital, Inje University College of Medicine, Republic of Korea.


Thank You