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Meeting Abstracts

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Keynotes

Racism and Clinical Decision Making

Beverley Brathwaite*

University of Roehampton, United Kingdom

Abstract

Making clinical decisions is vital in assuring safe and competent delivery of care. It has no place for racism. Implicit and other forms of biases have an impact on nurses' thinking in relation to clinical decisions. However, racisms work in a very specific way and is imbedded in society so effectively that the transmission of racisms is regularly not acknowledged by these systems and institutions and those that work within them in positions of power. The evidence clearly identifies that black and brown patients have inferior experiences within the National Health Service (NHS) and healthcare outcomes than white patients. There are multiple factors for this but one of them is inappropriate clinical decision making based on racisms. An exploration of the evidence and the need for nurse education to acknowledge this and make real changes will be presented. How racisms both individual and institutionally functions in a way that impact on the lived experiences of black and brown patients in the NHS. Nurses' clinical decisions can ultimately lead to inadequate care delivery.

Behavioral and Social Factors Influencing the Use of Pre-exposure Prophylaxis Amongst Gay Bisexual Men Who Have Sex with Men Qualitative Systematic Review

Mahdi Shayan*

University of Roehampton, United Kingdom

Abstract

Background: Human immunodeficiency virus (HIV) transmission among gay bisexual men who have sex with men (GBMMSM) remains a significant global health concern. Pre-exposure prophylaxis (PrEP), antiretroviral (ARV) use, has arisen in last decade as an effective HIV prevention strategy. While numerous studies have established PrEP's efficacy, implementation, uptake and barriers and facilitators, qualitative research focused on behavioral and social contributors correlated to PrEP use amongst GBMSM remains scarce. This qualitative systematic review aims to synthesize existing qualitative evidence on multifaceted behavioral and social factors associated with PrEP use amongst GBMSM. Through thematic synthesis, this study seeks to develop comprehensive theoretical insights and explore factors that are potentially shaping PrEP-related behavior and examine the influence of social and cultural contexts on PrEP attitudes and practices in this client group.

Aim: This qualitative systematic review aims to explore social and behavioral factors influencing PrEP use amongst GBMSM.

Methods: A broad search was carried out using multiple electronic databases including Cochrane control trial, Embase, Medline, and CINAHL, accessed through OVID and EBSCOhost platforms. Database-specific subject headings and keywords were employed to optimize search results in relation to PrEP use amongst GBMSM and potential social and behavioral factors influencing its use. The review employed specific inclusion and exclusion criteria such as restricting publications between 2014 and 2024, reflecting the timeline of PrEP implementation and availability. The review included studies published in English language conducted in the United States, the United Kingdom, Canada, and Brazil.

Results: Following identification of relevant literatures, 7 studies were included in this review all of which met the inclusion criteria, utilizing PRISMA guidelines for systematic reviews. Quality assessment using the CASP checklist revealed that all seven included studies demonstrated methodological rigor with clear objectives and appropriate ethical considerations. Thematic synthesis is utilized to evaluate the studies resulting in 3 themes: Impact of PrEP on sexual behavior, impact of PrEP on social factors, and PrEP factors influencing HIV awareness and self-efficacy.

Discussion: This discussion explores the complex relationship between PrEP use and sexual behavior among GBMSM. Key findings include varied impacts on risk perception, behavioral changes, and social dynamics. While PrEP often leads to reduced sexual anxiety and increased satisfaction, its effect on risk-taking is nuanced. The interplay with substance use, particularly chemsex, emerges as a significant concern. Regular STI screening associated with PrEP use shows potential long-term benefits for sexual health management. The research highlights the need for GBMSM tailored and comprehensive HIV and sexual health related risks prevention.

Conclusion: This qualitative systematic review highlights the complex interplay between PrEP use and sexual behavior among GBMSM populations. Findings emphasize the need for culturally competent healthcare environments and integrated services addressing social and behavioral factors for lesbian gay bisexual trans and queer+ (LGBTQ+) communities with further research focusing on longitudinal studies and targeted interventions. Recommendations include implementing stigma reduction programs, expanding PrEP access points, and developing inclusive healthcare delivery to establish robust HIV reduction programs and better sexual health outcomes for GBMSM communities.

The Art of Burns

Chinenye Anetekhai*

Birmingham City University, United Kingdom

Abstract

Burn injuries are not only physical traumas but profound disruptions to human experience, affecting patients, families, and communities in complex and often underappreciated ways. The ART of Burns reviews the multifaceted nature of burn care, emphasizing that effective management goes beyond clinical interventions to encompass cultural, emotional, psychological and social dimensions. This presentation explores the humanistic, preventive, and innovative aspects of burn care, drawing on real-life narratives of burn survivors, healthcare providers, families and communities affected by burns. The speech highlights the artistry involved in burn care, showcasing compassion, creativity, and empathy required not just to heal the skin but also to restore a survivor's dignity, identity, and hope. It underscores the significance of prevention, advocates for the need for education, public awareness, policy development, and community engagement as critical strategies to reduce the incidence of burns, particularly in resource-limited settings. Innovation and research are complementary to human-centered care, ensuring that care meets the needs of the individual burn survivor or victim. Scars, both physical and emotional, are framed as symbols of resilience, strength and survival. They remind caregivers and communities of the profound courage of survivors and the crucial role the burn team played in the healing journey. The keynote calls for a holistic, multidisciplinary approach that integrates medical expertise, psychological support, community empowerment, advocacy and media to redefine the burn care landscape. Using narrative storytelling alongside clinical insight, "The Art of Burns" aims to inspire healthcare professionals, policymakers, and society at large to see burn prevention as a collective effort and care as a dynamic, and transformative practice; one that saves lives, restores dignity, and empowers individuals to reclaim their stories. Ultimately, it positions burn care as both a science and an art, requiring skill, empathy, and vision to turn trauma into healing and ashes into hope.

Burns: A Silent Global Epidemic-understanding the Burden, Prevention and the Power of Education

Chinenye Anetekhai*

Birmingham City University, United Kingdom

Abstract

Burns represents a silent global epidemic, causing preventable morbidity, mortality, and long-term disability, particularly in low- and middle-income countries. Despite their profound physical, psychological, and socioeconomic impact, burns remain under-prioritized in global health agendas. This presentation highlights the critical role of prevention, with education as the most powerful tool to reduce incidence and improve outcomes. Embedding burn awareness in schools, communities, and healthcare systems offers a sustainable pathway to equity and resilience. By prioritizing education-driven prevention, we can transform burn care from crisis response to proactive global health action.

Optimising Human Immunodeficiency Virus Prevention: Evidence-based Practice and Practical Implementation of Pre-exposure Prophylaxis in the UK

Mahdi Shayan*

University of Roehampton, United Kingdom

Abstract

This session provides a comprehensive overview of Pre-exposure prophylaxis (PrEP) for human immunodeficiency virus (HIV) prevention, focusing on evidence-based strategies, clinical efficacy, and practical guidance for healthcare professionals. The latest UK statistics and the UNAIDS 95-95-95 targets are examined, illustrating significant progress towards the elimination of HIV transmission, with notable reductions among key populations such as gay, bisexual, and other men who have sex with men (GBMSM). The presentation traces the historical development of the undetectable = untransmissible (U = U) concept, highlighting pivotal studies and international guidelines that underpin current HIV management. Clinical trial data on PrEP regimens daily, event-based, and intermittent dosing-are explored, alongside essential eligibility criteria, side effects, and ongoing monitoring requirements for HIV, renal, and hepatitis health. Scenario-based case studies illustrate real-world PrEP implementation and common challenges encountered in different patient groups. Guidance is provided on safe prescribing, effective follow-up, and risk reduction counselling, helping clinicians optimize PrEP outcomes in diverse populations. The session concludes by emphasizing the importance of patient education, adherence support, and up-to-date guideline-driven care for sustained HIV prevention.

Clinical Facilitators Report the Impact of Workplace Violence on Nursing Students' Education

Hila Dafny*

Flinders University, Australia

Abstract

Background: Violence is well documented in the nursing profession and is compounded by an increasing incidence of workplace violence towards nursing students. Poor clinical experiences where violence is witnessed or experienced have long-term consequences for both the student and the profession.

Aim: This study aimed to ascertain clinical facilitators' perceptions about the impact of workplace violence on nursing students during their clinical placements.

Methods: Phenomenology guided qualitative research methods were used in this study. Eleven clinical facilitators employed in various South Australian healthcare settings were interviewed, and the qualitative data was transcribed and thematically analyzed manually assisted by NVivo 12 software.

Results: Three major themes emerged from the data: Academic and future career impacts, impact on personal life, and mental and physical health. Clinical facilitators described how baccalaureate nursing students feared for their emotional, mental and physical safety, questioned their career choices and described the impact of violent experiences on their personal lives.

Conclusion: Clinical facilitators were often unable to prevent such experiences from happening to nursing students and, at times, felt unprepared or inadequately supported by universities. A combined University and healthcare facility approach that prepares, manages, supports and reduces the incidence of workplace violence for nursing students and clinical facilitators is urgently required to safeguard the mental, physical and emotional health of student nurses and clinical facilitators.

Be Brave Advocate and Report Racism Towards Nursing Students During Placements

Hila Dafny*

Flinders University, Australia

Abstract

Introduction: The experience of racism in healthcare is particularly challenging to address due to misunderstandings of the definition, the complex interplay of other potential discriminations and, at some level, the denial that it occurs. Limited studies have reported racism as an aspect of workplace violence toward nurses and nursing students from both patients and staff, suggesting that they may feel isolated and unsupported. Detrimental effects on the physical, mental and emotional wellbeing of those experiencing racism are highly likely, which may further contribute to leaving the nursing profession.

Aim: To understand nursing students' experience of unethical behavior, including racism during clinical placement, the perpetrators, impacts, advocating and reporting.

Methods: An interpretive, qualitative design with 15 South Australian undergraduate nursing students were interviewed. The interviews were transcribed and thematically analyzed.

Results: Not all racism events witnessed by nursing students were directed at themselves, with instances of poor behavior, lack of empathy and poor care by staff nurses directed to patients from culturally diverse backgrounds resulting in patients not receiving the care they requested or delays in addressing health issues. The two major themes with subthemes of the findings include (1) The multi-faceted student nurse experience of racism during placement and (2) The pervasive influence and limited reporting of racism by nursing students.

Conclusions: The experience of racism in various forms within the healthcare setting has a significant negative impact on nurses, nursing students, and patient care and urges policy and management to combat racism and create a safe environment.

Featured Presentations

Inclusion of Cultural Competence and Racial Awareness in Nursing Education: An Exploration of the Nurse Educator Role

Deborah Hylton*

University of Roehampton, United Kingdom

Abstract

Background: Global movements like Black Lives Matter, UK cases of racial injustice, and widening health disparities highlight the need for cultural competence and racial awareness in nursing education. This paper explores how nurse educators can address racism, promote equity, and decolonize the curriculum to support person-centered care.

Aim: To identify effective strategies for embedding cultural competence in nursing education.

Discussion: Drawing on literature, professional models, and the lived experiences of black female academics, three core approaches are outlined:

Inclusive co-creation: Collaborating with students and service users to foster inclusive learning environments.

Shared responsibility: Promoting cultural competence as a collective duty, supported by allyship and open dialogue.

Curriculum integration: Embedding cultural competence in the nursing curriculum through structured content, practical application, reflective spaces, and shared resources. Barriers include limited faculty confidence, institutional resistance, and viewing cultural competence as optional. Strategies to address these include safe-space discussions, peer collaboration, and mapping learning across academic years.

Findings: Students often lacked practical cultural competence but were motivated by interactive, reflective, and relevant teaching. When integrated into curricula, this improved their ability to conduct holistic assessments and deliver equitable, anti-racist care.

Conclusion/Implications: Cultural competence and racial awareness must be embedded throughout nursing education. Nurse educators play a key role in fostering reflective, anti-racist learning that prepares graduates to reduce health disparities and deliver inclusive care.

Personality Disorder from a Lived Experience Perspective

Nicola Mattocks*

King's College London, United Kingdom

Abstract

As someone diagnosed with personality disorder, and having extensive experience with nursing professionals throughout my recovery - I offer a talk on through the lens of lived experience on the way forward in terms of treatment, crisis care as well as everyday interactions in this client group. Following on from my research paper "Lived experience perspective on internalized stigma and the emotionally unstable personality disorder (EUPD) diagnosis" I will develop an understanding of the humanity of people with this condition and hope for a better life with the right treatment and secure attachments - including those with

nurses. I aim to challenge common prejudices including those that people like me are attention seeing, manipulative and impossible to treat. In addition to this, I aim to empower the nurses attending this important conference through relaying positive interactions I have had in different scenarios; this includes adult, pediatric, and psychiatric nurses - in order to shed light on what helps - from someone who 'gets it'.

A Systematic Review of Nomenclature and Associated Criteria in Children with Complex Critical Illness in Pediatric Intensive Care: The Basis for Consensus Definition

Claire Rafferty*

Bristol Royal Hospital for Children, United Kingdom

Abstract

Background: The face of pediatric critical care (PCC) has evolved over the past decade with an increasing number of children with complex critical illness (CCI). A recent UK government-commissioned report highlighted that between 2012 and 2019, the proportion of children with eight or more chronic conditions doubled to 14.0%, and those requiring long-term ventilation more than doubled. Children with CCI need multidisciplinary specialist input alongside family support and often have prolonged PCC stays. Internationally, varying definitions of CCI make comparisons difficult, which leads to variations in service provision, discharge planning and resource allocation.

Aim: This systematic review looks at current nomenclature, definitions, and outcome measures for children with CCI.

Methods: The review protocol was registered on Prospero 529649. Medline, Embase, Maternity and Infant Care, The Cochrane Library, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), and the Trip database were searched from 2014 to May 2024. The search was limited to ten years to ensure relevance.

Inclusion criteria: All types of studies examining children with CCI (age <18 years) admitted to PCC. The final Medline search strategy was peer-reviewed by a health research librarian. Five independent reviewers screened citations and extracted data.

Results: Over 30 different nomenclatures and associated criteria have been found.

Discussion: Utilizing systematic review methodology, this study comprehensively examines global nomenclature and criteria for describing children with CCI in PCC. It has highlighted a need for a consensus definition to increase the evidence and overall management of this patient group.

Failure to Launch: Transitioning Pediatric Dialysis Patients to Adult Care

Diane Kraynak*

Children's National Hospital, United States

Abstract

Pediatric dialysis units struggle with successfully transitioning their patients into adult care. Historically, transplant did, and still does, the majority of pediatric ESKD transitions. But as pediatric patients are transplanted earlier in life, they can face failed grafts and dialysis before reaching adulthood. Because these patients are highly sensitized, their dialysis course is often lengthy as well. Together, with other patients who may not be eligible for transplant but are aging out of the unit, pediatric dialysis programs are increasingly tasked with transitioning their dialysis patients to adult units. While transition is a natural and expected part of our developmental life cycle, the actual transition process for a pediatric dialysis unit is often fraught with angst, anxiety, and reluctance from both provider and patient. Transitions end up being hurried, ad hoc affairs resulting in pediatric patients being ill-prepared for the adult world. Pediatric dialysis recognizes this approach is a problem and units have been developing better transition tools to aid in the process. These tools, however, are difficult to consistently implement due to staff and patient engagement. Using three case studies, this presentation will examine one center's attempt to utilize a transition tool, with one case being a total failure. This center also demonstrates how it is incorporating a transition program through its dialysis to transplant expectation report card, discussions in monthly rounds and quality assurance and performance improvement (QAPI) dashboard. It is the aim of this center to initiate transition teaching earlier and standardize the process to help their patients thrive in an adult dialysis setting.

Swedish Psychiatric Care System for Children and Adolescents

Sonia Ronning*

Västmanland Hospital Västerås, Sweden

Abstract

Child and Adolescent Psychiatry in Sweden, known as BUP, provides specialized mental healthcare for children and adolescents with moderate to severe psychiatric conditions. Services are organized regionally within Sweden's 21 healthcare regions. Outpatient clinics serve as the primary entry point, while inpatient units manage acute or severe cases, and national highly specialized services care for rare or complex conditions. BUP operates through multidisciplinary teams, typically including psychiatrists, psychologists, registered nurses, and social workers, alongside other professionals such as occupational therapists and counselors. Registered nurses play a central role by conducting medication follow-ups, monitoring symptoms and side effects, providing psychoeducation, and coordinating care between families, schools, and healthcare providers. The most common diagnoses are attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, depression, anxiety disorders, eating disorders, and trauma-related conditions, with psychosis and bipolar disorder also treated. Around 10 - 15% of Swedish children are affected by psychiatric disorders, and prevalence has increased in recent decades, creating challenges such as long waiting times and high demand for services. Treatment in BUP is multi-modal, combining psychological therapies (e.g., cognitive behavioral therapy and, family therapy), psychosocial interventions (school and family support), and medication when clinically indicated. ADHD medication, SSRIs for depression and anxiety, and antipsychotics for psychosis are the most common pharmacological treatments. Strengths of Swedish BUP include universal access, evidence-based care, and strong teamwork. Challenges remain, particularly rising demand and staff shortages, but BUP continues to play a crucial role in supporting children and families affected by mental illness.

Early Diagnosis of Personality Disorders in the United Kingdom: Diagnostic Developments and Lived Experience Reflections

Taylor Challiss*

Anglia Ruskin University, United Kingdom

Abstract

Over the last decade research into personality disorders has increased rapidly, with diagnostic criteria adapting to meet the emerging evidence from the increased focus on the topic; this can be seen through the developmental approaches adopted by the alternative model for personality disorders in the DSM-5 and ICD-11 frameworks. Though this increase in research has supported an emerging acceptance and understanding of personality disorders and subsequent pathways to earlier diagnoses, the early diagnosis of personality disorders remains a controversial subject within mental health services. Lived experience contributions to research can increase the validity of the results and the overall impact to mental health practices. These valuable lived experience reflections reveal the vital contribution that therapeutic engagement from nursing professionals can bring to young people experiencing symptoms of personality disorders. Throughout this presentation we discuss the current diagnostic criteria, the impact of earlier diagnoses, diagnostic phrasing and the way that these processes can be interpreted from a young person's perspective. Lived experience in research and academia is starting to be accepted and encouraged. One example is at this conference.

From Housing to Healing Medical-legal Partnerships for Child Health Advocacy

Jodiey Bondurant* and Kelsey-Jo Moss

Oregon Health & Science University, United States

Abstract

Social and legal drivers of health have substantial impacts on the health outcomes of patients and families. Using a pediatric case study, this presentation will highlight the importance of screening for social drivers of health as well as having appropriate interventions to address identified needs. The application of medical-legal partnerships in various healthcare settings will be reviewed as a method to address health concerns, reduce health care spending, and promote optimal health outcomes.

Management of a High Output Fistula from a Nurse as Patient Perspective

Diane Kraynak*

Children's National Hospital, United States

Abstract

In the role of nurse-as-patient, the author offers a firsthand account into living with an enteroatmospheric fistula (EAF), a physically and psychologically demanding, complex, and serious condition. Discharged from a prolonged hospitalization by a stroke unit float nurse and no wound care demonstration and teach back, her journey began 15 min after arriving home when the pouch leaked. With no fistula education of her own and faced with returning to the emergency department or figuring it out solo, the author hunkered down with the help of her husband and a day's worth of wound supplies from the hospital and did her first pouch change without any guidance. Unable to work, unable to drive, and locked down by COVID, the author spent an isolated year in pajamas wrestling with a constantly leaking appliance, soiled clothes, hyponatremia, interrupted sleep, and kidney stones. With her nursing background, online resources, product reps, trial and error, family support, and a lot of cutting and pasting, she became the expert in her own care. Callista Roy's four adaptive modes-physiological, self-concept, role function, and interdependence-provide a framework in understanding this author's EAF experience. Using her fistula as the "patient", the author utilizes Roy's six-step nursing process to illustrate and share practical step-by-step tips, tricks, tidbits, and expectation management for this challenging condition.

Practice Tutors Views on Their Readiness for Supporting Pre-registration Nursing Students Who Require Reasonable Adjustments for Clinical Placement

Liz King*

The Open University, United Kingdom

Abstract

Background: In the United Kingdom, pre-registration nursing students (Trainee nursing associates and student nurses) include those with a disability or impairment who can require reasonable adjustments to maximize their achievement of practice-based learning proficiencies. At The Open University, practice tutors support nursing students in clinical placement which includes overseeing the facilitation of any reasonable adjustments for practice-based learning. It was proposed that practice tutors could feel unprepared in supporting these students similarly to other relevant stakeholders as reported in existing research.

Method: Utilizing a qualitative approach with a broad interpretivist paradigm, data was collected from three focus groups involving ten nursing practice tutors. Audio data was transcribed and analyzed using 'complete coding' followed by thematic analysis.

Findings: Three main themes were identified as 'it's complex, impact of engagement' and 'a cohesive approach' along with associated sub-themes.

Conclusion: Despite the obvious interest in helping their nursing students who require reasonable adjustments for practice-based learning, practice tutors can be hindered by existing barriers emanating from a lack of both training and existing guidelines. The complexity of the practice tutor role and student issues can further compound this situation. To help improve these current difficulties, consistency in practice tutor training and induction is recommended as well as regular access to peer support. These recommendations could then assist with development of the practice tutors' relevant skills and knowledge.

Simplifying Assessment, Treatment, and Budgeting for Wound Care

MaDolor Lani King*

Kaiser Anaheim Medical Center/California, United States

Abstract

Background: Wound care is a growing concern, affecting nearly 15% of U.S. Medicare beneficiaries, with this trend expected to continue rising. A 2023 study revealed that the U.S. bears the highest wound care costs globally, exceeding $50 billion annually. Medicare expenses for acute and chronic wound care range between $28 billion and $97 billion, primarily for surgical treatments of the elderly, diabetics, and obese patients. Though lower than hospital-based care, home health agency expenditures remain significant, ranging from $1.5 billion to $3.3 billion.

Objective: To address the clinical and financial challenges of wound care in home health services, which often exceed Medicare reimbursements, and to improve patient care outcomes.

Methods: We refined our wound assessment process by categorizing wounds into two types: partial-thickness and full-thickness. This classification aimed to streamline the treatment approach, reduce complications, and optimize care delivery. Additionally, we fostered close collaboration among healthcare providers, including doctors, clinicians, and patient families, ensuring comprehensive and coordinated care.

Results: This refined approach has improved patient care and reduced the frequency and costs of home health visits. By focusing on better assessment and coordination, we decreased treatment complexity, ultimately improving clinical outcomes while managing expenses more effectively.

Conclusion: Improving the wound assessment process and fostering collaboration among all parties involved in patient care can significantly reduce treatment costs and the frequency of home health visits. This approach showcases a viable solution to the financial and logistical challenges of wound care management, especially in the home health setting.

Registered Nurses' Promotion of Children's Participation During Medication Follow-up in Child and Adolescent Psychiatric Outpatient Care

Sonia Ronning*

Vastmanland County Hospital, Sweden

Abstract

Background: Children receiving psychotropic medication in child and adolescent psychiatric outpatient care (CAPOC) in Sweden are routinely followed up by registered nurses (RNs), who are responsible for promoting children's participation in their care in accordance with child-centered principles.

Aim: To explore how RNs promote children's participation during medication follow-up consultations in Swedish CAPOC units.

Methods: A qualitative design was used. Five focus group interviews were conducted with a total of 32 RNs. Data was analyzed using thematic analysis.

Results: Three main themes were identified: (1) balancing the needs and preferences of both children and parents; (2) acknowledging each child's unique situation, developmental level, and interests; and (3) adapting communication to provide comprehensible information and enable children to express themselves. These themes illustrate the strategies RNs use to facilitate child participation during follow-ups.

Conclusion: RNs actively work to promote child participation in medication follow-ups despite various challenges. The triadic relationship between RN, child, and parent requires careful negotiation to balance the child's perspective with parental involvement, in line with the principles of child-centered care.

Breaking the Cycle of Constant Care: Insights from Carers Using Mental Health Respite

Zahra Hassan Al Moaber*

Imam Abdulrahman Bin Faisal University, Saudi Arabia

Abstract

Carers of individuals with mental illness (MI) face unique challenges that are often overlooked in respite care research, which largely focuses on dementia and physical disabilities. This study explores the experiences of carers who utilize respite services for individuals with MI, using a qualitative, interpretative phenomenological approach. A purposive sample of fourteen carers participated in in-depth, semi-structured face-to-face interviews. Data were analyzed using van Manen's approach, leading to the identification of structural elements, thematic patterns, and an overarching essence of meaning. The analysis revealed four primary themes: (1) feelings of overwhelmed, (2) the process of obtaining respite, (3) facility suitability, and (4) it needs to keep going. These themes reflect the emotional, logistical, and systemic issues carers encounter. The overarching essence of meaning that emerged was "Constant care is constant," illustrating the unrelenting nature of caregiving responsibilities, even when respite is accessed. Findings highlight the essential role of respite care in alleviating care stress and promoting well-being. However, challenges remain in terms of accessibility, communication, and service appropriateness. The study emphasizes the need for more responsive respite services tailored to the needs of individuals carers with MI. Improvements in staff training, particularly in emotional and behavioral support, as well as better promotion of available services through healthcare and community net-

works, are necessary to maximize the benefit of respite care. This research contributes to a deeper understanding of carers lived experiences and offers practical insights into enhancing respite care provision in mental health contexts.

Exploring the Relationship Between Community of Inquiry and Deep Learning in Blended Learning Courses: Based on Structural Equation Model

Yumei Sun*

Peking University School of Nursing, China

Abstract

This study investigates the relationship between community of inquiry (CoI) framework components and learning approaches in blended learning environments, with particular focus on their combined effects on learning outcomes. Using a cross-sectional design, we collected data from 3,841 undergraduate nursing students across 11 Chinese institutions through validated instruments: the CoI and the revised two-factor study process questionnaire (R-SPQ-2F). Structural equation modeling was employed to examine the complex interrelationships among teaching presence (TP), social presence (SP), cognitive presence (CP), learning approaches (deep/surface), and learning outcomes (achievement and satisfaction). The results show that TP and CP have a direct and positive impact on learning achievement and satisfaction, have a direct and negative impact on surface learning; SP has a direct and positive impact on surface learning, and a direct and negative impact on learning achievement; Deep learning has a direct and positive impact on learning achievement, and partially mediates the relationship between CP and learning achievement; Surface learning has a direct and negative impact on learning achievement, and partially mediates the relationship between CP, SP with learning achievement. These results provide empirical evidence that strategic emphasis on specific CoI elements (particularly TP and CP) can foster deep learning while mitigating surface learning tendencies. The study offers practical implications for designing CoI-based blended courses that optimize cognitive engagement and meaningful learning experiences in nursing education.

Development and Evaluation of a Hypertension Risk Prediction Model Based on Regional Medical and Health Big Data: A Retrospective Cohort Study

Rui Wang*

Peking University School of Nursing, China

Abstract

Background: Hypertension prevalence is high globally, with significant mortality. Early screening and intervention are critical for health management. Developing an accurate hypertension risk prediction model using real-world data is a public health priority in the big data era. The objective of this study is to develop and evaluate a hypertension risk prediction model by utilizing big regional healthcare data.

Methods and main results: A fixed cohort (2015 - 2021) of 78,858 healthy residents aged 18 - 75 years was constructed using the Yinzhou District Health Information Platform and split into training (70%) and internal validation (30%) sets. An external validation set was established via convenience sampling in the Beijing-Tianjin-Hebei region under identical criteria. The hypertension incidence rate in the Yinzhou cohort was 10.21%. Lasso regression identified 17 predictors: age, education level, insurance type, smoking status, exercise, diabetes, family history, body mass index (BMI), waist, systolic blood pressure (SBP), diastolic blood pressure (DBP), fasting blood glucose (FBG), serum creatinine (SCR), blood urea nitrogen (BUN), TC, total triglycerides (TGs), and high-density lipoprotein (HDL). A logistic regression model was developed with area under curve (AUC) of 0.798 (95% CI: 0.792 - 0.804), 0.788 (95% CI: 0.778 - 0.797), and 0.817 (95% CI: 0.804 - 0.830) in training, internal validation, and external validation sets. Calibration curves showed excellent agreement, and decision curve analysis (DCA) confirmed clinical utility. Integrating internal/external validation and ROC curve cut-offs, clinical intervention for individuals with predicted risk below 10% showed significant benefits, supporting the model's practical applicability.

Conclusion: The hypertension risk prediction model shows robust performance, effectively identifying individuals at high risk. This study provides a valuable reference for hypertension health management and underscores the potential of big data in advancing precision medicine.

Health from a Health Promotion Perspective: A Concept Analysis

Wendi Zhu*

Peking University School of Nursing, China

Abstract

Objective: To clarify the concept of health from a health promotion perspective that promotes positive health outcomes.

Design: Rodgers' evolutionary concept analysis.

Methods: Engaging in an extensive and meticulous review of scholarly literature, we delved into the repositories of China National Knowledge Infrastructure, Wanfang Database, PubMed, Web of Science, and Embase Databases, spanning the period from January 2000 to February 2024.

Results: A total of 62 papers were analyzed, revealing 6 core attributes essential to understanding the status of health: complexity, multiplicity, dynamism, continuity, objectivity, and subjectivity. These attributes are further elucidated across 5 dimensions: physical, mental, social, moral and environmental health, with each bearing significant implications. The antecedents of health are shaped by medical models, disease spectrum, and cultural contexts, collectively influencing individuals, healthcare systems, and social environment.

Conclusion: The analysis of the concept of health provides comprehensive understanding of the fundamental attributes, thereby establishing a solid theoretical foundation for healthcare professionals. Incorporating the perspective of health promotion can further clarify the connotation of health, providing practical "health standards" for medical and health practice. This approach can guide future nursing practice to focus on improving patients' coping ability, maintenance ability, and rehabilitation ability.

Factors Influencing Patient Safety Competence Among Chinese Vocational Nursing Students: A Mixed-methods Study Using Capability, Opportunity, Motivation, Behavior Model, and Theoretical Domains Framework

Lu Zhou*

Chongqing Medical University, China

Abstract

Background: Despite growing patient safety education attention, nursing students' patient safety competency remains moderate. Higher vocational nursing students, the future primary health caregivers, directly affect nursing delivery, patient safety, healing, and outcomes, but evidence on influencing factors is lacking.

Objective: To explore factors impacting patient safety competency of Chinese higher vocational nursing students.

Methods: Explanatory sequential mixed design. Quantitative: Convenient sampling surveyed 523 Chongqing vocational nursing students via general info, metacognition, self-efficacy, self-directed learning, and safety competency scales. Multiple linear regression and serial mediating effect test were used to analyze the impact factors. Qualitative research was then conducted to explain the initial quantitative research results. The qualitative research part used purposive sampling to conduct semi-structured interviews with 16 higher vocational nursing students, and the data was analyzed through content analysis. Quantitative and qualitative data are mapped to the capability, opportunity, motivation, and behavior (COM-B) model.

Results: The quantitative findings found that metacognition had a statistically significant indirect predictive effect on patient safety competence through general self-efficacy and self-directed learning, with an indirect effect value of 0.034 (95 % CI: 0.017, -0.013). Combining quantitative and qualitative results, The COM-B model and theoretical domains framework captures a series of factors, including competence; opportunities; and motivation.

Conclusions: This study provides evidence for a serial mediating role of general self-efficacy and self-directed learning in the relationship between metacognition ability and patient safety competency, contributing to a psychological understanding of the underlying mechanisms of patient safety competency.

Role of Medical and Nursing Staff in the Lived Experiences of Adolescent and Young Adult Cancer Survivors in Kerala India

Prema Naittee George*

Gitam University, India

Abstract

Adolescent and young adult (AYA) cancer survivors globally highlight the critical role of clinician communication, coordinated follow-up, and psychosocial support in post-treatment adjustment. Community based care is slowly emerging in India, while the influence of healthcare providers on AYA survivors' daily lives remains understudied. Using an interpretive phenomenological approach, we conducted semi-structured interviews with 50 AYA survivors (aged 16 - 29; 27 females, 23 males) recruited from off-line and online cancer support groups across Kerala. Data was analyzed using reflexive thematic analysis. Four key themes emerged: (a) Anchoring recovery through relational care-nurses were described as "ever-present allies," offering empathetic listening, symptom guidance, and family mediation, fostering emotional safety. (b) Bridging information gaps-clear, jargon-free explanations from physicians and nurses empowered survivors in decision-making and alleviated anxiety about late effects and fertility. (c) Navigating systems and stigma-community nurses helped AYAs access financial aid (e.g., Cancer Suraksha, Karunya Benevolent Fund), reducing economic barriers to follow-up care. (d) Cultivating future-focused identity-specialist AYA teams facilitated holistic counseling and peer support, aiding survivors in rebuilding life goals, resuming education/employment, and addressing body-image concerns. Findings underscore the multidimensional role of healthcare providers in AYA survivorship, extending beyond clinical care to psychosocial support, system navigation, and identity reconstruction. To strengthen care, we recommend state-level training for nurses and physicians in age-appropriate communication, fertility counseling, and mental health first aid; integrating survivorship plans into Kerala's community palliative framework; and expanding nurse-moderated peer support groups to reduce stigma and enhance resilience, particularly in rural areas.

Ethnographic Insights into the Implementation of Kangaroo Care in Saudi Arabian Neonatal Care

Amal Almutairi*

King Saud bin Abdulaziz University for Health Sciences (KSAU-HS), Saudi Arabia

Abstract

Aims and Objectives: This study investigated how kangaroo care (KC) for preterm infants is understood, facilitated, and hindered in a Saudi Arabian neonatal intensive care context. It aimed to capture the perspectives of both parents and healthcare providers (HCPs) while exploring the cultural, contextual, and organizational processes shaping the implementation of KC.

Methods: A focused ethnographic study was conducted in a large neonatal unit in Saudi Arabia. Data collection comprised 150 h of observations, 13 interviews with parents, 15 interviews and one focus group with HCPs, and documentary analysis. Observational findings informed the interview guides, ensuring contextual relevance. Reflexive thematic analysis, underpinned by social ecological model (SEM) and the family integrated care (FiCare) was used.

Results: Five themes were generated, highlighting the dynamic interplay of cultural, organizational, and family-related influences on KC implementation. Parents reported barriers such as fear of harming the infant, lack of privacy, limited antenatal awareness, and inadequate accommodation, compounded by cultural expectations and language challenges. Observations revealed minimal parental involvement and a physician-prescribed KC policy that paradoxically restricted practice. HCPs identified challenges including frequent staff rotations, lack of standardized protocols, and insufficient integration of KC into prenatal and community services. Key facilitators included family and partner support, assistance from HCPs, and policies that encouraged open parental access to the Neonatal Intensive Care Unit (NICU).

Conclusion: This ethnographic study demonstrates that KC implementation in Saudi Arabia is shaped by interwoven cultural, contextual, and organizational factors. Applying SEM and FiCare provided a comprehensive lens for understanding how systemic, institutional, and familial dimensions interact to hinder or support KC practice. Addressing these barriers while reinforcing facilitators may strengthen KC integration in neonatal care and promote better outcomes for preterm infants and their families.

Mothers of Children Hospitalized with Burns: Parental and Psychological Characteristics and Willingness to Use Telemedicine Upon Discharge - A Pilot Study

Gal Furman*

Tel Aviv University, Israel

Abstract

Background: Telemedicine services are effective in various medical scenarios including pediatrics. Pediatric burn injuries are common, and recovery, particularly after hospitalization involves both the child and their family in prolonged post-discharge monitoring. Parental characteristics, particularly those of mothers, influence the utilization of healthcare services for their children, a trend that extends to telemedicine. This study was designed to investigate maternal willingness to use telemedicine for the treatment and follow-up of their children's burn injuries.

Methods: In 2023, a pilot study was conducted among 27 mothers of children aged 1 - 14 years who were hospitalized due to burns at a major children's hospital in Israel. A cross-sectional study was employed to examine the relationships between willingness to use telemedicine post-discharge and parenting style, parental self-efficacy, perceived social and formal (medical staff) support, burn-specific health related quality of life, and emotional work according to Hochschild's theory.

Results: Internal consistency results (Cronbach's alpha) were acceptable. The results identified a negative correlation between parental self-efficacy and willingness to use telemedicine ($r = -0.48$, $p = 0.012$); positive correlations were found between deep and superficial emotional work and willingness to use telemedicine ($r = 0.36$, $p = 0.063$; $r = 0.55$, $p = 0.003$, respectively).

Conclusions: Mothers who engaged in emotional work tended to be more willing to use telemedicine. Conversely, mothers with higher levels of parental self-efficacy tended to prefer the use of conventional healthcare services. This research may impact teams designing telemedicine services for pediatric burns patients.

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