

20th World Congress on

NURSING HEALTH CARE



27-28
July, 2026



Paris, France



Venue: Novotel Paris la Defense Esplanade
Courbevoie FR, 2 Bd de Neuilly, 92081 Paris La Défense Cedex, France

Day 1

July 27, 2026 | Paris, France

Scientific Program

08:30 –08:45: Registrations

08:45 –09:00: Opening Ceremony

Meeting Hall: Manhattan 1

Keynote Presentations

09:00–09:30

Title: The Next Nursing Superpower: Policy Innovation!

Marketa Houskova

CEO of American Nurses Association California
(ANA\California)

09:30–10:10

Title: Mobile Telehealth in Appalachia: A Nurse Practitioner–Led Integrated Care Mode

Paula Hill-Collins & Teresa Tyson

St. Mary's Health Wagon, USA

10:10–10:40

Title: Nurses, the time to M.O.V.E is now! A simple 4-step coaching approach to overcoming complex practice or performance issues through Mindfulness, Optimism, Vision and Execution

Louise Saladino

Saladino Consulting Healthcare Executive Coaching, USA

Group Photo | Coffee Break 10:40-11:00 @Foyer

11:00–11:30

Title: Nursing Students' Beliefs About the Challenges to Degree Completion

Rita Armstrong

Bryant & Stratton College, USA

Session Introduction

Session Chair: Marketa Houskova, American Nurses Association, California

Session Co-Chair: Paula Hill-Collins, St. Mary's Health Wagon, USA

Tracks

Nursing Education & Management | Paediatrics Nursing | Nursing Rehabilitation & Management
Nursing Research | Midwifery & Women health Nursing | Public Health & Community Health
Nursing | Cardiovascular Nursing | Nurse Practitioner | Nursing Management | Women Health
Nursing | Telemedicine and e-Health | Nursing Primary Care | Diabetes and Metabolic Surgery
| Type 1 and Type 2 Diabetes: Pathophysiology and Management | Diabetes Complications:
Neuropathy, Retinopathy, Nephropathy & Beyond

Oral Presentations

11:30–11:50

Title: Advancing Global Health Through Nursing-Led Water Interventions: Sustained Impact of Household Filtration and Education in Rural Ecuador

Stephanie Black

Herzing University, USA

11:50–12:10

Title: Integrating AI-Generated Unfolding Case Studies into Undergraduate Nursing Education

Elizabeth Santos

Bryant & Stratton College, USA

12:10–12:30

Title: Utilizing the flipped classroom in Nursing education

Crystal Salsbury

Bryant & Stratton Virginia Beach, USA

12:30–12:50

Title: Muscle Death by Diabetes: A Case of Diabetic Myonecrosis

Aiman Zafar

University of Kansas Medical Center, USA

Lunch Break 12:50-13:50 @Foyer

13:50–14:10

Title: Enhancing Team-Based Care Through Interprofessional Simulation

Nina Hutri

Tampere Centre for Skills Training and Simulation Tampere University, Finland

14:10–14:30

Title: Strengthening Community Pressure Injury Prevention and Surveillance: A Quality Improvement Initiative in Adult Community Services, Te Toka Tumai, Te Whatu Ora, New Zealand

Poonam Kumari

Nurse Consultant Auckland City Hospital, New Zealand

14:30–14:50

Title: Polymorphism of Abca1 (I883m) is Associated to Lipid Profile Alteration in Cad Patients Without Type 2 Diabetes

Nebil Attia

El Manar University, Tunisia

14:50–15:10

Title: Empowering Prenatal Care Through Nursing Innovation: An AI-Based Predictive Model for Low Birth Weight

Archana Maju

Rajkumari Amrit Kaur College of Nursing Delhi, India

15:10–15:40

Title: Effectiveness of an educational program on nurses knowledge about hypovolemic shock at Sinuni general Hospital of Mosul city

Imad Elias Khaleel

Sheikhan General Hospital, Iraq

Shawaf Khalaf Rasho

Sinuni general Hospital, Iraq

Refreshment | Coffee Break 15:40-15:50 @Foyer

15:50–16:10

Title: Empathy in Action: AREduX Approach to Support Persons Living with Dementia and their Caregivers
Eva Peisachovich
York University, Canada

16:10–16:30

Title: Infant Crying Effects on Neonatal Nurses' Performance and Well-Being: A Mixed-Methods Study
Nasra Idilbi
Max Stern Yezreel Valley College, Israel

Poster Presentation

16:30–16:50

Title: Machine Learning Prediction Model of Post-Transplant Diabetes Mellitus in Kidney Transplant Recipients in South Korea
Hye Jin Chong
Sunchon National University, South Korea

Panel Discussion & Certificate Felicitation

Day –1 Ends

Day 2

July 28, 2026 | Virtual

Scientific Program

**Virtual Mode Zoom Meeting
(GMT+2) Time in Paris, France**

Virtual Presentations

09:00–9:20

Title: The Impact of Empowerment TheoryBased NursingInterventions on Self-Management Among NonSurgical Patients with Knee Osteoarthritis in the Community
Shuting Shao
School of Nursing,Jilin University, Jilin, China

09:20–09:40

Title: Relationship between Disease Acceptance, Coping Styles, and Patient Activation among Advanced Lung Cancer Patients Undergoing Chemotherapy: A Mediation Analysis
Biao He
Chengdu Medical College, Chengdu, Sichuan, China

09:40–10:00

Title: A Study on the Application Effect of Participatory Practicum in the Undergraduate Nursing Management Course
Hong He
Xiangyang Central Hospital,
Affiliated Hospital of Hubei
University of Arts and Science, Xiangyang, Hubei, China

10:00–10:40

Title: Aligning Strategic Goals & Personal Growth: Innovative EN-RENC Teaching Strategies at Raffles Hospital
Lilian Yew Siew Mee (Keynote)
Chief Nurse, Raffles Hospital, Singapore

10:40–11:00

Title: Association of Cubulin (CUBN) and Megalin (LRP2) Gene Polymorphisms with Type 2 Diabetes Mellitus in an Indian Cohort
Divya Kanchi
Government Medical College, India

11:00–11:20

Title: Telenursing Readiness in the UAE: Nursing Students' Knowledge, Attitudes, and Perceptions in a Digital Health Era
Tania Santana
Community Women Health, Higher Colleges of Technology, UAE

11:20–11:40

Title: Architecting the Future: Strategic Leadership and Quality Culture for the Next-Generation University
Fusun Terzioğlu
Istanbul Aydin University Vice Rector, Istanbul

11:40–12:00	Title: AI in Endocrinology Hanaa Tarek El-Zawawy Alexandria University Faculty of Medicine, Egypt American Hospital Dubai, UAE
12:00–12:20	Title: Role of Biofeedback Pelvic Floor Training in Elderly Patients with Obstructed Defecation Mervat Sheta Aly Gawdat El Saw Faculty of Medicine, Alexandria University Alexandria, Egypt
12:20–12:40	Title: Exploring Registered Nurses’ Understanding of the Concept of Critical Thinking in a Private Hospital in the Gauteng Province, South Africa Khululwa Mboqoka Director, Nurse Intellect Consultancy, South Africa
12:40–13:20	Title: Challenges and solutions for designing and managing intelligent and ethical transformed health and social care ecosystems Bernd Blobel (Keynote) University of Regensburg, Germany
13:20–13:40	Title: From the first Civic Survey on health personnel in Italy to the EU Call to Action to the European Commission to urgently address the health workforce crisis Mariano Votta Italian NGO Cittadinanzattiva and Director of its EU branch Active Citizenship Network
13:40–14:00	Title: Factors Influencing the Rationing of Nursing Care Joanna Rosińczuk Wroclaw Medical Univeristy, Poland
14:00–15:40	Title: Charting in the Clinical Setting: SOAP, COWs, AI & Beyond! Daryle Wane (Keynote) Nursing Consultant, Florida, USA
15:40–16:00	Title: Change Your Genes – Change Your Life: Epigenetics of Longevity Kenneth R. Pelletier University of California School of Medicine, USA
16:00–16:20	Title: Exploring the Leadership Challenges and Retention Strategies of Global Nurse Leaders Who Lead Foreign Educated Immigrant Nurses: A Phenomenological Study Beth Vanderwalker Indiana Institute of Technology, United States
16:20–16:40	Title: Motivational Interviewing To Impact Obesity Outcomes in Adults Mona Kaye Garrison Chamberlain University, USA

16:40–17:00

**Title: Electronic health literacy and chronic pain:
Opportunities for nursing interventions**
Geraldine Martorella
Florida State University, USA

17:00–17:20

**Title: Preliminary effects of combined brain stimulation and
Mindfulness delivered preoperatively to reduce pain after
total knee arthroplasty**
Geraldine Martorella
Florida State University, USA

Panel Discussion & Certificate Felicitation
Day –2 Ends



20th World Congress on

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JULY 2026



PARIS FRANCE



DAY 1

KEYNOTE

PRESENTATIONS

HYBRID EVENT



Marketa Houskova

CEO of American Nurses Association\California (ANA\C)

The Next Nursing Superpower: Policy Innovation!

Proposed Presentation:

In these challenging times when global healthcare is under threat, nurses must use their voices, experiences & transferable skills to shape and drive innovative policies to advance the health and wellbeing of our patients and communities. Without nurses present at health policy meetings, regulatory discussions, high level roundtables and/or decision-making meetings, nurses will be left without relevant representation among policy thought-leaders and stakeholders. Moreover, our diverse expertise and considerable academic preparation will not be accounted for in innovative plans of action aimed at delivering the best care possible.

Innovation must come not only from healthcare institutions, facilities, nursing schools, and professional organizations, but also -and most importantly- from within the nursing profession itself. Globally, nurses must adopt dynamic leadership roles and actively shape the future of the profession. Innovation in nursing schools' curricula, innovative engagement from professional organizations, and out-of-the-box thinking re: care delivery and healthcare systems with emphasis on early policy involvement are some options. However, existing lack of political acumen, policy knowledge, and understanding of healthcare systems & political or policy processes are undermining our efforts.

American Nurses Association\ California is dedicated to innovating processes and programs to make the biggest impact. In 2021, ANA\C established Advocacy Institute featuring a year-long term Policy Fellowship programs for practicing nurses. We also developed Advocacy Messaging Training preparing nurses for meeting with legislative officials and their policy staff. Nurses in Media Training cover messaging triangle and storytelling to educate & influence decision-makers. Nursing Student Ambassadors program focuses on graduating nursing students and their journey to policy advocacy and the use of media.

Major policy innovation is necessary in order for nurses not to be seen as part of the 'hospital room charge' or 'part of the problem'. Nurses must be viewed as valuable partners in the development and implementation of sustainable solutions and innovative changes.

Biography:

Dr. Marketa Houskova is ANA\California's CEO. Previously, Dr. Houskova served as Secretary at 'Hands for Global Health,' a non-profit organization administering and coordinating global health missions by connecting interprofessional healthcare students with other medical providers in remote parts of Panama. Dr. Houskova, a Certified Pediatric Nurse with High Honors, initially graduated from a nursing school in the Czech Republic. She subsequently embarked on a career as a Nurse Anesthetist in a regional trauma hospital. Pursuing her dreams of working in America, Dr. Houskova obtained RN licenses through experiences in England and Canada.



Paula Hill-Collins & Teresa Tyson

St. Mary's Health Wagon, USA



Mobile Telehealth in Appalachia: A Nurse Practitioner–Led Integrated Care Mode

Rural Central Appalachia faces some of the most persistent health inequities in the United States—one of the few high-income nations without universal health coverage. This lack of universal access further compounds barriers created by geographic isolation, clinician shortages, and poverty. The Health Wagon—the oldest mobile free clinic in the nation—implemented the Integrative Comprehensive Care Collective (ICCC), a nurse-led model strengthened through Starlink satellite connectivity and Tyto remote diagnostic devices to overcome both digital and geographic barriers.

Purpose: To evaluate whether a digitally enabled, nurse-led mobile care system improves access, chronic disease management, and patient engagement in remote regions lacking broadband infrastructure and financial access to specialty and primary care.

Methods: A mixed-methods evaluation (2020–2024) analyzed outcomes for patients receiving Starlink-supported telehealth and Tyto-facilitated remote assessments across mobile clinics and home-based monitoring programs. Data sources included electronic health records (n=3,100), remote exam uploads, specialty teleconsultation logs, provider documentation, and structured patient interviews conducted across multisite rural settings. Outcomes assessed included changes in chronic disease indicators, time-to-specialty access, patient engagement, and continuity of NP-led care.

Findings: Starlink connectivity enabled real-time cardiology, pulmonology, dermatology, endocrinology, and behavioral telehealth services in mountain communities previously unreachable by traditional broadband. Tyto devices allowed nurse practitioners to conduct high-resolution cardiac, pulmonary, otoscopic, and dermatologic assessments during mobile visits and home monitoring. Patients enrolled in Starlink- and Tyto-supported care demonstrated a 28% improvement in HbA1c control, expedited specialty access, earlier detection of uncontrolled chronic disease, improved follow-up adherence, and strengthened continuity of care. Patients also reported reduced transportation barriers and greater trust in telehealth.

Conclusions: The ICCC model represents a plausible and scalable clinical innovation for rural health equity. By integrating mobile care, satellite internet, and remote diagnostic technology, this NP-led model provides a pathway toward universal-like access in a region without universal coverage and demonstrates the transformative potential of nurse-led digital health systems in underserved Appalachian communities.

Keywords: Rural telehealth; Nurse-led care; Satellite connectivity; Chronic disease management; Appalachian health equity

Biography:

Dr. Paula Hill-Collins, DNP, FNP-BC, PPCNP, FAANP, is Vice President and Clinical Director of St. Mary's Health Wagon, a nurse practitioner-led nonprofit health system serving rural and underserved communities in Central Appalachia, United States. A dually certified Family and Pediatric Nurse Practitioner and Fellow of the American Association of Nurse Practitioners, Dr. Hill-Collins is a recognized leader in health policy, rural systems transformation, and advanced practice nursing governance.

She leads the development of the Integrated Comprehensive Care Collective (ICCC) Model, a One Health-aligned framework that integrates primary care, behavioral health, dental, vision, pharmacy, and digital health to strengthen rural health systems and reduce structural inequities. Her work operationalizes World Health Organization priorities for people-centered care, workforce optimization, and health system resilience.

Dr. Hill-Collins has played a significant role in advancing nurse practitioner scope-of-practice policy, rural workforce development, and integrated care reform, and she advises and mentors emerging nurse leaders engaged in policy and systems change.

Dr. Teresa Owens Tyson is the President and Chief Executive Officer of The Health Wagon, one of the oldest and most respected mobile healthcare organizations in the United States, dedicated to providing comprehensive healthcare services to underserved rural communities throughout Central Appalachia. A Doctor of Nursing Practice (DNP) and board-certified Family Nurse Practitioner, she is a nationally recognized leader in rural healthcare innovation, public health, and healthcare equity.

Born and raised in the Appalachian region, Dr. Tyson has devoted more than three decades to improving access to quality healthcare for vulnerable and medically underserved populations. Under her visionary leadership, The Health Wagon has expanded from a mobile clinic into a comprehensive healthcare network offering primary care, dental services, pharmacy, telehealth, specialty care, and multiple mobile medical units that collectively serve thousands of patients annually.

An internationally respected advocate for health equity, Dr. Tyson has pioneered innovative models of rural healthcare delivery, including telehealth initiatives and the first FAA-approved drone delivery of medications in the United States. Her groundbreaking work has been recognized globally, leading to invitations to speak at prestigious forums, including the United Nations and the World Health Organization, where she champions equitable healthcare access for underserved communities worldwide.

Dr. Tyson is a Fellow of the American Association of Nurse Practitioners (FAANP) and has received numerous honors for her outstanding contributions to healthcare innovation, leadership, and community service. She is also deeply committed to mentoring future healthcare professionals and fostering collaborative partnerships that strengthen rural healthcare systems.

As a visionary leader, accomplished speaker, and passionate advocate, Dr. Teresa Owens Tyson continues to transform the landscape of rural healthcare through innovation, compassion, and an unwavering commitment to ensuring that quality healthcare is accessible to all, regardless of geographic or economic barriers.



Louise Saladino

Saladino Consulting, Healthcare Executive Coaching, USA

Nurses, the time to M.O.V.E is now! A simple 4-step coaching approach to overcoming complex practice or performance issues through Mindfulness, Optimism, Vision and Execution

The current state of healthcare is fraught with complex challenges which can impact staff and leaders, through decreased productivity, an inability to meet unit or organizational goals or even burnout and subsequent turnover. Over 60 percent of nursing staff reported burnout in 2024 and almost 50 percent of nurse managers report burnout and a lack of work/life balance.

Leaders understand relationship building is critical to ensure staff feel heard and valued and is best accomplished through regular and supportive interaction with their teams. Most organizations expect that leaders include regular one-to-one and staff meeting schedules in their management priorities.

Most performance management programs have similar requirements: communication of clear organizational goals, timely performance feedback, identification of improvement opportunities, necessary education and open communication to build trust. This structured approach to spending time with staff is ideal, but may not be consistently executed when leaders manage multiple complex departments, processes and people.

The M.O.V.E. Model was created to use theories of Mindfulness, Optimism, Vision and Execution to ensure time spent with staff is meaningful and outcome driven. It provides a simple 4 step process that aligns more with a coaching model. The leader supports the flow of discussion, supporting staff to explore ideas and possible solutions. Staff feel empowered to own their practice and it becomes more of a personal goal not a directive for performance.

This allows a shared mental model for staff to support each other in unit interactions, whether in one-to-one communications, council or staff meetings. You will watch staff M.O.V.E. each other forward from problem to solution. In larger unit or organizational issues, the leader can add to next meeting agenda and ask staff to bring ideas how to M.O.V.E. this issue. The ease which staff navigate from problem to solution is evident in positive unit/organizational outcomes.

Biography:

Dr. Saladino's career focus has been driving improvements in hospital systems of care delivery, through an approach that elevated the voice of the frontline staff. Early in her leadership journey, she found traditional performance management models ineffective. She created, instead, a performance coaching model. This paradigm shift moved from a traditional problem focus to an identifiable and achievable solution state. The model simplifies many complex theories of performance management and can be used as a personal, team or organizational tool. The coaching approach removed management stigmas and created cultures of empowerment and co-ownership to solve complex challenges in care delivery.



Rita Armstrong

Bryant & Stratton College, USA

Nursing Students' Beliefs About the Challenges to Degree Completion

This study examines why students in an Associate Degree in Nursing (ADN) program choose not to complete their degree. The focus is on minority students, who continue to face higher rates of attrition within nursing education. The study will take place at a college in Virginia Beach, Virginia, and will include five cohorts with ten students in each group. Participants will range in age from 18 to 60 and represent diverse backgrounds, including Asian, Hispanic, and African American students.

A qualitative design will guide the project. Data will be gathered through questionnaires using basic rating scales, document review, and in-person focus group interviews. The study will explore how students manage the competing demands of school, work, and personal responsibilities. Many minority students also struggle to meet basic needs such as stable housing and food, which adds stress and affects their ability to progress in the program.

The goal is to identify the factors that contribute to withdrawal and to understand what types of support would improve persistence. Findings may help nursing programs strengthen support services, particularly for underserved students. Addressing basic needs and providing reliable academic and personal resources may reduce stress, improve retention, and increase the number of students who complete nursing school. Strengthened retention efforts can also help build a more diverse nursing workforce and expand enrollment in ADN programs.

Keywords: minority students, attrition, retention, barriers, challenges, nursing programs

Biography:

Dr. Rita Armstrong, EdD, DNP, MSN Ed, RN, FAADN has spent more than thirty years in nursing as an educator and healthcare leader. Her experience includes serving as an assistant professor and dean of nursing, with strengths in strategic planning, conflict resolution, communication, curriculum development, and faculty support. She has contributed as a subject matter expert across academic and clinical settings. Dr. Armstrong is committed to preparing future nurses and creates learning environments that encourage persistence, professional growth, and student success. She continues to focus on improving outcomes for diverse and underserved student populations.

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PARIS FRANCE



DAY 1

SPEAKER

PRESENTATIONS

HYBRID EVENT



Teresa Tyson & Paula Hill-Collins

St. Mary's Health Wagon, USA



Global Architects of Equitable Care: Nurse-Led Systems Leadership Through an ICCC One Health Platform for Underserved Populations

Background: Across the United States and globally, rural and underserved communities confront shared and escalating health system challenges, including the growing burden of chronic disease, persistent health inequities, geographic isolation, workforce shortages, and increasing vulnerability to disasters and climate-related events. Conventional, facility-based healthcare models frequently fail to reach remote and marginalized populations, resulting in fragmented care, delayed intervention, and preventable morbidity. In alignment with World Health Organization (WHO) priorities for people-centered, integrated, and resilient health systems, these conditions demand inclusive, nurse-led models of care that strengthen rural health systems, optimize the health workforce, and deliver equitable, community-responsive services across diverse and resource-limited contexts.

Objective: This work demonstrates how nurse practitioner-led systems leadership operationalizes a One Health Platform grounded in the Integrated Comprehensive Care Collective (ICCC) Model to advance equitable, integrated, and resilient rural healthcare. The ICCC Model addresses interconnected clinical, social, and environmental determinants of health through prevention, chronic disease management, and community-level intervention, while aligning with WHO frameworks for integrated people-centred health services, chronic disease care, workforce optimization, and health system resilience.

Methods: In rural Central Appalachia (United States), the Health Wagon free clinic system operationalized the ICCC Model through seven integrated service lines: primary and urgent care; chronic disease management; women's health; behavioral and mental health; dental care; vision and specialty diagnostics; and pharmacy services. Care delivery occurs across a flexible continuum including stationary clinics, mobile medical and dental units, home visits, satellite-enabled telehealth, and large-scale community health expeditions. Nurse practitioners function as system leaders—directing interdisciplinary teams, coordinating cross-sector community partnerships, and leveraging digital health technologies to enhance continuity of care, patient engagement, and self-management (Figure 1).

Results: This nurse-led platform significantly expanded access to comprehensive care for rural populations previously excluded from traditional systems. Mobile and community-based services reduced transportation and financial barriers, while telehealth enabled specialty consultation and longitudinal care. The model demonstrated strong adaptability during disasters and public health emergencies, maintaining essential services when conventional infrastructure was disrupted. Key outcomes and system-level impacts are summarized (Table 1).

Conclusion: The ICCC-aligned One Health Platform illustrates how advanced practice nurses serve as architects of integrated, people-centered health systems. By translating WHO priorities into operational practice through nurse-led leadership, innovation, and community partnership, this scalable model offers a globally transferable framework to advance equitable and resilient rural healthcare across the Asia-Pacific region and beyond.

Biography:

Dr. Teresa Owens Tyson is the President and Chief Executive Officer of The Health Wagon, one of the oldest and most respected mobile healthcare organizations in the United States, dedicated to providing comprehensive healthcare services to underserved rural communities throughout Central Appalachia. A Doctor of Nursing Practice (DNP) and board-certified Family Nurse Practitioner, she is a nationally recognized leader in rural healthcare innovation, public health, and healthcare equity.

Born and raised in the Appalachian region, Dr. Tyson has devoted more than three decades to improving access to quality healthcare for vulnerable and medically underserved populations. Under her visionary leadership, The Health Wagon has expanded from a mobile clinic into a comprehensive healthcare network offering primary care, dental services, pharmacy, telehealth, specialty care, and multiple mobile medical units that collectively serve thousands of patients annually.

An internationally respected advocate for health equity, Dr. Tyson has pioneered innovative models of rural healthcare delivery, including telehealth initiatives and the first FAA-approved drone delivery of medications in the United States. Her groundbreaking work has been recognized globally, leading to invitations to speak at prestigious forums, including the United Nations and the World Health Organization, where she champions equitable healthcare access for underserved communities worldwide.

Dr. Tyson is a Fellow of the American Association of Nurse Practitioners (FAANP) and has received numerous honors for her outstanding contributions to healthcare innovation, leadership, and community service. She is also deeply committed to mentoring future healthcare professionals and fostering collaborative partnerships that strengthen rural healthcare systems.

As a visionary leader, accomplished speaker, and passionate advocate, Dr. Teresa Owens Tyson continues to transform the landscape of rural healthcare through innovation, compassion, and an unwavering commitment to ensuring that quality healthcare is accessible to all, regardless of geographic or economic barriers.

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Dr. Hill-Collins has played a significant role in advancing nurse practitioner scope-of-practice policy, rural workforce development, and integrated care reform, and she advises and mentors emerging nurse leaders engaged in policy and systems change.



Elizabeth Santos

Bryant & Stratton College, USA

Integrating AI-Generated Unfolding Case Studies into Undergraduate Nursing Education

This presentation highlights the integration of AI-generated, instructor-facilitated unfolding case studies into a prelicensure undergraduate nursing curriculum. Utilizing accessible AI tools such as ChatGPT, Leonardo AI, and Runway ML, faculty designed interactive, immersive video-based simulations aligned with the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: Simulation®, the National Council of State Boards of Nursing (NCSBN) Clinical Judgment Model, and Bloom's Taxonomy.

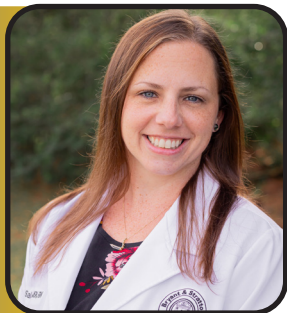
These multimedia cases were embedded into classroom instruction and delivered with structured prebriefing, guided decision-making activities, and reflective debriefing to simulate real-world clinical reasoning. This approach provided a scalable, low-cost model to promote clinical judgment development in the absence of increased clinical site availability. Early outcomes suggest improved student engagement, prioritization, and clinical reasoning skills.

This session will showcase case examples, outline the development and implementation process, and share qualitative feedback from students and faculty. The presentation will provide practical insights for academic nurse educators seeking to enhance classroom-based clinical learning through innovative, technology-integrated teaching strategies. This method offers a promising approach for nursing programs facing clinical placement challenges while striving to foster safe, competent, and judgment-ready new graduate nurses.

Keywords: Clinical judgment, artificial intelligence, didactic simulation, nursing education, unfolding case studies

Biography:

Elizabeth Santos is a transformational nursing leader and educator with over a decade of experience in acute care and higher education. As Associate Director of Nursing, she leads curriculum design, accreditation readiness, and faculty development for prelicensure programs. She implemented mentoring and exam-rigor strategies that increased NCLEX pass rates from 67% in 2020 to 99.8% in 2025. Elizabeth holds an MBA in Human Resources, MSN in Nursing Education, and is pursuing her DNP in Educational Leadership. She is board-certified as a Nurse Executive (NE-BC), NPD Specialist (NPD-BC), and CNE. She actively participates in ANA, NLN, NCNA, OADN, and Sigma Theta Tau.



Crystal Salisbury

Bryant & Stratton Virginia Beach, USA

Transforming Nursing Education Through the Flipped Classroom: Active Learning Strategies That Improved NCLEX Success

Utilizing the flipped classroom in Nursing education is an effective method to build critical thinking skills in the new graduate Registered Nurse. Hands on, interactive education leads to higher competency levels of RN students. Incorporating activities beyond lecture allows students to apply and analyze clinical information in a safe environment, which fosters a questioning attitude for lifelong learning. I have a variety of activities currently in practice within the Obstetric, Pediatric, and Leadership courses that can be adapted to all levels of nursing education. Bryant & Stratton College in Virginia Beach, VA has elevated their first time NCLEX pass rate from 67% to 96% as of May 1st, 2023.

The Registered Nursing program at Bryant & Stratton College converted to the flipped classroom approach in September 2021 following a period of extended online education requirements due to COVID restrictions. It was noted upon returning to the in-person classroom that exam scores and first-time NCLEX pass rates were steadily declining. Falling first time NCLEX pass rates prompted an institutional change to be discussed with faculty members and implemented within the Registered Nursing Program. As faculty we credit transformational leadership, innovative teaching techniques, and ongoing teamwork to maintain our current first time NCLEX pass rate of 100%. I played an integral role in providing teaching assistance to other instructors as well as with creating classroom-ready activities for each course to become more interactive for students and faculty.

Transitioning to the flipped classroom technique includes more than simply making lecture and class materials available to students before each class. It involves in-depth faculty planning and proper execution to deepen student's understanding of essential nursing competencies through active learning. Maternal Child Health and Pediatrics are two courses that students either fall in love with or completely loathe. We have created activities to engage students across all levels of learning, making the classroom a safe and fun learning environment. I have utilized various methods to strengthen student engagement and understanding. Methods include using play-doh to model gastrointestinal defects in Pediatrics, simulating cervical change with a balloon and ping-pong ball in Maternal Child Nursing, playing Jenga™ for content review in the classroom, and utilizing blindfolds to foster understanding of Nursing Leadership styles with senior nursing students. These unique methods have increased conversations in the classroom, sparked analytical questions from our students, and increased test scores over the past 18 months. In addition, we have seen our first time NCLEX scores rising, and more positive reviews are being submitted by our Registered Nursing graduates. This method of teaching was a huge change for faculty members but has resulted in both a positive outcome and a stimulating learning environment for all involved.

Based on classroom surveys students have shared that hands on learning activities better enhance their understanding of complex content and allow easier application to NCLEX questions during examinations. Students come to class with smiles on their faces, unsure of today's activities but fully aware that their learning will become concrete through the day's scheduled activities. Utilizing non-conventional methods outside of a verbal lecture has created a more interactive classroom, which forges better relationships between peers. Creating collaboration between students in each cohort serves nursing students far beyond the classroom; it sets individuals up for professional success and collaboration. In addition, Bryant & Stratton College Virginia Beach Nursing program earned full approval by the Virginia Board of Nursing as of March 8th, 2023.

Finding innovative methods to teach nursing students is a large undertaking that requires the entire faculty to jump on board. Students enjoy the interactive learning strategies and vocalized enjoying specific courses based on their in-class interactions. Students who do not wish to pursue careers in Obstetrics, Pediatrics, or Leadership enjoy these courses and take away the knowledge needed to become a competent novice Registered Nurse. As a Nursing Instructor I am proud to share both our results and teach other schools of nursing our methods to transform their programs.



Aiman Zafar¹ MD, Amita Jain² MD

¹Assistant Professor of Endocrinology at the University of Kansas Medical Center

²Endocrinology Fellow at the University of Kansas Medical Center

Muscle Death by Diabetes: A Case of Diabetic Myonecrosis

Introduction: Diabetic myonecrosis is a rare complication of poorly controlled diabetes affecting those with advanced microvascular disease.

Case Presentation: A 64-year-old Caucasian male with severe obesity and long-standing type 2 diabetes and associated diabetic nephropathy, polyneuropathy, left below-knee amputation, and peripheral vascular disease presented with a 3-day history of sudden, sharp pain and swelling in the right leg and foot without preceding leg injury. Vitals were normal on exam. There was severe edema and erythema in the right leg. Labs notable for: leukocytosis, elevated ESR and CRP, AKI, elevated CK of 9300 U/L, and HbA1C 7.2%. A contrast MRI of the leg showed intramuscular edema and marked muscle enlargement. Antibiotics were discontinued once blood cultures were negative. Swelling and erythema of the right leg improved within a week with rest, compression wraps, leg elevation, allowing weight-bearing before discharge.

Discussion: Diabetic myonecrosis is a rare complication of long-standing diabetes presenting as acute muscle swelling, pain in the thigh/calf, without preceding trauma or systemic symptoms. Patients typically have normal white blood cell counts and elevated ESR and CRP in approximately 50% of cases. Diagnosis is clinical, supported by MRI, which shows muscle edema and infarction without abscess. The pathogenesis appears to be related to diabetic microangiopathy, with thickening of small-artery walls and fibrinoid occlusion, leading to muscle ischemia and subsequent necrosis. The condition is self-limiting, but recurrence may occur in 50 % of cases. Treatment is supportive—rest, analgesia, antiplatelet therapy, and optimization of glycemic control.

Conclusion: Diabetic myonecrosis indicates advanced microvascular disease, with high recurrence and poor prognosis, best managed by rigorous risk factor control.

Key Words: diabetes, leg swelling, leg pain, muscle edema, myonecrosis

Biography:

Dr. Aiman Zafar, MD, is a board-certified endocrinologist with over 15 years of clinical experience with a strong commitment to providing evidence-based, compassionate care in the diagnosis and management of hormonal and metabolic disorders. With extensive training in internal medicine and endocrinology, Dr. Zafar specializes in treating a wide range of endocrine conditions, including diabetes, thyroid disorders, adrenal and pituitary diseases, bone disorders, and hormonal imbalances. Fluent in English, Urdu, Punjabi, and Hindi, Dr. Zafar is known for building strong, trusting relationships with patients from diverse backgrounds. She brings a culturally sensitive and inclusive approach to care, ensuring that communication and treatment decisions are always patient-centered.

Dr. Zafar has a particular interest in challenging and complex cases, finding them intellectually stimulating and professionally rewarding. This passion drives her commitment to continuous learning and clinical excellence. Actively engaged in ongoing medical education, Dr. Zafar stays current with the latest advancements in endocrinology and is involved in resident and fellow education.



Nina Hutri

Tampere Centre for Skills Training and Simulation Tampere University, Finland

Enhancing Team-Based Care Through Interprofessional Simulation

Diethylstilboestrol (DES) was prescribed to pregnant women between the 1940s and 1970s to prevent miscarriage, exposing millions of daughters in utero to synthetic oestrogen. While the association between DES and clear-cell carcinoma is established, the broader, lifelong gynaecological consequences remain under-recognised in routine clinical practice.

This presentation offers a longitudinal patient-expert perspective on living with DES exposure across the reproductive lifespan. Drawing on lived experience alongside existing clinical literature, it explores congenital reproductive tract anomalies, cervical malformation, infertility, CIN3 and cancer surveillance, repeated gynaecological surgery, pregnancy complications including cervical incompetence, and the transition into perimenopause and menopause.

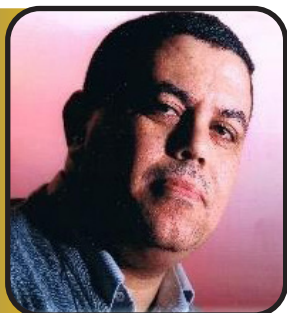
Particular attention is paid to the fragmentation of gynaecological care within the UK system, where DES-related conditions are often managed in isolation rather than as part of a coherent, lifelong exposure. The burden of self-advocacy, frequent consultant changes, clinician unfamiliarity with DES, and delayed recognition of risk are examined as systemic issues rather than individual failures.

The presentation also addresses the psychosocial impact of delayed disclosure, medical denial, and the cumulative effect of chronic gynaecological intervention on identity, relationships, and mental health. Emerging concerns around breast and pancreatic cancer risk are discussed in the context of declining clinical awareness and limited surveillance pathways.

Finally, the talk reflects on the current national and international DES reckoning, including re• Lifelong surveillance

Biography:

Nina Hutri is Vice Dean for Education at Faculty of Medicine and Health Technology at Tampere University, Finland. She is also Executive Director of Tampere Centre for Skills Training and Simulation (a training centre owned by Tampere University, Tampere University of Applied Sciences and Pirkanmaa Wellbeing Services County). She is a Specialist in Paediatrics, a Docent of Paediatrics, and holds Special Competence in Medical Education. She has authored approximately 300 peer-reviewed publications (Young Finns Study, education etc). Her main intrests include curriculum developmed and interprofessional education.



Nebil Attia

El Manar University, Tunisia

Polymorphism of Abca1 (I883m) is Associated to Lipid Profile Alteration in Cad Patients Without Type 2 Diabetes

Background and Aims: Cardiovascular diseases, in particular acute coronary syndrome, are the leading cause of death and the rate of hospitalizations. Estimating cardiovascular risk is an important step to initiate primary prevention of this disease. We studied the influence of I883M variant of the ATP Binding Cassette A1 (ABCA1) gene, which plays a key role in the reverse transport of cholesterol on clinical and lipid parameters in patients with coronary artery disease (CAD) with or without type 2 disease (T2D).

Methods: Three hundred seventy-eight subjects (378) were recruited (95 control, 62 CAD, 58 T2D and 163 CAD+T2D). All were genotyped by PCR-RFLP with EcorV. Clinical and biochemical parameters were performed using conventional methods.

Results: Three genotypes of ABCA-1 were detected: GG mutated homozygote, AG mutated heterozygote and AA, the wild genotype. Results show that the GG genotype was associated to CAD (with or without T2D). AG genotype was associated to hypertriglyceridemia only in T2D group. However, GG genotype was associated to an elevated plasma LDL-C only in CAD group (without T2D) as well as in whole population (n = 378).

Conclusions: Our data show that CAD patients with GG genotype are sensitive to develop acute coronary syndrome, probably in association to elevated plasma LDL-C, but independently of type 2 diabetes.

Keywords: #ABCA1 Polymorphism #CAD #Type2 Diabetes

Biography:

A professor of biochemistry and nutrition since 1998, Nebil ATTIA is a graduate of the University of Paris 7, now known as Université Paris-Cité. His research focuses on investigating alterations in lipid metabolism and its regulatory factors, particularly in type 2 diabetes, obesity, and coronary artery diseases. His work has resulted in dozens of national and international publications in high-impact scientific journals. Professor ATTIA is also an expert in the field of lipoprotein metabolism and its regulation, as well as in nutritional diseases, including dietary deficiencies. He has also conducted research on bone metabolism and metabolic syndrome. He was a founding member and treasurer of the Tunisian Association for the Study and Research of Atherosclerosis (ATERA)

His university teaching in University of Carthage, Tunisia focuses on biochemistry and its various aspects, as well as human nutrition, covering both its fundamental and pathological aspects. At the same university, he was the chair of the Department of Life Sciences. In addition, Professor ATTIA has supervised a significant number of doctoral students (PhD), master's students, and students working on research grants. Since 2025, he has served as Head of the "Research and Planning" Department at the National Institute of Nutrition in Tunis, Tunisia.



Poonam Kumari

Nurse Consultant Auckland City Hospital, New Zealand

Strengthening Community Pressure Injury Prevention and Surveillance: A Quality Improvement Initiative in Adult Community Services, Te Toka Tumai, Te Whatu Ora, New Zealand

Pressure injuries (PIs) remain a significant patient safety issue in New Zealand, affecting an estimated 55,000 people annually and costing the health system approximately \$694 million. Despite many PIs being preventable, limited evidence exists regarding their prevalence and management in community settings. This quality improvement project was undertaken within Adult Community Services at Te Toka Tumai Auckland from March 2021 to March 2023 as part of the national Accident Compensation Corporation (ACC) Pressure Injury Prevention Programme.

The project aimed to reduce preventable PIs among community-dwelling patients receiving healthcare support and strengthen early identification, management, and data visibility. A multifaceted approach was used, incorporating workforce education, surveillance activities, data analysis, and system improvements. Baseline analysis of Datix incident reports from April 2020 to March 2021 (n = 1704) identified trends in anatomical site, severity, and risk factors. Surveillance processes were then implemented, supported by 13 education sessions for 130 nurses, occupational therapists, and physiotherapists. During surveillance days, an average of 205 clients were reviewed, and PI screening rates increased from roughly 30% to 75%.

Outcomes included improved visibility, awareness, and reporting of pressure injuries in the community. Datix reporting increased by 16% across the organisation and by 41% within Adult Community Services, reflecting strengthened detection and reporting culture. Surveillance findings estimated PI prevalence at approximately 7.6%, with sacrum, buttocks, and heels identified as the most common sites. Education initiatives improved staff knowledge of PI aetiology, classification, and risk assessment; however, further improvement is required to embed prevention strategies and enhance documentation quality.

This project established standardised community PI prevention processes, strengthened data informed quality improvement, and enhanced clinical education. Ongoing priorities include sustaining surveillance, improving hospital-community continuity, addressing equipment access, and reducing health inequities, particularly for Māori

Biography:

Poonam Kumari is a Nurse Consultant with Adult Community Services at Te Toka Tumai Auckland, with 17 years of clinical and leadership experience across acute and community settings. She provides clinical governance and professional leadership focusing on quality improvement, patient safety, and service innovation. Poonam holds a Master of Science in Nursing and additional qualifications in Lean Six Sigma, healthcare auditing, and AI in healthcare. She has led initiatives such as establishing complex care services and infusion centre models, contributed to COVID-19 Hospital in the Home care, pressure injury prevention programmes and presented research internationally.



Stephanie Black

Herzing University, United States

Advancing Global Health Through Nursing-Led Water Interventions: Sustained Impact of Household Filtration and Education in Rural Ecuador

Background: Unsafe drinking water remains a critical global health challenge, disproportionately affecting rural and low-resource communities. Despite global efforts, preventable waterborne illnesses continue to contribute to significant morbidity. Achieving Sustainable Development Goal 6 (SDG 6) requires scalable, sustainable, and community-driven interventions.

Purpose: This project evaluated the long-term sustainability of household water filtration use, perceived health outcomes, and the effectiveness of nursing-led education among families in rural Ecuador one year following implementation.

Methods: A descriptive follow-up design was utilized. Nursing faculty and students conducted in-home evaluations with 10 families who previously received water filters and structured education. Data was collected through caregiver interviews focusing on filter utilization, water practices, and gastrointestinal health outcomes. Observational field notes were analyzed to identify recurring themes and barriers.

Results: Findings demonstrate sustained daily use of water filtration systems and increased caregiver confidence in maintenance practices. Families reported notable reductions in diarrheal and gastrointestinal illnesses. Nursing professionals were consistently identified as trusted sources of health education. Key barriers included limited access to replacement components and inconsistent application of filtration across all household water uses.

Conclusions: Nursing-led, community-based interventions demonstrate measurable and sustained impact on health behaviors and outcomes. Ongoing engagement, culturally responsive education, and follow-up support are critical to maintaining intervention effectiveness and advancing global water security initiatives.

Keywords: Sustainable development goals; Water sanitation; Global health; Nursing leadership; Health equity

Biography:

Stephanie Black, DNP, RN, is a Doctor of Nursing Practice-prepared nurse and faculty member at Herzing University in Milwaukee, Wisconsin. Her professional focus centers on global health, community-based interventions, and health promotion in underserved populations. Dr. Black has led and participated in international service-learning initiatives, with an emphasis on sustainable water, sanitation, and hygiene practices. Her work highlights the critical role of nursing leadership in advancing health equity and addressing social determinants of health. She is dedicated to preparing future nurses to engage in impactful global health efforts.



Archana Maju

Rajkumari Amrit Kaur College of Nursing Delhi, India

Empowering Prenatal Care Through Nursing Innovation: An AI-Based Predictive Model for Low Birth Weight

Background: Low birth weight serves as a vital measure of maternal health and the efficacy of prenatal care globally. The study was aimed to assess the incidence and risk factors of Low-birth-weight among neonates. Further to develop a predictive model that identifies the risk factors contributing to low birth weight using Artificial intelligence.

Methods: The study employed a dual research design, incorporating both descriptive and case-control methodologies. The data was analysed using descriptive and inferential statistics. Further a predictive model was developed using logistic regression through artificial intelligence.

Results: The incidence rate of low-birth-weight babies was approximately 304.7 (30.47%) per 1000 live births. Logistic regression analysis identified significant risk factors for low birth weight (LBW), with notably high adjusted odds ratios (AOR). Key factors included inadequate weight gain during pregnancy <9 kg (AOR = 11.89, 95% CI: 6.03–23.44), gestational age <37 weeks (AOR = 12.81, 95% CI: 6.55–25.02), fetal complications reported during pregnancy (AOR = 13.25, 95% CI: 6.81–25.77), and multiple gestation (AOR = 26.88, 95% CI: 3.31–217.99). The developed AI-enabled predictive model demonstrates a high overall accuracy of 90%.

Conclusion: Most identified risk factors are modifiable, and early prenatal care can greatly reduce LBW incidence and improve neonatal outcomes. The predictive model demonstrated strong accuracy in classifying newborns by birth weight. Integrating the model into healthcare systems can aid early risk detection, reducing low birth weight and improving neonatal outcomes.

Keywords: Incidence, Low birth weight, predictive model, risk factors.

Biography:

A Dedicated Teaching Faculty with over 15 years of teaching experience at RAK College of Nursing, specializing in clinical instruction, curriculum development, and research mentoring. She has published in Scopus-indexed journals, serves as a reviewer for reputed publications, and is a certified Master Trainer for NELS. Recognized for academic and research excellence, she has received multiple awards including Best Scientific Paper(IANN), Best Scientific Poster, and the Academic Excellence Award in MSc Nursing.



Imad Elias Khaleel¹ & Shawaf Khalaf Rasho²

¹Sheikhan General Hospital, Iraq

²Sinuni general Hospital, Iraq



Effectiveness of an educational program on nurses knowledge about hypovolemic shock at Sinuni general Hospital of Mosul city

Background: Hypovolemic shock is the most common type of shock which results from the loss of circulating blood volume this may result from depletion of body fluid; it is a potentially life-threatening condition. Early recognition and appropriate management are essential.

Objectives: The study's main goal is to assess the effectiveness of an educational program on knowledge of nurses at Sinuni general hospital about hypovolemic shock.

Method: A quasi-experimental design study has been carried out Sinuni general hospital in Mosul Governorate from 24th October, 2022 to 21th May 2023. In order to get reliable data and a representative sample, a nonprobability (purposive) sample was selected. The sample of the study consists of 30 nurses; divided into 2 groups: 15 nurses as a study group exposed to the educational program, and 15 nurses as a control group was not exposed to the program. The study instrument was constructed depending on literature reviews and previous studies related to hypovolemic shock. The data collection was through a questionnaire format which consists of two sections: section one consists of (5) items which include: (age, gender, marital status, educational level, and residence). Section two consists of (30) items related to nurses knowledge about hypovolemic shock.

Results: After applying for the educational program, results were reported highly significant differences toward the effect of the program's contents through raising knowledge grades of studied respondents toward hypovolemic shock at post period.

Recommendation: All students from all departments of the Iraqi institutes (first aid, midwifery, intensive care, dialysis, and nursing departments) should receive lectures and educational programs about hypovolemic shock to improve their knowledge about the management of hypovolemic shock and their knowledge should be updated periodically.

**Eva Peisachovich**

York University, Canada

Empathy in Action: AREduX Approach to Support Persons Living with Dementia and their Caregivers

The increasing prevalence of dementia worldwide underscores the urgent need for innovative, empathy-centred approaches to caregiver and healthcare professional (HCP) education. To address this, we developed the Augmented Reality Education Experience (AREduX), an augmented reality (AR) simulation that immerses users in the sensory, cognitive, and emotional challenges of living with dementia. Using a mixed-methods approach, we developed, implemented, and evaluated AREduX through a four-phase design-based process that included prototype development, usability testing, experiential workshops, and pre- and post-test assessment of empathy and care competence.

The first three phases included prototype development, usability testing, and an iteration based on data collected, while the fourth phase involved experiential workshops (Peisachovich et al., 2022). This paper presents the results of the fourth phase, which involved pre- and post-assessment of empathy and care competence. In Phase 4, 15 participants (13 HCPs, 2 caregivers) completed a structured workshop and engaged with AREduX using an AR headset and aging suit. Quantitative data were collected using the Toronto Empathy Questionnaire (TEQ) and the Sense of Competence in Dementia Care Staff (SCIDS) scale. Although TEQ scores showed no statistically significant change, SCIDS results indicated enhanced perceived competence post-simulation. Qualitative findings, drawn from field observations and focus-group interviews, revealed strong emotional responses to the simulation: Participants described the experience as frustrating, physically challenging, and deeply eye-opening. These affective reactions suggest that AREduX evoked meaningful shifts in empathic understanding that may not be fully captured by traditional self-report measures.

This study demonstrates the feasibility and experiential impact of using AR for dementia empathy training. While further research with larger sample sizes and improved measurement tools is needed, AREduX shows promise as an immersive educational intervention capable of strengthening empathy and care quality in dementia support contexts.

Keywords: augmented reality; empathy; experiential education; simulation-based environment; experiential education

Biography:

Dr. Eva Peisachovich is an Associate Professor in the School of Nursing, Faculty of Health at York University. She is an accomplished educator, researcher, and healthcare leader with expertise in nursing education, dementia care, person-centered care, interprofessional collaboration, and innovative approaches to improving health outcomes. Her work focuses on advancing evidence-informed practice, enhancing the quality of care for older adults, and supporting caregivers through education, research, and community engagement.

Dr. Peisachovich has led and collaborated on numerous research and educational initiatives aimed at improving healthcare delivery and developing innovative models of care. She is committed to integrating empathy, compassion, and evidence-based strategies into clinical practice and healthcare education. Her scholarly contributions include peer-reviewed publications, conference presentations, and interdisciplinary collaborations that promote excellence in nursing and health sciences.

Nasra Idilbi

Max Stern Yezreel Valley College, Israel

Infant Crying Effects on Neonatal Nurses' Performance and Well-Being: A Mixed-Methods Study

Background: Nursing staff in neonatal units are routinely exposed to prolonged and intense infant crying, which combined with other hospital noises, can contribute to both physical and psychological stress.

Objective: To examine the impact of prolonged exposure to infant crying the physiological and psychological well-being of neonatal nurses and work performance.

Methods: A mixed-methods questionnaire was distributed to rotating-shift neonatal nurses at seven medical centers. Ethics approval obtained; participants gave written informed consent. Data were collected anonymously between July–August 2024.

Results: A total of 210 female nurses responded to the survey. Logistic regression showed that among all independent variables analyzed, psychological and emotional effects were significantly impacted by crying-related disturbances, affecting nurses' performance during shifts ($P < 0.001$), with an increase in disturbances leading to greater disruption in team performance. Departmental structure was identified as a negative predictor ($P = 0.010$), where better departmental structure was perceived to be associated with less nurse dysfunction related to crying. Content analysis of open-ended questions revealed four themes regarding respondents' feelings when dealing with multiple crying infants during their shifts and at home: emotional distress and helplessness; mental and psychological strain; the need for evidence-based interventions and policies concerning environmental and structural barriers; and physical health consequences.

Conclusions: Nurses working in neonatal care may experience emotional and psychological strain due to continuous exposure to infant crying. Hospital administrators must consider environmental modifications to support the mental well-being of nursing staff, ultimately improving patient care and job satisfaction.

Keywords: Infant crying, neonatal departments, nurses, performance, psychological and emotional effects.



Hye Jin Chong

Sunchon National University, Sunchon, South Korea

Machine Learning Prediction Model of Post-Transplant Diabetes Mellitus in Kidney Transplant Recipients in South Korea

Post-transplant diabetes mellitus (PTDM) is a clinically important complication after kidney transplantation. We aimed to develop a baseline-only machine-learning model for predicting 1-year PTDM. We retrospectively analyzed the KoreaN Cohort Study for Outcome in Patients With Kidney Transplantation. Recipients with pretransplant diabetes, fasting glucose ≥ 126 mg/dL, or glycated hemoglobin $\geq 6.5\%$ at baseline were excluded. PTDM was defined as recorded PTDM or fasting plasma glucose ≥ 126 mg/dL at 1 year. Thirty-eight pretransplant and transplant-time predictors were evaluated using logistic regression, random forest, gradient boosting, and extreme gradient boosting with stratified 5-fold cross-validation. Median/mode imputation was used primarily; K-nearest-neighbor and MICE-like iterative imputation were assessed in sensitivity analyses. Of 1,080 recipients, 646 met eligibility criteria. Among 584 recipients with evaluable 1-year outcomes, 90 developed PTDM (15.4%). With median/mode imputation, random forest performed best, with an area under the receiver operating characteristic curve (AUROC) of 0.663, precision-recall AUC of 0.241, and F1 score of 0.370. Results were similar with alternative imputation methods. Random forest with K-nearest-neighbor imputation yielded an AUROC of 0.663 and precision-recall AUC of 0.266, whereas logistic regression with MICE-like imputation yielded an AUROC of 0.658 and precision-recall AUC of 0.265. A machine-learning model showed moderate performance for predicting 1-year PTDM. More complex imputation methods did not materially improve discrimination. Further refinement and external validation are warranted.

Biography:

Dr. Hye Jin Chong is a Associate Professor in Department of Nursing, Sunchon National University, Republic of Korea. Her research interests include kidney transplantation, post-transplant metabolic complications, and clinical prediction modeling using multicenter cohort data and machine-learning methods. She is actively involved in clinical research aimed at improving long-term outcomes in kidney transplant recipients.

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Lilian Yew Siew Mee

Chief Nurse, Raffles Hospital Pte Ltd , Singapore

Enhancing Nursing Culture through the RAFFLES Professional Practice Model at Raffles Medical Group (RMG)

A positive and empowering practice environment is essential for nurses to thrive, deliver high-quality care, and remain engaged in their profession. In response to this need, Raffles Medical Group (RMG) launched the RAFFLES Professional Practice Model (PPM) on 1 August 2024. This model was developed to strengthen nursing culture by embedding seven core values—Responsibility, Accountability, Flexibility, Fortitude, Leadership, Empowerment, and Stewardship—into daily practice.

The initiative aimed to enhance staff well-being, improve nurse retention, and elevate patient outcomes by fostering a value-driven, patient-centric care environment. A multi-phased implementation strategy was adopted, beginning with leadership engagement to ensure alignment and support. This was followed by 14 roadshow sessions conducted between 23 August and 17 October 2024, designed to raise awareness and cultivate shared ownership among nursing staff. Unit-level champions facilitated localized integration and continuous feedback loops.

To evaluate the model's impact, the Nurse Manager/Clinician Skills Inventory was used to assess competencies in leadership, communication, autonomy, and professional development. Pre- and post-assessments revealed a 13.2% increase in learning effectiveness and a 13% improvement in nurse retention, indicating enhanced engagement and satisfaction. Additionally, the Customer Satisfaction Index (CSI) and Net Promoter Score (NPS) remained strong at 80% and 40%, respectively.

The RAFFLES PPM has proven effective in transforming nursing culture by aligning values with practice, empowering nurses to lead with resilience and compassion. A follow-up staff survey in October 2025 will inform further refinement and integration into leadership development and organizational culture.

This presentation highlights the strategic design, implementation, and measurable outcomes of the RAFFLES PPM, offering insights for healthcare organizations seeking to cultivate sustainable, values-based nursing environments that support both staff and patient well-being.

Biography:

Lilian Yew Siew Mee is the Chief Nurse at Raffles Hospital, with over 33 years of leadership experience in public and private healthcare. She holds advanced degrees in Health Sciences from SIM-University of Sydney and a Master in Education from NIE Singapore. Under her leadership, Raffles Hospital achieved ANCC Provider with Distinction, BFHI re-accreditation, and the NCPD Premier Award. She developed the RAFFLES Nursing Professional Practice Model and serves as Chief Editor of Raffles Nursing Times. A 2025 ICN GNLI scholar, she is a SkillsFuture Fellow and Global Woman of Influence, championing nursing leadership, policy advocacy, and global collaboration.

Biao Hea; Ao Tanga; Xiaoju Chena

a. School of Nursing, Chengdu Medical College, Chengdu, Sichuan, China

Relationship between Disease Acceptance, Coping Styles, and Patient Activation among Advanced Lung Cancer Patients Undergoing Chemotherapy: A Mediation Analysis

Purpose: Given the high incidence of advanced lung cancer and significant chemotherapy side effects, improving patient activation is crucial. This study aimed to explore factors influencing activation in advanced lung cancer patients receiving chemotherapy and the mediating role of coping styles between acceptance of illness and patient activation.

Methods: A cross-sectional survey was conducted via convenience sampling of 241 advanced lung cancer patients undergoing chemotherapy at two Grade A tertiary hospitals in Chengdu, Sichuan, China (July–November 2025). Data were collected using general information questionnaire, Acceptance of Illness Scale, Medical Coping Modes Questionnaire, and Patient Activation Measure. Statistical analysis was performed with SPSS 27.0, adhering to STROBE guidelines.

Results: The mean patient activation score was (63.42±18.57) (moderate level). Chronic comorbidities, acceptance of illness, facing, and yield were independent predictors of patient activation. Facing and yield mediated the relationship between acceptance of illness and patient activation, with mediating effects of 0.188 (95%CI [0.208, 0.59]) and -0.19 (95%CI [-1.145, -0.404]), respectively.

Conclusion: Patient activation remains low in this population and requires improvement. Chronic comorbidities, acceptance of illness, facing, and yield predict patient activation; the latter two mediate the association between acceptance of illness and patient activation. Healthcare providers should focus on these factors, using supportive counseling and health education to enhance patient activation, promote effective self-management, and improve treatment outcomes.

Implications for nursing practice: Healthcare professionals should assess patients with PAM-13, implement targeted interventions for those with low activation, improve acceptance of illness, promote adaptive confrontation, enhance self-care abilities, and facilitate long-term self-management.

Key words: Lung cancer; Chemotherapy; Acceptance of Illness; Coping styles; Patient Activation; Mediation Analysis



Tania Santina

Community Women Health, Higher Colleges of Technology, UAE

Telenursing Readiness in the UAE: Nursing Students' Knowledge, Attitudes, and Perceptions in a Digital Health Era

The rapid expansion of digital health in the United Arab Emirates (UAE) has positioned telenursing as an essential component of contemporary healthcare delivery. Despite this advancement, undergraduate nursing programs provide limited structured training in remote care, raising concerns regarding students' preparedness to deliver safe and effective virtual nursing services. This study examines nursing students' knowledge, attitudes, and perceptions of telenursing in the UAE and identifies demographic and contextual predictors influencing these domains.

A quantitative correlational cross-sectional design was employed to survey 307 nursing students from multiple higher education institutions across the UAE. A validated, self-administered online questionnaire assessed students' knowledge, attitudes, and perceptions related to telenursing. Data were analyzed using SPSS v28, including descriptive statistics, Pearson's correlation, and linear regression modelling.

Participants demonstrated high levels of knowledge and generally positive attitudes and perceptions toward telenursing. Female students and those in advanced academic years scored significantly higher across all measured domains. Significant correlations were found between knowledge and attitude ($R^2 = 0.10$), knowledge and perception ($R^2 = 0.25$), and most notably between attitude and perception ($R^2 = 0.66$). Perception, gender, and residential area emerged as significant predictors of knowledge, while attitude was influenced by age and geographic location.

This study provides robust, context-specific evidence on the readiness of future nurses to engage in telenursing within the UAE's rapidly evolving digital health landscape. Although students exhibit strong openness and baseline preparedness for remote care, targeted educational approaches are needed to enhance their competencies and confidence. Embedding comprehensive telehealth training within undergraduate nursing curricula will be critical in equipping future nurses to meet national priorities for innovative, technology-driven healthcare and to contribute effectively to the UAE's digital health transformation.

Keywords: Telenursing, Telehealth, Nursing Education, Digital Health, UAE

Biography:

Dr. Tania Santina is the Academic Program Chair and Assistant Professor of Nursing and Midwifery at the Higher Colleges of Technology, UAE, with over 20 years of experience in health sciences education and clinical training. She holds a PhD in Community Health from Université Laval, Canada, and has collaborated with UNICEF, UNFPA, and national health agencies to advance women's and public health. Her research focuses on digital health, telenursing readiness, women's health, and competency-based education. Dr. Santina has published widely in international journals and leads initiatives that enhance nursing education and digital healthcare innovation in the UAE.



Mervat Sheta

Lecturer of physical medicine and rehabilitation, Faculty of medicine Alexandria university, Egypt

Role of biofeedback pelvic floor training in elderly patients with obstructed defecation

Pelvic floor rehabilitation is essential to manage elderly patients with obstructed defecation. Program of biofeedback will be discussed with prerequisite, indication, and mechanism of biofeedback in these patients with usage of other physical modalities to improve emptying of large amount of stool without effort. Examples to patients from Alexandria University before and after rehabilitation will be discussed.

Biography:

Dr. Mervat Sheta studied medicine at Alexandria university (1998 -2003). She graduated with excellence grade and honor in 2003 in internal medicine and surgery. She received master grade in physical medicine in 2008 at department of physical medicine and rehabilitation to work as assistant lecturer at the same department to be promoted as lecturer in 2016 after receiving PhD in the same department at faculty of medicine Alexandria university, Egypt. Her fine specialty is pelvic floor rehabilitation as topic of her Thesis in PhD and published many articles in pelvic floor rehabilitation.

Shuting Shao¹, Yanling Pei^{2*}

¹School of Nursing, Jilin University, Xinjiang Street, Jilin, Changchun, China

²Department of Nursing, China-Japan Union Hospital of Jilin University, Xiantai Street, Jilin, Changchun, China

The Impact of Empowerment Theory-Based Nursing Interventions on Self-Management Among Non-Surgical Patients with Knee Osteoarthritis in the Community

Objective: To address the issues of inadequate self-management knowledge, poor behavioral persistence, and fragmented community nursing support among non-surgical community knee osteoarthritis (KOA) patients, this study developed a nurse-led 'Cognitive-Skill-Decision-Support' nursing intervention model based on Empowerment Theory (ET). The aim was to investigate its efficacy in improving patients' self-management capabilities and health outcomes.

Methods: A randomized controlled trial design was employed. One hundred and twenty non-surgical KOA patients (Kellgren-Lawrence grades II-IV, undergoing conservative treatment with no history or plans for surgery) residing in a community health center in 2026 were enrolled and allocated 1:1 to an intervention group (n=60) and a control group (n=60). The control group received routine community care; the intervention group underwent an 8-week ET nursing intervention led by community nurses: 1 Cognitive empowerment: Identifying gaps through semi-structured interviews combined with self-management behavior scales, followed by disease awareness education; 2 Skill empowerment: Hands-on training in non-pharmacological pain management, joint protection techniques, personalized home exercises, and medication adherence protocols; 3 Decision empowerment: Establishing tiered goals in collaboration with patients and families, encouraging participation in plan adjustments; 4 Support empowerment: Establishing an online group for weekly nurse consultations, coordinating community rehabilitation equipment loans, and providing positive incentives. Outcomes were assessed using SMS-KOA, the Western Ontario and McMaster Universities Osteoarthritis Index, the Visual Analogue Scale, the Revised Perceived Illness Questionnaire, and emergency department visit rates. Data were analyzed via t-tests, χ^2 tests, and multiple linear regression.

Results: The intervention group demonstrated significantly higher SMS-KOA total scores and IPQ-R control scores compared to the control group, while exhibiting significantly lower WOMAC total scores, VAS scores, and emergency department visit rates.

Conclusion: Community nurse-led ET nursing interventions significantly enhance self-management capabilities in non-surgical KOA patients, improve joint function, alleviate pain, and reduce healthcare resource consumption. This provides evidence for community-based conservative care of KOA patients.

Keywords: Empowerment theory; Knee osteoarthritis; community care; self-management



Joanna Rosińczuk

Wrocław Medical University, Poland

Factors Influencing the Rationing of Nursing Care

Rationing of nursing care is a significant challenge in modern healthcare systems, directly affecting both patient safety and the well-being of nursing staff. The aim of this study was to identify factors influencing the level of nursing care rationing and to examine the role of job and life satisfaction in this process. The study included 403 nurses participating in postgraduate training courses in Wrocław. Data were collected using the BERNCA-R questionnaire, the Job Satisfaction Scale (SSP), the Satisfaction with Life Scale (SWLS), and an author-designed sociodemographic survey.

The mean BERNCA-R score was 1.61, indicating that rationing occurred between “never” and “rarely.” Significantly lower levels of rationing were observed among nurses over 50 years of age, those with more than 20 years of professional experience, working in an 8-hour shift system, and caring for 1–5 patients per shift. Higher job satisfaction was significantly associated with less frequent rationing of nursing care, while life satisfaction showed no direct influence. Linear regression models identified education level, monthly income, and scores from the SSP and SWLS as independent predictors of rationing.

Overall, the nurses reported moderate levels of job and life satisfaction, with the highest values found among older nurses, those with higher education, and those caring for fewer patients. The results indicate that greater satisfaction with work and life corresponds to a lower frequency of care rationing.

These findings highlight the need for continuous monitoring of workload, strengthening mental well-being among nurses, and implementing organizational strategies that support job satisfaction and help minimize the risk of nursing care rationing.

Biography:

Prof. Dr. Joanna Rosińczuk is a specialist in neurological nursing, conservative nursing, and public health. She completed postgraduate studies in research methodology and an Executive MBA in healthcare.

Dean of the Faculty of Health Sciences at the Medical University of Wrocław, Head of the Department of Internal Medicine Nursing. Professor Department of Nursing University in Presov.

Her scientific achievements include 504 publications, an IF of 243,473 points, and an IH of 24.

She has supervised 25 defended doctoral dissertations and three ongoing dissertations. She is a member of the Senate of the Medical University of Wrocław and a member of the Disciplinary Council for Health Sciences. Professor Rosińczuk is also the Vice President of ISSA. From 2021 to 2024, she ranked among the top 2% of scientists in the world – the most frequently cited scientists. She actively participated in over 100 international and national conferences and numerous training courses and workshops.



Khululwa Mboqoka

Director, Nurse Intellect Consultancy, South Africa

Exploring Registered Nurses' Understanding Of The Concept Of Critical Thinking In A Private Hospital In The Gauteng Province, South Africa

Introduction: Critical thinking is essential for quality clinical nursing practice. The study's foundation is based on Victor-Chmil's definition of critical thinking, which is decision making characterized by careful judgment and reasoning in patient care

Background: In hospital settings, registered nurses encounter challenging situations that require strong critical thinking skills. As healthcare systems evolve, these skills enable nurses to synthesize information and make quick, appropriate decisions for safe and effective care delivery. The study addresses concerns about the lack of critical thinking disposition among nurses in medical and surgical wards, emphasizing their vital role in addressing patient needs within the healthcare system.

Method: Utilizing a qualitative, exploratory, and descriptive design, the research involved thematic analysis of insights from nurses employed at the hospital, which features a total of 427 beds and a level one trauma facility. Out of approximately 110 registered nurses, 26 work in the targeted medical and surgical wards. The site was chosen due to the merger of two facilities, allowing for a broader understanding of nurses' perspectives on critical thinking. The research study involved twelve registered nurses (RNs) from medical and surgical wards who met specific inclusion criteria, with data collected through semi-structured interviews. Key themes emerged, indicating factors that negatively affect nurses' critical thinking and application of knowledge in clinical settings.

STUDY FINDINGS/RESULTS

Conclusion: The study concludes that registered nurses need support in developing critical thinking skills. It was also deduced that some demarcations and limited resources impede critical thinking in the wards.

Key words: Critical thinking; Registered nurses; Clinical nurses; Surgical wards; Medical wards; Decision making; Clinical practice; Clinical experience

Biography:

Director of Nurse Intellect Consultancy, specializing in aligning educational materials with SANC CPD standards. Experienced in guiding hospitals on accreditation and policy, managing an E-learning platform for nurses and community health education. Holds a Master's in Nursing Sciences and a Post Graduate in Business Management, currently pursuing a PhD. Recipient of the Pat Gorralla honour award for emerging leadership in nursing



Mariano Votta

Italian NGO Cittadinanzattiva and Director of its EU branch
Active Citizenship Network, Italy

From the first Civic Survey on health personnel in Italy to the “EU Call to Action” to the European Commission to urgently address the health workforce crisis

The health personnel, a fundamental pillar of the Italian care system, is going through a season of crisis with considerable concern on the part of all stakeholders, institutional and non-institutional. The presentation highlights the main findings of the first civic survey on health personnel in Italy, carried out by the Italian NGO Cittadinanzattiva in collaboration with the FNOPI, FNO TSRM, and PSTRP Federations. A study that provides insight into how 10,000 workers, representing 20 different health professions – included nurses – live their professional condition. Starting from the main institutional data, a civic reading of the phenomena and criticalities concerning the health workforce in Italy was produced, probing the reasons why health professionals stay or flee from the National Health Service in Italy, but also representing the attention to the issue in a dimension that is not only national but also European, since the phenomenon does not only concern Italy.

Neglecting the health workforce crisis jeopardizes current and future preventive and care options for citizens. Family doctors, nurses, and all HCPs are essential within healthcare systems, ensuring the well-being of citizens and fostering trust in the system. Their support – from a public policy perspective – is paramount.

Just after the European elections, what steps should be taken as a priority to address this urgent problem?

Civil Society and healthcare organizations, together with Patient Advocacy Groups (PAGs) and EU umbrella patient organizations – a total of 42 entities from 16 Member States, all united in protecting the health rights of European citizens – recently wrote an open letter to the newly elected European Commissioner for Health to express serious concerns about the healthcare workforce crisis in Europe, which requires immediate and comprehensive action from the highest levels of political leadership. With 15 million healthcare professionals, constituting over 7% of the EU workforce and almost 4% of the EU population, their indispensable role in ensuring the well-being of our citizens and fostering trust in our healthcare systems cannot be overstated. The relevance of the initiative did not leave indifferent the Members of the European Parliament, some of whom formally supported the message. The new EU Institutions are called upon to address the health workforce crisis by supporting healthcare professionals' knowledge acquisition and upskilling, which are the main preconditions for greater protection of patients' rights across Europe.

Biography:

Mariano Votta is responsible for EU Affairs at the Italian NGO Cittadinanzattiva and Director of its EU branch “Active Citizenship Network”.

Passionate about health & consumer issues, Mariano has 25 years of experience in advocacy, stakeholder engagement, communication, European Public Affairs & EU funded-projects.

Mariano holds a Degree in Political Science and two post-graduate master's degrees in European Public Relations and Corporate Social Responsibility. He is also a journalist with more than 50 publications in international peer-reviewed journals.

He led the political initiative to launch in 2015 at the EU Parliament the Interest Group "EU Patients' Rights & Cross-Border Healthcare," – now at its third mandate - endorsed by more than 100 organisations across Europe and dozens of Members of the European Parliament. In 2016 Mariano won the Efhre International University Excellence Awards on patients' rights.



Daryle Wane

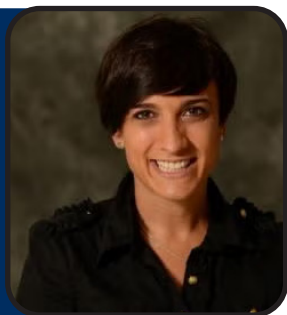
Nursing Consultant, Florida, USA

Charting in the Clinical Setting: SOAP, COWs, AI & Beyond!

We will explore the transition of charting in the clinical setting focusing on pre technology (Narrative + SOAP), emerging technology (COWs) and future technology (AI) during this conversation. While the integrity of the chart (medical record) continues to be paramount in terms of legal terms, there has been a noticeable adaptive change in how charting is done in the clinical setting. In preparing nurses for their role in maintaining accurate documentation, nursing education has assisted students in development of what one used to categorize as a “nurse’s note.” And yet, with technology comes great responsibility in helping to maintain both the accuracy and integrity of documentation in the clinical setting. Like other changes in education ranging from the transition of no longer teaching cursive writing, the “nurse’s note” has become part of the missing conversation in clinical practice. We will first focus on the historical aspect of the “nurse’s note,” then using a timeline approach enter the present day and finally consider what the future will hold for the “nurse’s note” in the 21st century and beyond.

Biography:

Dr. Wane has a PhD in Nursing Science as well as a master’s degree from University of South Florida and is a Board-Certified Family Nurse Practitioner with undergraduate degrees in Nutrition and Nursing from Brooklyn College and Downstate Medical Center College of Nursing. After 32 years, Dr. Wane has retired from PHSC and now is focused on the role of Nurse Consultant. Functions as a SME and contributor to nursing textbooks, continues to serve as an editorial board member and peer reviewer for several journal publications, member of Sigma Theta Tau Nursing Honor society and a CCNE site evaluator.



Geraldine Martorella

Florida State University, College of Nursing, 98, Varsity Way
Tallahassee, Florida

Electronic health literacy and chronic pain: Opportunities for nursing interventions

Introduction: Chronic pain requires individuals to develop self-management skills that rely on health literacy and, more recently, eHealth literacy. Very few studies have investigated potential predictors of eHealth literacy in chronic pain patients. Therefore, the purpose of this study is to explore potential predictors of eHealth literacy among individual characteristics and pain-related clinical factors, as a preliminary step to understanding the multi-variable relationships that could be examined in a larger study.

Methods: A cross-sectional online survey was distributed to adults living in the United States with various chronic pain conditions using Amazon's Mechanical Turk. A convenience sample of 196 participants was recruited. The independent variables of interest regarding their relationship with eHealth literacy (dependent variable) included demographics, health literacy, chronic pain severity, pain attitudes and coping skills. Chi square tests of association, and independent samples t-tests were used to examine the bivariate relationships.

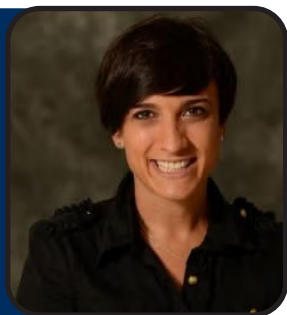
Results: The majority of the sample suffered from chronic pain for more than 2 years with 48% suffering from chronic back pain. Most of the sample (n=184, 93.9%) had high eHealth literacy. Significant relationships were found between eHealth literacy and the following variables: marital status, education level, and age, as well as health literacy, chronic pain interference with activities and chronic pain attitudes. These warrant further exploration in a larger study using logistic regression.

Conclusions: our findings provide new information on the relationship between eHealth literacy levels, pain-related individual factors such as attitudes toward pain, and clinical outcomes, i.e., pain interference with physical and psychological function. Although further research is needed to investigate eHealth literacy predictors and mediators, these findings promote the evidence-based development and evaluation of interventions enhancing eHealth literacy skills, as well as self-management skills of chronic pain patients.

Keywords: Chronic Pain, eHealth Literacy, Health Literacy, Pain Management, Self-Management

Biography:

Dr. Martorella is an associate professor in the FSU College of Nursing and a Fellow of the American Academy of Nursing. Her research focuses on the development and evaluation of innovative and patient-centered nursing interventions for the management of pain and the prevention of chronic pain. Dr. Martorella conducts research on the effects of Web-based and tailored educational interventions facilitating the self-management of postoperative pain. Using experimental and mixed method designs, she has been targeting psychosocial factors of pain. Her interventions include the utilization of information technologies, and complementary and alternative therapies, such as massage.



Geraldine Martorella

Florida State University, College of Nursing, 98, Varsity Way
Tallahassee, Florida

Preliminary effects of combined brain stimulation and Mindfulness delivered preoperatively to reduce pain after total knee arthroplasty

Objectives: The goal of this pilot study was to assess the preliminary feasibility and efficacy of five, 20-minute sessions of self-administered preoperative combined brain stimulation (transcranial direct current stimulation; tDCS) and brief mindfulness-based intervention (MBI) in older adults undergoing total knee arthroplasty (TKA) in reducing opioid consumption and pain severity in the first 5 days following TKA.

Methods: we conducted a double-blind randomized sham-controlled design with repeated measures. Participants (n=24) were randomly assigned to one of 2 arms as follows: 1) preoperative active tDCS+MBI (n=12), or 2) preoperative sham tDCS+MBI (n=12).

Results: the combined intervention was feasible and well received. Participants in the control group consumed more opioids than in the experimental group ($p=0.03$) while experiencing more pain ($p=0.02$) in the first three days after surgery. On day 4, the experimental group was still consuming 65% less opioids than the control group.

Discussion: After further refinement and large-scale evaluation, a brief, cost-effective, low-burden multimodal intervention could be offered to decrease reliance on opioids and prevent the development of chronic post-surgical pain.

Keywords: brain stimulation, mindfulness, surgery, chronic pain, opioid

Biography:

Dr. Martorella is an associate professor in the FSU College of Nursing and a Fellow of the American Academy of Nursing. Her research focuses on the development and evaluation of innovative and patient-centered nursing interventions for the management of pain and the prevention of chronic pain. Dr. Martorella conducts research on the effects of Web-based and tailored educational interventions facilitating the self-management of postoperative pain. Using experimental and mixed method designs, she has been targeting psychosocial factors of pain. Her interventions include the utilization of information technologies, and complementary and alternative therapies, such as massage.



Mona Kaye Garrison

Chamberlain University, USA

Enhancing Nursing Culture through the RAFFLES Professional Practice Model at Raffles Medical Group (RMG)

Background: Obesity is a national health crisis contributing to chronic disease, premature mortality, and rising healthcare costs. In Logan County, nearly half of the adults are obese, exceeding national averages.

Problem: At the practicum site, obesity is routinely documented; however, there is no structured, evidence-based management strategy in place beyond brief counseling. This gap contributes to poor outcomes and healthcare inefficiencies.

Methods: This Doctor of Nursing Practice (DNP) project used a quality improvement design to evaluate the impact of motivational interviewing (MI) on adult patients with obesity.

Intervention: Nurses were trained in MI and conducted weekly follow-up calls with patients over eight weeks. Weight data were collected at baseline, midpoint, and Week 10.

Results: Ten participants were enrolled, with eight completing the project. The mean pre-intervention weight was 243.00 pounds (SD = 46.583), and the mean post-intervention weight was 236.87 pounds (SD = 48.698). The mean reduction of 6.12 pounds (SD = 4.549) was statistically significant, $t(7) = 3.808$, $p = .003$.

Conclusions: MI resulted in statistically significant weight reduction and improved patient engagement. Sustaining MI in primary care may reduce long-term obesity-related burdens.

Keywords: Motivational interviewing, obesity, weight management, primary care, evidence-based practice.



Beth Vanderwalker

Chief Nurse, Raffles Hospital Pte Ltd , Singapore

Exploring the Leadership Challenges and Retention Strategies of Global Nurse Leaders Who Lead Foreign-Educated Immigrant Nurses: A Phenomenological Study

Background: The United States healthcare system increasingly relies on foreign-educated immigrant nurses to address critical workforce shortages. While recruitment strategies have expanded, less is understood about the lived experiences of nurse leaders responsible for integrating, leading, and retaining culturally diverse migrant nursing teams in acute care settings. Leadership practices that support workforce stability remain underexplored in the global nursing literature.

Purpose: This study explores the lived experiences of global nurse leaders who lead foreign-educated immigrant nurses in U.S. acute care hospitals. The research examines leadership challenges encountered and strategies implemented to promote retention and workforce stability, grounded in Job Embeddedness Theory (JET) (Mitchell et al., 2001).

Methods: Using a qualitative Interpretative Phenomenological Analysis (IPA) approach, in-depth semi-structured interviews were conducted with nurse leaders supervising culturally diverse, foreign-educated nursing staff. Participants met inclusion criteria of holding formal leadership roles within U.S. acute care settings and directly managing immigrant nurses. Data were analyzed using iterative coding, theme development, and hermeneutic interpretation to capture shared meaning-making processes (Smith et al., 2009).

Conclusions: Global nurse leaders serve as critical stabilizing agents within internationally recruited nursing workforces. Their leadership practices directly influence retention outcomes, workforce cohesion, and patient care continuity. Findings contribute to global nursing leadership scholarship and offer evidence-informed strategies for health systems seeking sustainable international workforce integration.

Implications for Nursing Leadership: Understanding the lived experiences of leaders managing foreign-educated nurses provides actionable insights for policy development, leadership preparation, and ethical international workforce integration. This research amplifies the often-unheard voices of global nurse leaders navigating complex cross-cultural clinical environments.

Biography:

Beth Vanderwalker, PhD (c), MBA, RN is a Certified Global Nurse Consultant and healthcare executive with more than 30 years of leadership experience in healthcare operations, workforce strategy, and global talent solutions. She has served in executive leadership roles overseeing multimillion-dollar operations, organizational growth, healthcare provider relations, and international workforce initiatives. Beth has been recognized as a World Staffing Awards “Top Leader to Watch” and has contributed to global discussions on ethical international recruitment and healthcare workforce development. She is an international speaker and consultant known for her expertise in operational excellence, leadership development, and building high-performing, culturally diverse teams.

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