abstracts
## Abstract 01

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<tr>
<th>Title of Paper:</th>
<th>Caring and collaboration in research</th>
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<tr>
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Abstract 01

European
Caring and collaboration in research

Cecily M. Begley RGN, RM, RNT, FFNRCSI, MA, MSc, PhD, FTCD, Professor of Nursing and Midwifery/Director
Gerard A. Tobin RGN, RMN, RNT, RCNT, Dip. N, BSc, MSc, Acting Director for Academic and Professional Affairs, School of Nursing and Midwifery, Trinity College, Dublin, Ireland

Research is usually portrayed as an objective science, a term that intimates coldness and detachment.
Early nursing research followed the lead of medical research in being mainly quantitative and often experimental. The majority of studies were empirical, stemmed from quantitative traditions, and were carried out on patients without always seeking their views and opinions.

Much research work focussed critically on care-givers and their actions; for example, studying dressing technique or effectiveness of hand-washing and finding that the nurses observed deviated from the taught technique, some considerably so. Such studies demonstrate a lack of caring to both patients/clients and their care-givers.
In addition, some early nurse and midwife researchers used research for their own ends, to further their academic careers rather than to improve patient care or conditions for staff.

Caring research is patient/client focussed, “person-centred” and regards patient/clients’ needs as paramount. It takes patient/clients’ opinions and feelings into account, using such material as data upon which to base conclusions. More subjective qualitative methods can be used, either alone or in conjunction with quantitative methods, to seek and use patients’ opinions so that care in the future will be more client-friendly.

Collaborative research, with shared power and non-hierarchical relationships between clients/patients, health service professionals and researchers, is more caring and may improve participation rates and involvement in studies, with a consequent improvement in the utilisation of results. The shared power and mutual respect that characterises such collaboration should also be extended to nursing, midwifery or other staff who are involved as participants or data collectors and who are entitled to the same ethical rights as patients and the same equal partner status as other researchers.

If academic researchers and expert clinicians were willing to recognise their own, and each other’s, potential to contribute to caring, client-focused, collaborative research and to work together to achieve those aims, future research projects might be more focussed on topics of relevance to our client base. The introduction of
caring, collaborative research between researchers with their academic knowledge and practitioners with their clinical expertise and acumen, will bring immense improvements to patient care in the future
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Irish student midwives' changing levels of assertiveness and attitudes towards normality in childbirth during their two-year education programme

Cecily M. Begley RGN, RM, RNT, FFNRCSI, MA, MSc, PhD, FTCD, Professor of Nursing and Midwifery/Director
Margaret Carroll, RM, RNT, BNS, MSc, Director of Academic and Professional Affairs in Midwifery, School of Nursing and Midwifery, The University of Dublin Trinity College, 24, D’Olier St., Dublin 2, Ireland  Tel: 353 1 6083979 cbegley@tcd.ie

Background: Bullying behaviour and the resulting stress have been noted frequently among both students and staff in the field of Irish midwifery. Coping mechanisms for stress include high levels of self-esteem and assertiveness, which are necessary to enable midwives to support women requesting normal childbirth. A national study, designed to explore the feelings and opinions of student midwives of their two-year education programme in Ireland, was conducted. One part of that study, presented here, explored the attitudes of student midwives towards normal childbirth and determined their perceived assertiveness levels at the beginning, and near the end, of their two-year education programme.

Design: Quantitative, descriptive survey methods were used. All seven midwifery training schools in Southern Ireland gave ethical approval.
Sample: The full cohort of students in one year consented to participate, following an information session (n=122).
Data collection: A questionnaire was completed by students in the first 1-2 weeks of their two-year course and again almost two years later, in the last 2-3 months of the programme. There was a 95% response rate, with 116 students answering both questionnaires. The first section established demographic details and the attitudes of students concerning pregnancy and childbirth. In the second section, a number of adapted assertiveness scales were used.
Data analysis: Data were entered into SPSS and the students’ attitudes and assertiveness levels before and after their two-year education period were compared using inferential statistics.

Results. Over the two-year period of education, the students’ attitudes did not alter towards a more health-oriented or natural approach, and their outlook on pregnancy tended more towards ‘ill-health’ as they came closer to qualification. Significant changes occurred in the students’ level of assertiveness as they progressed through the course. In three areas, an improvement in assertiveness was seen, but a decrease in assertiveness was shown in six.

Conclusions. This cohort of student midwives demonstrated a decrease in some assertive behaviour over the two-year period and had not cultivated a ‘health-orientated’ stance in relation to pregnancy. This is not a positive finding for the future of the midwifery profession in Ireland, where midwifery-led care is developing and midwives need to be strong supporters of normality in childbirth in order to act as advocates for women in their care.
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Asbtract 03

Midwives’ views of consultant-led and midwifery-led maternity care in Ireland

Cecily M. Begley RGN, RM, RNT, FFNRCISI, MA, MSc, PhD, FTCD, Professor of Nursing and Midwifery/Director
Declan Devane RM, RGN, RNT, BSc (Hons), PgDip(Stats), MSc, Doctoral Student/Lecturer in Midwifery
Jo Murphy-Lawless BA, MA, PhD, Lecturer in Sociology, The University of Dublin Trinity College, 24, D'Olier St., Dublin 2, Ireland  Tel: 353 1 6083979 cbegley@tcd.ie

Background: Consultant-led hospitalised birth is the main model of maternity care in the Republic of Ireland, a model that hinders midwives in the fulfilment of autonomous midwifery practice. Two midwifery-led units have been developed in the past year in the Republic of Ireland, where the midwives are the principal carers of women without risk factors for pregnancy and labour, during pregnancy, childbirth and the post-natal period. This study sought to explore midwives’ opinions of the existing maternity services in one health board region, prior to the introduction of midwifery-led care.

Design: An exploratory, qualitative design using a grounded theory approach. Sample: Midwives from the region were contacted through the Directors of Nursing/Midwifery in their local maternity units, who also gave permission for the study to be conducted. Snowball sampling was then used to reach midwives working in the community. Twenty-six midwives consented to participate. One participant was a self-employed independent midwife and the remaining 25 worked within the health service.

Data collection: Twenty-one midwives were interviewed in three focus groups and five by individual unstructured interview.

Data analysis: Data were analysed using the constant comparative method. Relationships between the emerging categories were identified and three main themes were identified: “Working within the medical model”, “Setting up midwifery-led care” and “Educating others about midwifery-led care.”

The findings presented in this paper describe the midwives’ views of working within the medical model and setting up midwifery-led care.

Findings: The respondents reported diminished job satisfaction, a problem exacerbated by the closure of two small consultant-led units in the area and their transfer to a larger maternity unit, and related this to the impact of consultant-led care and the consequences on their autonomy. Some midwives expressed nervousness about assuming more responsibility in the proposed new midwifery-led units, and stated that they would welcome some education to regain the autonomous role of the midwife in caring for women in normal childbirth.

Conclusions: Midwives need to feel confident in their skills and be willing and facilitated to take responsibility for their own autonomous practice. The gradual introduction of midwifery-led units in this area, using evidence-based guidelines for care provision, may provide midwives with greater job satisfaction and women with improved care.
Title of Paper: Putting Evidence into Practice: A Collaborative Approach

Name of Presenter(s): Carolyn Tobin

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Job Title: Midwife Teacher

Qualifications: MA, Pg.Dip CHSE, RNT, RGN RM

Type of Presentation Preferred: Concurrent Paper, Poster Presentation

Audio Visual Aids Required (please tick as appropriate) Slide Projector, Flip Chart, Other (please state) Display Board, PowerPoint

Title of Poster: Putting Evidence into Practice: A Collaborative Approach

Area of Practice Addressed in the Poster: Developing Evidence Based Practice Guidelines for Midwifery led care.

Names of all persons involved in developing the poster:
Putting Evidence into Practice: A Collaborative Approach - poster
Carolyn Tobin
Rotunda Hospital, Dublin, Ireland

Abstract:
The aim of this poster is to describe the process of developing evidence based guidelines for midwifery led care. The process involved a collaborative approach between clinical staff, management, and teaching staff. The initial vision was to develop guidelines for midwifery led intrapartum care and to support the clinicians who work in delivery suite in the development of these guidelines. This approach ensured ownership and personal investment in the guidelines and the subsequent change process. The dynamic nature of the process resulted in personal, professional, and organisational change. The project began in May 2004 and is ongoing as numerous developments and innovations have occurred as a result of this initiative.
Abstract

THE EFFECT OF PLAY IN REDUCING PROCEDURE-RELATED PAIN IN HOSPITALIZED EGYPTIAN AND JORDANIAN PRESCHOOL-AGE CHILDREN

Soheir Abd-Rabou Mohamed  
Assistant prof. of Pediatric Nursing, Faculty of Nursing – Mu’tah University

Lecturer of Pediatric Nursing, Faculty of Nursing – Cairo University

Abstract

Painful procedure is an experience that causes physical, emotional, psychological distress or harm to a child. It is an experience that is perceived by a child as a threat to their safety or the stability of their world. Unlike adult, children do not provide consent for procedures and often do not understand the reasons for their or realize their short duration (Mishawka, 4002). Clinical data and correlational studies have indicated that play may be beneficial in reducing children’s upset, but experimental evaluation of the effectiveness of play is lacking. The study adopts pretest-posttest quasi-experimental design to determine the effect of play in reducing procedure-related pain in hospitalized Egyptian and Jordanian preschool age children. And to determine if a difference existed in children’s physiological and psychological response to painful procedures for hospitalized preschool children in Egypt and Jordan. A total of 100 hospitalized preschool age children (50 Egyptian and 50 Jordanian) were participated in one session of planned appropriate play immediately after the painful procedure. Children’s physiological and psychological responses to painful procedures was determined by obtaining heart rates and their rating on age appropriate two pain assessment tools.

The study findings illustrated that children exposed to planned play session had lower means for heart rate (hypothesis 1) and less mean scores for pain intensity (hypothesis 2). Also findings indicated that Egyptian and Jordanian children were similar in relation to their physiological and psychological response to painful procedures and response to planned play activities (hypothesis 3). The study recommends appropriate preparation is crucial for children undergoing procedures. In addition incorporating play activities before, during, and after painful procedures is a cardinal role of pediatric nurse.

Key words: Procedure-related pain Play Hospitalized Preschool-children

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**Abstract 06**  
*European First Jordanian Nursing Conference (JNC)*  
*Nursing: Global Citizenship Conference 2006*  
*25th – 27th April 2006*

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<th><strong>Title of Paper:</strong></th>
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*First JNC Nursing: Global Citizenship Conference 2006*  
*25th – 27th April 2006*
Abstract 06

BEING PRESENT: PHENOMENOLOGICAL EXPLORATION OF NURSES EXPERIENCES OF BEING WITH PATIENTS WHEN A CANCER DIAGNOSIS IS GIVEN.

Gerard A. Tobin
Lecturer/ Director of Postgraduate Teaching and Learning/ Acting Director for Academic & Professional Affairs
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The aim of this paper is to describe the experience of nurses in being present when a cancer diagnosis is given. The discussion will focus on the meanings attributed to the experience by the nurse.

The primary findings are part of a wider study, which explored the experiences of health care professionals in giving bad news and the impact on recipients and significant others when the news is broken. The phenomenological study utilised unstructured interviews, as the main data collection tool.

Nurses were invited to participate and for the purpose of this presentation, the focus will be on the experiences of nurses working within a variety of settings. All were working within a hospital setting as opposed to a community nursing or hospice setting.

Interviews were coded using a phenomenological descriptive approach. A number of core themes which emerged were: Connectedness & Personal Linkage; Collaborative distancing; Being invisible; Picking up the pieces and Walking in a fog.

Collegiality and working relationships were issues of importance to all participants. Being there and getting close produced strains on the nurse-patient relationship and caused emotional pain for the nurse. Issues of truth-telling, euphemisms and silent avoidance were also evident within the narratives.

The study highlights the there is a need to offer a forum for nurses to begin to explore their role and contribution within a multidisciplinary team when patients are to be given bad news.
Abstract 07
USA
GLOBAL HEALTH AND DIVERSITY ISSUES
REQUIRE INNOVATIVE NURSING EDUCATION

Background With increasing global migration, nurses may interact with clients from virtually any place in the world. Therefore, it is critical for nurse educators to help nursing students become aware of the wide diversity among patients, and to help the students become more culturally competent.

Significance International programs provide students with knowledge, skills, and attitudes that will enable them to generalize their experiences to other cultural groups.

Methods All students at BYU’s College of Nursing are required to take a Global Health and Diversity Course. Goals for the international programs are to (1) Build on nursing knowledge, (2) Enhance the profession of nursing in the host community, and (3) Increase students’ understanding of diverse cultures, clients, and health care systems. Four assignments address these goals: (1) Reflective Writing, (2) Community Assessment, (3) Global Health Assignment, and (4) a teaching Activity.

Results Student interviews, journal entries, and the other course assignments identified increased cultural understanding, specifically: knowledge of global health issues, personal growth, interpersonal connections, and increased cultural competence as they attempt to identify greater sensitivity to global health issues.

Conclusion Students found themselves in circumstances where they were the foreigners, had minority status, and did not speak the language fluently. This served to heighten their sensitivity toward those living and/or visiting in the United States, as well as in other countries, who do not speak English or who have differing values and customs than the predominant culture. We believe our students are beginning to “emerge in a global profession, focusing on both cultural care diversities and universalities to establish and advance the nursing discipline in serving multicultural individuals and groups worldwide” (Leininger 1994, p. 254).


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**ABSTRACT 08**

USA

**Mentored Collaborative Nursing**

With University of Jordan and Brigham Young University Students

**Background:** Due to the extreme nursing shortage in Jordan, though Jordanian nurses have an excellent education, it is difficult for them to provide professional nursing care for patients. Therefore, as a result of the long standing professional and personal relationship between Brigham Young University’s (BYU) College of Nursing and the University of Jordan’s (UJ) Faculty of Nursing, the Medical Director of the UJ Hospital asked the BYU College of Nursing to assist the UJ Faculty of Nursing in meeting their goals of improving professional nursing in staff and student nurses.

**Significance:** Collaboration nursing practice can assist the UJ Faculty of Nursing to improve professional nursing behaviors among staff nurses and student nurses, thus enhancing assessment skills and communication.

**Methods:** Using a multilayered mentoring model, one BYU Nursing graduate student, three undergraduate students and twenty-four UJ Nursing students collaborated through role modelling and cultural exchange to implement enhanced professional behaviors in a UJ Hospital surgical unit.

**Results:** UJ and BYU mentored students reported they developed and improved their skills in nursing assessments, interventions, and communication skills. They also reported they gained valuable professional knowledge. Furthermore, BYU students developed new insight concerning cultural implications of nursing care and nursing education among the Middle Eastern population.

**Conclusion:** Using a multilayered mentoring model reinforces professional nursing behaviors at each level, as participants assist each other to internalize a more holistic perspective of patient care. Additionally, the collaboration between BYU and UJ students resulted in increased cultural awareness and understanding, specifically in the health care setting.


**Funding:** BYU Graduate Mentoring Grant, BYU Undergraduate Mentoring Grant

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NURSING ASSESSMENT OF QUALITY OF LIFE OF AMPUTEE PATIENTS

Ahmad Hamid Abdullah, Ph.D.,R.N
Basher Jassim AL-Jawary, MBCHB, FICMS

Aims: To assess the quality of life (Q.o.L) of amputee patients and the relation with some variables.

Methodology: A descriptive study was carried out at Al-Mosul rehabilitation center during the period from 10th April to 31st June 2004. The sample of the study consisted of 160 amputee patients with lower limb amputation selected randomly. The data was collected by using assessment tool which consists of (66) items distributed to three domains (physical, psychological and social).

Results: The results of the study show that there are many problems in all areas through the amputee patient's life. The psychological problems come in the first rank among problems faced by amputee patients, while the physical and social aspects come later throughout the amputee patient life.

The study also revealed that there are significant differences between the quality of life of amputee patient and variables of study (age, social status, level of education, urbanicity, level of amputation, reason of amputation and using assistance device).

Recommendations: The researchers recommend establishing rehabilitation centers to accommodate war victims; training program should be carried out in special workshop for vocational rehabilitation therapy and educational programs for families of amputee patients for care to provide and improve quality of their life.

Key words: Quality of Life, Amputation.
Abstract 10
European
Creating a knowledge transfer and knowledge brokering environment to link nurses, academics, researchers and policy-makers

Presenters: Chantal Mercier, RN, BScN, MHA

Background:
In this dynamic global environment, knowledge transfer and knowledge brokering activities are essential within any health care organization. At The Ottawa Hospital, these activities are highly valued through our existing structures and processes and as evidenced within our vision "to be nationally recognized as the academic health sciences centre of choice". There are 3,800 nurses at The Ottawa Hospital, the largest regroupment of nurses in Canada, across multiple sites; thus the challenge of knowledge transfer and knowledge brokering is great. In spite of the challenges, major innovations have been implemented and we have become a flagship for the development of a quality nursing professional practice environment. There is a need however to develop a knowledge brokering system.

Objectives:
Improve the transfer of nursing knowledge and develop a solid knowledge brokering structure by creating a systematic approach to build relationships and manage the links between health care professionals, academics, researchers, and administrators to align policy decisions with research evidence.

Methods:
The model for knowledge brokering consists of an explicit structure between decision-makers and researchers, which will help define the links and interactions between them. A designated coordinator will have a key role in guiding the implementation of these strategies as well as serve as a knowledge broker.

Results:
The post-implementation results of the knowledge brokering model will be presented.

Conclusions:
The model facilitates the partnership between nurses, academics, researchers and policy-makers to encourage them to work together at increasing evidenced-based decision-making.
Towards improving the quality of nursing care in gulf countries the following objectives should be taken into account:

1. **Effective Nursing Leadership.**

2. **Mastering Clinical Practice.**

3. **Health Promotion.**

4. **Continuous Professional Development.**

1st: The effective nursing leadership with its two new styles, Directive (Autocratic) and Participative (Democratic) is remarkably deficient in nursing field in gulf countries and this is due to the shortage of the qualified and highly educated nurses who can assume the responsibility of nursing leadership by emerging between qualifications and experiences which they have, in order to improve nursing leadership in their hospitals. This shortage is attributed to the inactivated scholarship programs while there are no true opportunities inside their countries to continue high studies (Master, Doctorate Degree), additionally there is no included leadership and management courses in the curriculum of nursing schools, therefore Nurses should be trained and acquainted with the administrative procedures at every level to provide a highly competent nursing leaders.

2nd: Mastering Clinical Practice can be perfectly achieved by implementing Evidence Based Nursing which is the way which by nurses would be able to make a clinical decisions using the scientific researches, clinical expertise and patient preferences, and to make use of evidence based nursing we should consider the availability of the published researches and nursing ability to analyze researches and nursing practice.

3rd: In health promotion, As a health care professionals, nurses have a responsibility to:

1) Promote awareness to minimize the injuries related to Road Traffic Accidents which result in a terrible number of mortality and morbidity in gulf countries and accordingly health care budget, national economy and manpower are seriously affected.

2) Promote health awareness regarding nutrition, personal hygiene, physical activities, health screening and breast feeding as well as organizing and participating in community health education programs and tobacco fighting programs.
4th: Continuous Professional Development in nursing field is the best way which by a competent nurse would be able to develop his/her professional knowledge through participating in seminars, courses, workshops as well as joining scholarships, by this way nurse will be more employable and more eligible for responsible posts within a given organization.
Abstract

Nursing education is the nursing process. Nursing education provides learners with the opportunity to acquire, integrate, apply, and synthesize knowledge in the delivery of nursing care.

Forty seven years ago, nursing education started in Kingdom of Bahrain with the opening of the first school of nursing in 1959, today the College of Health Sciences is the only institution in Bahrain which trains nursing and allied health professionals to meet the health needs of the country.

The Nursing Division is considered the first center of its kind for the development of nursing within the WHO in the Eastern Mediterranean Region. In August 1990, the Nursing Division at the College of Health Sciences was designated as a WHO Collaborating Center for Nursing Development. In 1994, the designation was reaffirmed, and Bahrain was reselected as a member of the Executive Committee of the Cooperating Centers Network involved with the WHO in developing nursing through education and research services.

The Nursing Division in Bahrain is rich with faculty who are experts in their field of study such as community nursing, midwifery nursing, cardiac nursing, emergency nursing, and Psychiatric nursing. Therefore; the Center is contributing intensively to high caliber training of nurses in the Gulf and the region in various specialities.

Nursing faculty also assume different roles in addition to teaching such as student recruitment, student counseling, participation in the continuing education to the nurses working in the services, and faculty development …etc. Faculty also consult the WHO fellows for different purposes.

This paper will explain the development of nursing education in Bahrain, current status of faculty development, the obstacles that affect the expert faculty in their carrier development and suggestions for better improvement.
Abstract

European

Curriculum vitae and abstract of presenter:

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Curriculum vitae
Born in 1956, R.N., nurse teacher, Dr. phil. in education (1992), habilitation (German title for professorship) in nursing science (2002). Experience as expert reader of training text books for nurses for publishing house, teacher in geriatric nursing course; various projects, e.g. 1985-1988 promoting Turkish women training as doctors’ assistants; 1995 - 1997 scientific advisor to project NOW (New Opportunities for Women) promoted by the European Union; university teaching background: University of Bristol, Great Britain; in Germany: University of Witten/Herdecke, Applied Universities of Braunschweig/Wolfenbuettel and of Muenster (since 1998) teaching nursing science and nursing education. Special research area: Care needs of sociocultural minorities (numerous publications in this field).

Title: culturally sensitive care- a must in a globalized world

Abstract:

Background:
Professional nurses, as caregivers to patients of varying cultural, religious or social backgrounds, need to be aware of the life situation, the views held and the care practices wanted by these persons if their caregiving is to be effective and appropriate. Germany’s immigrant population totalling 7.2 million, owns distinct customs shaping their daily lives, differing from those of the predominantly Christian environment but little is known about their care needs or related concepts. In a world where religions and cultures mix globally while tensions between them are rising, nursing as a caring profession has a special responsibility to meet specific care needs. This paper presents the results of a study on the concepts of illness, health and nursing care of Turkish and German women from two generations against their life experience in Turkey and Germany, providing new data on their care needs and new strategies for nursing care.
**Objective:**

The purpose of this study was to

a) provide a framework for understanding the varying sociocultural concepts
b) identifying strategies for improving nursing practice.

**Methods:**

Qualitative-explorative ethnographic study. 19 Turkish and German women from 2 generations were interviewed (interviews lasting about 1.5 – 2.5 h each). Data collection and analyses (taxonomies, describing cultural themes) were based on Developmental-Research-Sequence-Method (Spradley, 1979)

**Results**

Identified characterizing elements of the 4 groups of women included: social and religious identity; diverse values and norms based on nationality and on age-group; experience of social injustice. These features were found to influence the informants views on health, illness and nursing care in various ways:

- Sociocultural diverse constructions of illness (based on biomedicine, religion or social norms)
- Use of traditional and alternative healing practices
- Role of the family as primary resource
- Demands on professional nursing care

**Conclusions**

Data suggest both the need for

- structural adaptation including intercultural training based on adequate theory, a more self-critical application of western frameworks, culturally diverse background knowledge,

- individual, family-oriented, culturally congruent nursing care observing hygienic, nutritional and religious demands as well as an awareness of diversities in life experience and life styles.
Abstract 14

Japan

Summary of Research and Educational Activities for 3-year about Disaster Nursing in a Ubiquitous Society in Japan

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[Background and Significance] Disasters including natural and man-made occur in the world. It is important how nurses including public health nurses/nurse midwives prepare for disasters. The purpose of our research and educational project funded by Ministry of Japan is to develop self-care abilities of communities and individuals to independently regenerate and recover from the consequences of disasters. It is expected to develop based on the viewpoints of nursing care during ordinary times. Under this purpose, the aim of the project is to develop nursing care strategies and establish information or human support networks in the ubiquitous society in order to minimize the influences of disasters to lives and health of people, with a special focus on disaster preparedness and an overall process that takes all stages into account, from the beginning of disasters to mid- and long-term perspectives. [Purpose] The purpose of this presentation is to share our research and educational activities for 3 years on disaster nursing in Japan. [Methods] Interview, mailing questionnaires, or questionnaires on the web were utilized for the studies. [Results] Three research sections are included in this project. The results will be presented each section.

1. Research section for the development of an Information Base: Develop an Information Base for accumulating and developing Knowledge and Evidence

In close partnerships with other research sections, the members of this section have 1) built literature review system about disaster nursing on the Web; and 2) developed an easy-to-access information system that features enhanced accessibility and ease of adding new contents. In addition, 3) the section is building simulation models for assessing elements that determine the nursing care need.

2. Research section for the establishment of a Nursing Support Network: Building, the Participatory Community Support Network, and the International Disaster Nursing Network Residents and Professional Nurses in Japan and Abroad

1) Building the Professional Nursing Support Network: The members of this section committed to the continual operation of existing network systems and improvement of the Activity Guidelines, which comprise six categories, including “methods of approaching affected areas,” “damage assessment methods” and “desired behaviors of care providers in affected areas.” 2) The national guidelines of public health nurses activities developed by this section are modified to local guidelines in order to facilitate support network among communities

2) Building the Participatory Community Support Network: In the event of disaster, it is crucial that residents help each other as well as self-help. The
members conducted the opportunities for sharing on the actual situation of disaster reduction activities among communities. As the results, the necessity of education and training as the strategy is identified for improving ability of risk reduction among residents. 3) This section of building an International Disaster Nursing Network exchanged information with nursing professionals in Asia and other regions regarding their experiences of disaster nursing and related education & training programs. Several members visited coastal areas in three countries affected by the Great Sumatra Earthquake and Indian Ocean Tsunami, with the aims of studying and assessing the situations, and collecting related information. At the same time, the members are working to obtain authorization from WHO as the WHO Collaborating Center. Furthermore, mental health care guideline and core competencies of disaster nursing were developed in collaborations with other sections and the WHO Western Pacific Regional Office (WPRO).

3. Nursing Care Development Project: Developing Nursing Care strategies

① Each project continues using and modifying the Nursing Care Guidelines in 2004. Various types of disasters, ranging from earthquakes to flooding are included. ② Furthermore, using the guidelines, educational and/or dissemination programs are provided to nurses. Outcomes after providing programs were measured. ③ Through interviews with nurses who have experience of nursing practice in overseas countries, an international version of the Nursing Care Guideline was developed based on Japanese version. Furthermore, guidelines for care providing systems have been developing through interview with medical personnel.

4. Education/Training Program Development Project: Development of Education/Training Programs and Methods

① Five core competencies were clarified and classified into various categories and sub-categories. ② “Disaster Nursing” (2 credits) in the masters’ program were provided and evaluated program contents. Furthermore, disaster nursing course with 32 credits in the masters’ program was developed and will be started in the coming academic year. The course educates the students as clinical nurse specialist. In the doctoral program, disaster nursing education will be continued next years. Project members continue providing educational program to nurses as well as to local residents, as in the previous year. In the undergraduate program, “Disaster Nursing Theory” (1 credit, comprising 15 lessons) were provided. ③ In preparing educational material or textbooks, disaster reduction booklets focusing on preparedness were developed. The booklets will be used at education/training. Educational materials for nursing professionals were prepared as e-learning through internet. Moreover, we have digitized photographs and films recording past disasters and emergency nursing activities, with which to prepare a multimedia library.
Abstract 15
Jordanian
Turnover among Jordanian Nurses in
Private Hospital of Jordan
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Objective: to describe the factors that influencing nurses turnover in private hospital in Jordan.
Importance of study: the primary reasons for focusing on nurses turnover are concerns about:

i. Quality of patient care.

ii. High cost of recruiting and training new staff by identifying these factor this will provide a sounder basis for devising strategies to reduce turnover and to advise arrange intervention to enhance effectiveness of workforce planning.

Results: to answer research question what aspects stimulate nurses to leave their organizations, sub questions were developed in structured questionnaire covering the aspects of Financial Benefits, Administrative Support, Job Facilities, Social Aspect, Work Conditions, Job and Organizational and Loyalty. using descriptive statistics design all aspects found to be significantly influencing nurses turnover at $\alpha = 0.05$.

Conclusion: we believe that nursing turnover is a complex phenomena that need to be researched and addressed well using retrospective design including all health sectors in Jordan. and cooperation from multi researchers needed to focus in different aspects result as consequences of nursing turnover and link the quality of care provide to patients and their families.

Definition of Job Turnover:

“Voluntary Leaving the Organization“

( Van Berkelen 1988)

Key wards:
Nurses, turnover, private sector.

Abstract 16
Jordanian Women’s Satisfaction with Their Childbirth Experience.

Arwa Oweis, RN, DNS

The purpose of this descriptive study was to explore Jordanian women’s satisfaction with their childbirth experience. A convenience sample of (165) postpartum women participated in the study. Participants responded to two valid and reliable questionnaires developed for the purpose of the study, the Women’s Satisfaction With Their Childbirth Experience Questionnaire (SCBE), and the Women’s Perception of Control During Childbirth (PCCB). Demographic characteristics of the participants were obtained by a demographic data form.

Findings of the study indicated that the majority of women were highly satisfied with their childbirth experience. The mean score for women’s satisfaction with their childbirth experience was 104, (SD = 18) with a score range of 26 to 142. Ninety four percent of the participants scored 80 or higher on the (SCBE) scale. Furthermore, majority of women (91%) had a normal and healthy baby through a normal vaginal delivery (95.2%). Findings also indicated that women perceived that they had high self control during childbirth. The mean score for (PCCB) was 73, (SD = 11.8) with a score range of 47 to 99. Ninety two percent of the participants scored 57 or higher on the (PCCB) scale.

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Problem: Patient records have many functions. Besides being an important instrument of professional communication they are also used as means for quality assurance. However, international studies show that nurses often have difficulties in using the documentation effectively.

Question: The following analysis deals with questions of completeness of several content indicators and the visibility of the nursing process in the different parts of the records.

Methods: 279 resident records of 26 nursing homes in a German metropolitan area were analysed as part of a comprehensive study about the quality of nursing homes. The instrument is a checklist of quality dimensions for patient records developed in an exchange process between scientists and practitioners.

Results: The best part of the documentation is the assessment, especially the body-oriented problems and resources as well as the caring devices. However, neither the resident's perspective nor the source of information is generally noted. The planning part contains mainly interventions, is not always related to the assessment and refers quite seldom to the support of resources. The report shows even more deficiencies. The worst part is the evaluation. A comparison of extreme groups of nursing homes with a very good resident/staff relationship to those with a very bad resident/staff relationship shows that many parts of the records, but not all, are much better documented in the homes with more staff than in those with less staff.
Abstract 18
European
Subjective theories as basic for problem based learning in nursing education
Renate Schwarz-Govaers- Germany

What happens when subjective theories collide with scientific theories during nursing education? “Subjective theories” which as a means of implicit knowledge, determine our living and acting, and, therefore, our daily work, too. If these “subjective theories” aren’t brought to mind during the vocational training, they continue to exist unquestioned. Hence, the theories and concepts which are taught during the nursing education are hardly controlling our actions. The result is a gap between our knowledge and our action.

But “Subjective theories” can brought into mind through Problem-Based Learning (PBL). If they are connected with new theories and knowledge and secured through self learning environments and studies, our action will be determined through diversified and not inert knowledge.

Problem-Based Learning is a valuable method of learning in which students first encounter a problem, followed by a student-centered inquiry process. In this case the students get aware of their own theories and their inert knowledge, which can be corrected through the formulation of questions. That can be explored and answered through systematic, self-directed inquiry and the testing and revision of hypotheses through the application of newly acquired knowledge.
Abstract 19
Arabian /Saudi

The Impact of Regulation on Nursing Education: Saudi Arabia Experience

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Background: There is a chronic shortage of Saudi health professionals, especially nurses. While educational programs continue to expand, the exponential need far outstrips the available supply and ability of the nursing educational programs to train sufficient numbers of nurses. In the process of meeting the quantitative demands for nursing personnel, numerous types and levels of nursing educational programs have been developed. The diversity and lack of educational standards had had an impact on the quality of nursing services and on the ability of some graduates to meet the changing health needs of society and the complexity inherent in the health care delivery system. Reform of nursing education in the Saudi Arabia is very much needed.

The objectives of the presentation:
• Describe the status of nursing education in Saudi Arabia
• Identify the different nursing education regulation in Saudi Arabia
• Discuss the strategies adapted for the development of nursing education in Saudi Arabia.

Presentation content: To assist in the process of nursing education reform, Nursing Board under the umbrella of Saudi Council for Health Specialties has been formed to develop standards for basic and post-basic nursing education programs, and to provide an innovative ways to mobilize nursing personnel to BSN level using guidelines on what might constitute minimum educational requirements to assist nurse practitioners in the era of technology and high influential multidisciplinary environment.

Conclusion: The challenge for nursing profession is to implement educational reform strategies which will continue for the years to come.
RISK FACTORS ASSOCIATED WITH PREVALENCE OF DIABETES MELLITUS AMONG SAUDI ARABIA POPULATION

Dr. Bothyna Zakaria Murshid, BSN, RN, MS, DNSc.
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In Saudi Arabia, it has long been known that diabetes is quite prevalent. During the early 1980s a few studies reported the prevalence of diabetes mellitus in a few regions. Some of these studies were on hospitalized patients while others were on the general population. An extensive epidemiologic study in several areas of Saudi Arabia screened for hyperglycemia and reported hyperglycemia in a large percentage of the population in different regions of the country. Most of these studies showed that in the age group over 30 years of age, diabetes mellitus is a significant problem, and these results place Saudi Arabia among the countries of the world that have been classified as a high prevalence region. The primary objective of this study was to examine the relationships among the risk factors (agent, environment and host factors) that were associated with the development of diabetes mellitus among the Saudi Arabian population. This study was a secondary analysis of the data from the National Epidemiology Household Survey Study. The sample included 6,696 subjects who were selected from the total sample of participants who participated in the original study that was conducted to study chronic metabolic disease including diabetes mellitus, among Saudi subjects over the age of 15 years old in the five different regions of Saudi Arabia between 1990-1993.

The variables used in this study were drawn from those in the data set. Independent variables in this study were the host(s) and environmental factors such as age, BMI, gender, and family history. The dependent variable was the presence or absence of the diabetes mellitus. The SPSS statistical program was used to analysis the data in this study. Results of this study showed that both host and environmental risk factors had significant relationships with the diagnosis of DM. Such factors included age, sex and area of living. Furthermore, the relationships between and among most of the variables were statistically significant; however, results showed that the relationships were very complicated. Using logistic regression, all of the 14 host variables and several environmental variables also entered the selected model when both host and environmental factors were used as candidates (only the indicator of urban area of living was added to the model by the forward selection, and the indicators of urban area of living, listed tribe and illiteracy were added to the model by the backward selection). Therefore, the best set of host predictors that were identified before remained almost constant. Moreover, some of the
environmental factors had a separate influence on the probability of who was diagnosed with DM, which was not fully explained by the host variables alone.
Abstract 21

European Professional Nursing Regulation: International Perspectives and Global Trends

Fadwa A Affara, RN, SCM, MA, MSc, Nurse Consultant, Education and Regulation Policy

Society places its trust in the professions and grants them, and their members, the authority to make independent decisions and take autonomous action to ensure that society receives the very best of its services. To do this health professionals have worked within both a legal and professional framework to protect the public, and improve the quality of practice and health services. This presentation will explore the concept of self-regulation, describe various forms that are used to regulate nursing, and explore some international issues and global trends that influence the regulation of the nursing profession.
Educated as a nurse and midwife Fadwa Affara practised as nurse and midwife for 10 years in the UK and abroad. After obtaining an MSc in Nursing with a speciality in education spent the next 12 years in nursing education, initially in Scotland and then in Bahrain as Chairperson of the Division of Nursing at the College of Health Sciences. In that post, she oversaw the reform of national nursing education to an articulated system ranging from the practical nurse level to post-basic specialities and a post registration BSc.

She joined the International Council of Nurses in 1987, initially as director on an international nursing regulation project that involved over 80 countries. In 1991, she took up the position as one of ICN’s consultants for nursing and health policy. Among her special responsibilities at ICN were regulation, education, the International for Nursing Classification for Nursing Practice and women’s health. During her period at ICN, she has helped to set up the regulation and International Nurse Practitioner/Advanced Practice Nursing Networks, and co-chaired the ICN Credentialing Forum on the several of the times it has met. She has been World Health Organization (WHO) consultant on many occasions, advising governments on regulatory issues and has been a member of several WHO working groups.

Now retired from ICN, Fadwa Affara undertakes consultancy work for ICN, WHO and other agencies, particularly in the field of professional regulation.
Abstract 22

European

Name of conference: First JNC Nursing: Global Citizenship Conference 2006

Requested Format: Oral Presentation

Title of Presentation: EXPLANATORY MODELS (EMs) OF DIABETES BY A GROUP OF ASIAN AND CAUCASIAN PARTICIPANTS

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Abstract:

Topic Area: Chronic Illness

Viewed as an ‘epidemic’, diabetes mellitus is a life-long metabolic disorder of multiple aetiologies. The global incidence of this condition continues to rise which is predicted to reach a peak of 300 million by the year 2025 with the greatest increases occurring in such countries as Asia and Africa. Contemporary diabetes management places heavy emphasis on individual responsibility to achieve normoglycaemia. However, it needs to be accepted that there is more to diabetes than just achieving normoglycaemia. The complex self-care regimen is difficult to achieve by many, thus highlighting the need to understand individual variations in the socio-cultural meaning of illness. According to Kleinman (1980) illness is culturally shaped in that how one perceives, experiences and copes with an illness is based on one’s explanations of sickness specific to the social positions one occupies and systems of meanings one employs, i.e their explanatory Models (EMs). These are viewed as the cognitive beliefs to recognise and respond to a specific illness experience, thus enabling the person to cope with and make sense of the illness. EMs are constructed on any one or all 5 aspects of an illness experience which included aetiology, time and mode of onset, pathophysiology, course of illness and treatment. Given the paucity of nursing research and knowledge about the experience of living with diabetes among Caucasians and Asians, a qualitative case study was adopted as it strives towards a holistic understanding of cultural system of action thus yielding a process and a product of enquiry relating to the case. Data generated were guided by a semi-structured interview lasting between 45-90 minutes. Three interpreters
fluent in Urdu were employed to interview the non-English speaking patients. Data analysis supported the relevance of EMs when assessing, planning, implementing and evaluating care, thus enabling nurses to provide culturally appropriate care.
AWARENESS OF INFECTION CONTROL (IC) AND BIOMEDICAL WASTE (BW) DISPOSAL AMONG HEALTH CARE WORKERS (HCW) AT KING HUSSEIN MEDICAL CENTER (KHMC)

Naheel M. AWADAT, RN, Wafa H. Harb, RN, Wafa M. Shhada, RN, Royal Farah Rehabilitation Center, KHMC.

Background: Hospital-associated infections are an important cause of HCW morbidity.

Significance: We conducted this study to assess the knowledge and attitude of nurses in regard to IC and BW disposal practices at a tertiary referral health care facility.

Methods: A cross sectional analysis of nurses working in two major hospitals at KHMC. A self-reported questionnaire distributed to 143 HCW. Questions were designed to assess HCW exposures to various health risks and to assess their knowledge and practices regarding IC.

Results: Only 136 HCW returned the completed forms. Mean (range) age was 30.1 (21-42). Mean hospital service duration was 9.2 years. 66.6% of the studied workers reported that they had hepatitis B vaccine. 64% of the studied HCW dealt with hepatitis B positive patients during their service, 36.1% had dealt with active TB patients and 20.8% dealt with HIV positive patients. Only 50% of nurses wear protective gloves during blood sampling, 68% wash their hand between patients. 26.4% had a previous incidence of contaminated needle stick but less than 50% of them reported the incidence formally. 54% of HCW’s had reported of not receiving proper training on BW management. The majority knew the color codes used for segregation and disposal of BW. 34% use these color-coded bags properly. Almost all HCW reported on using specific containers for disposal of sharp objects.

Conclusion: The screening of HCW against various infectious diseases is insufficient and need to be strongly adapted. The HCW’s are not adopting standard precautions even where it is available. Knowledge of classification and disposal of BW has large potential for improvement.

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Abstract 24
Jordanian
How do Jordanian women cope with labor pain?

Dr. Lubna Abushaikha

Purpose: To explore labor pain coping methods among Jordanian parturients.

Design and Methods: A triangulation method elicited data on coping methods and demographics from 100 low-risk parturients who were recruited from the postpartum unit in a major hospital in Jordan.

Results: Four labor pain coping methods that included physiological, psychological, spiritual and cognitive coping were reported.

Conclusion: This study confirms previous findings regarding coping methods and adds new knowledge on coping with labor pain among Jordanian parturients.

Nursing implications: The significance of childbirth education as a means to inform Jordanian women about coping with labor pain is emphasized. This study also highlighted the important roles that nurses and midwives can play as educators and supporters during labor.

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The purpose of this study was to determine the ability of selected clinical variables to predict functional capacity measured by maximum oxygen consumption (VO$_{2\text{max}}$) in older women with diastolic heart failure. The clinical predictor variables of interest in this study were the Six-Minute Walk test (6-MW), Body Mass Index (BMI), body weight (WT), E-wave velocity, and E/A wave ratio. The researcher developed a formula that will help health care providers to predict the VO$_{2\text{max}}$ for older women with diastolic heart failure. This formula can be useful for clinicians to use as a diagnostic tool and determine prognosis. A descriptive research design was selected to address the research questions.

The sample for this study consisted of women (mean age= 63.3 years, $sd =\pm 5.4$) with diastolic heart failure who completed the VO$_2$ test, the six-minute-walk test (6-MW test), and the Doppler echocardiogram. All subjects were considered overweight or obese (mean BMI=35.8 kg/cm$^2$, $sd =\pm 6.7$; fat %= 44.4%, $\pm 4.5$).

Regression analysis was used to determine which variables provided the best prediction of the dependent variable (VO$_{2\text{max}}$). The $F$ test was performed to test significance of each model. The overall level of significance was set at the .05 level. Results from the regression analysis were that only the total distance walked during the 6-MW test was found to be a significant and strong predictor, accounting for 60% of the variance in VO$_{2\text{max}}$ for older women with diastolic heart failure ($R^2 = .6$, $F_{(1,10)} = 14.75$, $p = .003$). The regression equation obtained from the analysis was $\text{[Predicted VO}_{2\text{max}} = 4.7 + .01* (6\text{-MW distance walked})]$. Neither BMI or BW nor E/A ratio or E-wave velocity were significant predictors in this sample. This finding supports the ability of the 6-MW test as an alternative screening and diagnostic tool in the clinical settings.

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The purpose of the study was to analyze the relationships between alcohol consumption and two psychological variables (depression, and conduct disorder) among a group of female drinkers who had been involved in an alcohol-related motor vehicle crash (ARMVC). Wilsnack’s theoretical model of causes and consequences of problem drinking among women was used. The sample included 43 participants, 18 to 45 years old, with a mean age of 28.84 years (SD = 7.10). The sample was derived from a brief intervention study that was conducted to test the effect of brief intervention to reduce alcohol consumption. Data were collected using a Health Screening Survey, and included instruments to assess for conduct disorder before and after age 15 and depression both in the previous year and in over a life time. Alcohol consumption was calculated using the Timeline FollowBack method (TLFB). Multiple regression analysis was conducted to assess the relationship between the psychological factors of interest and the average number of drinks per drinking day. Results indicated that the best fit regression model that significantly explained approximately 25% of the variance in the average number of drinks per day included depression in a life time, conduct disorder after age 15, and age. Depression in a life time significantly contributed the most to the variance in the average number of drinks per drinking day (37%) followed by age and conduct disorder after age 15. Younger females with a history of conduct disorder and depression consumed more alcohol than their older counterparts. Although more work is needed, when young females screen positive for depression or conduct disorder, alcohol screening is also important.
Abstract 27

European Genuineness in the Nurse-Patient Relationship
An Exploration of Nurses' Perceptions in the Context of a Therapeutic Relationship

Peter McGovern

Completed as part fulfilment of a Masters Degree in Human Relations, this small qualitative study aimed to explore nurses' perceptions of 'genuineness' within the context of therapeutic relationships. At the heart of the study is the lived experience of a nurse-patient relationship and a concern with the nurses’ interactions, understanding, feelings and perspectives on ‘genuineness’ in that relationship.

Throughout life individuals interact and form relations with fellow humans. Within nursing human interactions find expression through the formation of a therapeutic relationship, which is considered dynamic and reciprocal and establishing such a relationship is seen as one of the fundamental qualities of registered nurses. However, literature suggests that such relationships develop at varying levels, with nurses giving more or less of themselves, and that there is an implied ‘genuineness’ within the relationship. The question for this study was ‘what does this genuineness mean for the practicing nurse’?

Using semi structured interviews the study considered: the relationship between 'caring', 'genuineness', 'reciprocity', meanings of genuineness and behaviours that reflect genuineness in the nurse-patient relationship, and feelings/reactions to non-genuine behaviour. Thematic analysis identified 5 major themes of: developing trust through honesty, developing friendship, desirable nursing behaviour, personal versus professional genuineness, and the consequences of genuineness.

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Abstract 28
USA
Barriers to Breast Cancer Screening Participation Among Jordanian and Palestinian American Women
Lina Najib Kawar PhD, RN

Breast cancer is problematic to all women around the world. Researchers continue to emphasize the need for breast cancer screening (BCS) programs for women from all ethnicities. However, limited research about BCS among Jordanian and Palestinian (J&P) American women is available.

This study explored barriers related to BCS among a little studied group of Arabic Middle Eastern women. J&P immigrant women in the U.S. J&P immigrant women were asked to list all barriers to their participation in BCS. Open-ended question was posed to all 130 women from J&P background in Washington, DC metropolitan area. Snowballing sampling technique was used to identify the participants. Data collection took place during September 2001 and January 2002. Data was collected either in Arabic or English according to the woman's preference. Content data analysis was used to identify categories and subcategories that influenced these women participation in BCS.

Five main categories (sociocultural barriers, sociocultural beliefs, socioeconomic barriers, knowledge, and language) were found to affect J&P immigrant women participation in BCS. Other subcategories related to the main categories were identified as well. This study could provide the basis for future culturally sensitive intervention research on BCS with an unstudied group of immigrant Arabic women. The culturally sensitive interventions could lead to early detection of breast cancer and improve J&P immigrant women's overall mortality and morbidity by diminishing barriers to BCS that delay treatment and late stage presentation among these women. Such research might expand to include other Middle Eastern and Muslim immigrant women in the future.

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Abstract 29

European

Practice Based Learning: Trends and Developments in UK Nursing
Dr Charles Docherty
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Nursing is a practice-based discipline yet has become increasingly theoretical and academic in how it is taught. Using clinical simulation laboratories and problem based learning, are recognised ways of bringing practice concepts into the university, and have been used widely throughout the world. However, it is recognised that more needs to be done to increase the university’s presence within practice contexts, where, for example, pre-registration students in the UK spend 50% of their time striving to achieve competence. The recent introduction of Practice Education Facilitators, employed by hospitals yet having honorary lecturer contracts, is designed to improve the quality of learning experienced by students while on placement. Drawing on local developments in Glasgow, Scotland as an example, this paper explores the background, research base and theoretical underpinning of the complementary developments of clinical simulation and practice education facilitation. The results of this review are the identification of operational principles and parameters. Conclusions are of relevance to an international audience.

Topic Area: Education

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Abstract 30
Jordanian
KNOWLEDGE OF BRONCHIAL ASTHMA CONTROL AMONG ASTHMATICS AT KING HUSSEIN MEDICAL CENTER (KHMC)

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Background: Under treatment of asthma is relatively common among asthmatic patients. In Jordan there is lack of data concerning various aspects of asthma management.

Significance: We conducted this study to assess the knowledge about asthma and its management among asthmatics at KHMC.

Methods: Asthmatic patients presented to respiratory medicine out patient clinic at KHMC over a two-month period were interviewed and a self-reported questionnaire was given. Questions were designed to assess asthmatic knowledge about their disease. Asthma severity and medications used were also assessed. Patients were also asked what action do they take when their symptoms worsen.

Results: A total of 120 asthmatics participated in this survey. Their mean age (range) was 37.6 (16-63) year. Two thirds of patients were females. The mean (range) duration of physician diagnosed asthma was 8.3(1-36) years. All patients used MDI devices, 36% of patients had a discus device and only 12% used the turbohalors. The majority received inhaler technique instructions; the technique was checked in only 47%. 77% of patient didn't know what’s the difference between preventer and reliever medications. No patient practiced PEFR measurement at home. Self-management plan instructions were provided to 63%. A previous history of acute asthma hospitalization was positive for 58% of the patients. In cases of acute asthma attack only 4% added an oral steroid.

Conclusion: There is substantial evidence that poor self-management practice including dependence on crisis-oriented plans is wide spread among asthmatics in Jordan. Establishing asthma clinics and continuous medical education programs will have a positive effect on its management.
Abstract 31
Brunei
Nursing students' perceptions of working abroad as qualified nurses: a quantitative and qualitative survey

Thaibah Abd Rahim, Derek Hayes, Hasnan Abd Kahan & Irmawati Ahmad
Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah College of Nursing, Ministry of Education, BRUNEI DARUSSALAM

Nursing students' perceptions of working abroad greatly affects the professional and personal development of local Bruneian nurses with regard to starting a career as qualified nurses. Studying these perceptions is one of the many strategies the Ministry of Education of Brunei Darussalam is considering to overcome the shortage of nursing employment in the country.

A survey consisting of a convenience sample of 374 pre-and post-registration nursing and midwifery students was undertaken by the Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah (PAPRSB) College of Nursing. The aim of the survey was to identify the numbers of students who may be interested in working abroad and also to identify the perceptions of the students about the advantages and disadvantages of so doing. The PAPRSB College of Nursing found that a majority of nursing and midwifery students feel positive regarding the opportunities for working abroad. By acknowledging these perceptions, further planning towards providing overseas opportunities could be enhanced.
After almost 25 years of labor, the house of delegates of the American nurses association formally adopted its first code for nurses in 1950. From that time to the present, the code, either in its provisions or in its interpretive statements, has undergone a series of major revisions approximately every 10 years. These revisions have successively contemporized the code, largely in accord with changes in the profession of nursing, its education, research, responsibilities, and expanding role of practice in society.

The revisions also reflect an increasing sophistication in moral discourse and a more explicit broadening of nursing ethical concern. The most recent revision, seven years in the making, has resulted in a code of ethics that encompasses the concerns of the previous codes and yet in a number of significant shifts, advances well beyond them. For the first time, the code of ethics is concerned for the nurses' duties to self for nurses in all nursing roles (including research, education, administration, and advanced nursing practice) and for the social—ethical role of nursing professional association's as they represent nursing in the public square and among other health professions. These and other changes in the newest code are not radical departures, but rather are an encompassing extension of the larger tradition of nursing ethics and moral ideals in the United States.
Abstract 33
USA
Four Sources of Religioethical Authority and Ethical Deliberation in Nursing

Discussions of ethics in the nursing literature have generally excluded a consideration of the points of contact that a nurse's personal religious faith might have with clinical ethical decision making or deliberation on moral issues and yet many nurses actually identify themselves as having and practicing a religious faith—as do their patients religioethical influences upon nurses, then, remain a hidden dimension of nursing.
Reality: as an unexplored, undeveloped, and unresearched domain in nursing literature where nurses have a well-integrated faith that touches the whole of their lives, it is imprudent to remain silent or blind to the interaction of religious ethics and nursing ethical deliberation and decision making, how then might a nurse "think theologically" or "think religiously" about an ethical issue or dilemma in nursing? A beginning point for an exploration of this interaction is to examine sources of religioethical authority in the religious life that are common to many religions, four such sources of authority are: sacred writings, tradition, reason, and experience. This presentation will examine each of these four sources and the dimensions of their interpretation and use in shaping ethical thinking and decision making in nursing practice.
While this presentation draws from the theoretical aspects of religious studies, it does so as a starting point to a broader consideration of the reality of the influence of personal religious faith for nurses and their patients.

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This ethnographic study sought to provide a snapshot of rural nurses’ practice in comprehensive primary health care centres (CPHCCs) in Jordan. These nurses provide a vital service to local populations although it is recognised that the nursing workforce is predominantly secondary level (e.g. practical nurses and aide nurses).

The findings indicate that educational preparation, skill-mix, access to professional development, the lack of collegiate support, nursing practice standards, ineffective management, poor distribution of health resources and geographic isolation are important factors impacting on the CPHCC nurses’ practice.

The study highlights the need for improved resourcing of the CPHCCs and advocates immediate action by the Ministry of Health (MoH) and senior nursing administration to support the development of rural nursing. In addition, it is recommended that effective recruitment and retention strategies to address the nursing shortage and improve the nursing skill-mix be developed.
Abstract: This paper includes a situation analysis of the extent to which Nursing Informatics are being integrated in health care information systems in Jordan, and how they are currently being used in knowledge management and transfer in nursing education and practice. Electronic literature review, interviews with nursing leaders at the JNC and the faculties of nursing have been employed in this analysis to explore how at the macro-level the JNC is building, monitoring and using nursing information systems to advance
nursing education, research and practice. The paper also discusses theoretical models of the different types of knowledge management, and how data is transformed to knowledge. Nursing Informatics map with a comparison of the applications of Nursing Informatics in USA and Jordan is also discussed. Furthermore, the nursing roles assumed in Informatics in USA and Jordan are examined. Based on the findings from the literature and the interviews, conclusions related to ethical and quality concerns were presented.

Topic Areas: Technology and Ethics

Presentation

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"As regards to freedom of expression, I have said that it must be considered sacred and that thought can only be corrected by counter thought"
Najeeb Mahfooz

"Love is a better teacher than duty".

"Memory is deceptive because it is colored by today's events" Albert Einstein
Cultivate a Mental Attitude that Will Bring You Peace and Happiness

1. Fill your mind with thoughts of peace, courage, health and hope
2. Never try to get even with your enemies
3. Expect ingratitude
4. Count your blessings - not your troubles
5. Do not imitate others
6. Try to profit from your losses
7. Create happiness for others

The Perfect Way to Conquer Worry

1. PRAY...

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Abstract 36

Stress Appraisal and Health Status of Wage-Working and Non-Wage Working Women in Jordan

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This cross sectional descriptive correlation study was conducted to assess the physical and emotional health of wage-working and non-wage-working married and single women in Jordan and to investigate the relationship between their appraisal of stress and their physical and emotional health. Ninety-three Jordanian women participated in this study. Data were collected using a demographic interview guide which included a Likert-type scale addressing perceived social stress, the Cornell Medical index (CMI) and the Perceived Stress Scale (PSS). Descriptive, correlation, test of significance and predictive statistics were used in analyzing the data.

Participants in this study report significantly high symptom in the digestive, the nervous system, the respiratory system, and miscellaneous symptoms related to hormonally imposed diseases such as diabetes. The highest psychological symptom manifestations were related to feelings of inadequacy, anxiety, anger and tension. Sensitivity and depression are among the least reported symptoms. Wage working women had a statistically significant lower mean score on both physical and emotional health.

Perceived stress had no significant relations with physical and emotional health as measured by the PSS, but significant relations were found between social stress and indicators of health. In fact social stress was the single most significant predictor of overall health, physical health and emotional health. The findings on the health profile of participants and social stress have important implication for future research and for illness prevention and health promotion initiatives.

The study was partially funded by a Fulbright Research Award.

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Topic areas: Research
Conflict is a natural, expected condition in organizations, and it is often a prerequisite to change in people and organizations. Conflict is created when there are differences in economic and professional values and when there is competition among professionals. Conflict is the internal or external disagreement that results from differences in ideas, values, or feelings between two or more people. Scarce resources and poorly defined role expectations are frequent sources of conflict in an organization. The ultimate goal in resolving conflict is creating a win-win solution for all involved parties. The choice of the most appropriate strategy in resolving conflict depends on many variables. Nursing researches determined that most common causes of unit conflict are: Unclear expectations, poor communication, lack of clear authority, disagreements based on differences of personality or attitudes, individual or group conflicts of interest, and operational or staffing changes. The most common conflict management strategies are: compromising, competing, Cooperating-accommodating-smoothing, avoiding, and collaborating. The strategies a manager may use to deal effectively with organizational or unit conflicts are: Urging confrontation, third-party consultation, behavior change, responsibility charting, structure change, and soothing one party. Finally, conflicts can lead to positive or negative consequences.
Abstract 38
Egypt/Jordanian

CRITICAL THINKING: NURSES' CHALLENGES IN A RAPIDLY CHANGING WORLD

By

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Cell phone: 0796193669
ehab_amal@yahoo.com Abstract 35

Nursing is never a superficial, meaningless activity. All acts in nursing are deeply significant and require of the nurse a mind fully engaged in the practice of nursing. This is the challenge of nursing; critical, reflective practice based on the sound reasoning of intelligent minds committed to safe, effective client care. The essence of nursing education is the learning of performance skills. Whether these skills relate to operating on a patient, identifying symptoms of a particular disease they all require the individual to assess the problem, weigh alternatives, select a course of action, and test the method. Critical thinking is the disciplined, intellectual process of applying skillful reasoning as a guide to belief or action so, it is self-directed, self-disciplined, self-monitored, and self-corrective thinking. It presupposes assent to rigorous standards of excellence and mindful command of their use. It entails effective communication and problem-solving abilities, as well as a commitment to overcome our native egocentrism and sociocentrism. In nursing, critical thinking for clinical decision-making is the ability to think in a systematic and logical manner with openness to question and reflect on the reasoning process used to ensure safe nursing practice and quality care. Critical thinkers in nursing are skilful in applying intellectual skills for sound reasoning. These skills have been defined as information gathering, focusing, remembering, organizing, analyzing, generating, integrating and evaluating. It is our nature to think but, much of our thinking is left biased, distorted, partial, uninformed, or downright prejudiced. Yet the quality of our life and that of what we produce, make, or build depends precisely on the quality of our thought. Shoddy thinking is costly, both in money and in quality of life. As we survive in a rapidly changing world so, our focus of classroom and clinical activities should be directed to develop the nurse's understanding of scholarly, academic work through the effective use of intellectual abilities and skills in clinical practice. Also, students should be made aware of the importance of using analytical thinking skills and not relying heavily on rote memorization of data as a learning technique. Where critical thinking skills are at focus, students cannot just memorize the learning materials. "They must learn the material, think about relationships, make choices, justify their opinions, and address issues of why and how rather than what so. The Result will be a well-cultivated critical thinker: raises vital questions and problems, formulating them clearly and precisely; gathers and assesses relevant information, using abstract ideas to interpret it effectively; comes to well-reasoned conclusions and solutions, testing them against relevant criteria and standards; thinks open-mindedly within alternative systems of thought, recognizing and assessing, as need be, their
Pain is unpleasant sensory and/or emotional (suffering) experience. Chronic pain is defined as persistent pain that is not amenable to routine pain controls. Adverse consequences of chronic pain in patient with terminally ill diseases include greatly decreased quality of life, depression, decreased socialization, sleep disturbance, impaired ambulation, suicidal ideation, decreased appetite and food intake, and increased health care utilization and costs. Here comes the need to palliative care which was defined by World Health Organization (WHO) as the active total care of patients whose disease is not responsive to curative treatment. Control of pain, other symptoms, and psychological, social, and spiritual problems is paramount. The goal of palliative care is achievement of the best quality of the remaining of patients' life. Palliative care has many aspects as educational, cognitive, behavioral, exercise, and spiritual programs. Nurses have vital role in palliative care which involves assessing all dimensions of a person and family as well as how changes of those dimensions affect the quality of life. These dimensions include: Physical, functional, interpersonal, transcendent, and well being dimensions. Nurses also, support multidisciplinary team approach to palliative and end-of-life care and identify the rationale for the team approach management.
Abstract

Jordanian Insulinemic Responses To The Sesame Biscuits Sweets (Barazeq b’simsim) With Two types Of Sugars In Normal Healthy Subjects.


This study aimed at examining the Insulinemic Indices (II) of the Sesame biscuits (Barazeq b’simsim)* , with sucrose and with fructose in normal healthy volunteers, to determine to what extent such foods cab be included in diabetic tables.

50 g carbohydrate portion of each food item were ingested by five subjects, each of whom served as his own control by ingesting the reference white bread. Blood samples were drawn at 0 (fasting), 30, 60, 90, & 120 min. after the ingesting of the food item. The blood samples were tested for their glucose and insuline levels . Statistical Analysis System (SAS) program was used to analyze the results.

The sesame biscuits (Barazeq b’simsim) group resulted in II values (mean ±SE) 87.1% ± 7.0 for Barazeq b’simsim with sucrose (BS) and 50.8% ± 6.0 and 107.9% ± 8.4 for that with fructose. No significant differences were detected between II values of these biscuits based on sucrose (BS) or fructose (BF). And the two types of sesame biscuits resulted in, and resulted in comparable II values with that of white bread.

The results of this study suggest that, these sweets and their modifications regarding their carbohydrate source can be included as part of the diabetic diets in substitution of other carbohydrates, taking into considerations their fat content.

Key Words: Glycemic Index, Insulinemic Index, SESAME BISCUIT.

*Type Of Arabic Sweets made mainly from wheat flour , Ghee , and Sugar and enriched
Family Needs of Patients in Intensive Care Units

Dr. Ferdous Omari, Just Faculty of Nursing

The primary purpose of this study was to identify the self-perceived needs of adult Jordanian family members who have a family member admitted to an intensive care unit (ICU). The second purpose was to explore whether or not the identified needs were being met, and third, to investigate who were the most likely persons, identified by the family members, to meet those needs. This descriptive, exploratory study was based on crisis theory with a convenience sample of 139 family members of 85 critically ill patients. Family members completed two instruments: the Critical Care Family Needs Inventory (CCFNI), and the Needs Met Inventory (NMI) version 2. In addition, family members completed a Demographic Data Questionnaire. The 10 most important needs identified by adult Jordanian family members were under the assurance and information subscales with a mean score of at least 3.59. The need “to be assured that the best care possible is being given to the patient” under the assurance subscale had the highest mean score of 3.97 on the CCFNI. The 10 least important needs were under the support and comfort subscales. None of the 10 most important needs were perceived as being met. ICU nurses were perceived as the most appropriate person who could have met 12 out of the 44 need items of the NMI (version 2). Three of these needs were within the 10 most important needs.

Findings of this study provide a scientific basis for understanding the needs of adult Jordanian family members of critically ill patients. These findings would challenge Jordanian
ICU nurses, nurse educators, and nurse administrators to move from patient-centered care to a more holistic approach including family needs.

Dr. Ferdous Omari, Just Faculty of Nursing
EVALUATION OF PSYCHOMETRIC PROPERTIES OF COGNITIVE APPRAISAL OF HEALTH SCALE IN PROSTATE CANCER PATIENTS

University of Jordan

Background and rational. Measurement of appraisal is considered relatively a new area in the literature of health studies. Cognitive appraisal of potentially stressful events becomes important when individuals face alterations such as dysfunction in their health status. No authors have used confirmatory factor analysis to study the factor structure of CAHS.

Aim. This study was designed to investigate the psychometric properties of the Cognitive Appraisal of Health Scale (CAHS) with prostate cancer patients.

Methods. The structure of the questionnaire was analyzed by Exploratory Factor Analysis using Statistical Package for Social Science (SPSS) and Confirmatory Factor Analysis using structural equation modeling: analysis of moment structure (SEM: AMOS) procedure on a sample of 133 prostate cancer patients.

Results. The findings of this study support the three factor model for the CAHS because it has robust structure and excellent goodness-of-fit indices. Several of the 23-item were grouped into different factors than in Kessler’s scale.

Conclusion. The use of the reduced version of CAHS with men under health stress has been recommended.

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Abstract 43

Jordanian Effectiveness of Competency Based Program for Jordanian Nurse Preceptors, in Developing these Competencies

AL-Momany, Siham M. Ph.D., Jordan

The aim of this study was to clarify the effectiveness of competency based program for Jordanian nurse preceptors, in developing these competencies accordingly, the study tried to answer the following questions: What are the competencies required by the nurse preceptor?, What are the degree of acquisition of these competencies by the preceptors?, Are there any significant statistical differences in the degree of acquisition of these competencies due to gender, years of nursing experience, and years of experience as a preceptor?, What are the components of the suggested competency based preceptor training program?, and What are the effectiveness of the program in developing these competencies by the preceptors who participate in the program?.

The study sample consist of (127) nurse preceptors who present (60 %) of the total preceptors population working at four different teaching hospitals using the preceptorship model for nursing training were selected by a Stratified Random Sample from the total number of (211) preceptors.

In order to answer the study questions, a list of fifty competencies, and pre and post-test composed of seventy multiple choice questions tested for reliability and validity were used.

Data were collected and analyzed using SPSS calculating, means, standard deviation, and t-test.

Findings from this study revealed that there were no significant statistical differences in the degree of acquisition of the preceptors for the competencies required due to gender, years of nursing experience, and years of experience as a nurse preceptor. Most of preceptors (80.8 %) are in the middle level of performance. There were significant statistical differences at (α < 0.05) in preceptors competencies, contributed to the effectiveness of the suggested program.

Study results indicated a need to implement a Competency Based Program for Jordanian Nurse Preceptors.
Abstract

Jordanian
Psychological Well Being of Employed and Nonemployed Mothers after Childbirth

By:

Dr. Abeer Eswi, Assistant professor of Maternal and Newborn Health Nursing, Mutah University, and Dr. Nehad Helmey, Assistant professor of Mental Health Nursing, Cairo University

The increasing employment of mothers outside the home has dramatically changed family life over the past three decades. For women and families adjusting to working motherhood, the conflict between the roles of mother, wife and employee can create tension and stress.

Aim: aim of the study were to compare the psychological well-being between employed and nonemployed mothers early during postpartum period and to examine the relationships of the selected variables to the psychological well-being among those mothers.

Methods: a comparative, cross-sectional correlational design was utilized to answer the research questions, does the psychological well being of employed mothers and nonemployed mothers differ during early postpartum period, what is the relationship of personal background and work characteristics and timing of return to work to the psychological well-being in employed mother during postpartum period. A total of 100 mothers, half employed and half nonemployed were included in the study during their attendance in the family planning clinic seeking care. Personal data questionnaire to collected data related to sociodemographic Data, Maternal role quality scale, and psychological well being scales were used to collect the data.

Results: a significant difference was found between employed and nonemployed mothers in personal characteristics. Employed mothers were significantly older and had higher education than nonemployed mothers. The two groups were significantly differ on the overall health. The common health problems following child birth reported by employed and nonemployed was significantly different. Also, a significant difference in the psychological well being of employed and nonemployed mothers was found as nonemployed had higher level of psychological well being than employed mothers.

Key words: Psychological well being – employed – non employed mothers.
Abstract 45

Jordanian

Seeking Medical Treatment Behaviors of Patients Experiencing Symptoms of Acute Coronary Syndrome

Dr. Ibtisam AL–Zaru
Anwar Abu Ziad

Significant reduction of mortality rate among acute coronary syndrome (ACS) patients could be achieved if patients are treated within at least one to two hours after the onset of symptoms. Provision of professional holistic nursing care is based on target individuals at high risk of delay before treatment for ACS, and focus patient education on the importance of early intervention and treatment of ACS. This descriptive correlational study was conducted to determine variables that correlation with seeking medical treatment behaviors among ACS Jordanian patients. The effects of selected patient’s characteristics on their perception of chest pain were also examined. Jordanian patients who had diagnosed as ACS (n=182) were interviewed within 24-72 hours of admission to two main hospitals in northern Jordan (Princess Basma Teaching Hospital and King Abdullah University Hospital). The findings showed that Jordanian ACS patients who delay seeking medical treatment were more likely to have low monthly income, living in far area, waited the symptoms to go away, did not know the symptoms of ACS, assessed symptoms as intermittent (came and went), did not recognized symptoms as heart symptoms, did not realize the symptoms importance, did not want to trouble others, and they perceived more adverse consequences (seriousness) to ACS. The researcher emphasizes a need for increasing public awareness of the appropriate responses to ACS symptoms through educational and counseling programs for individuals at high risk for acute coronary syndrome.
Abstract

ENVIRONMENTAL TOBACCO SMOKE EXPOSURE AND BIRTH OUTCOME

Purpose: There is growing evidence that environmental tobacco smoke (ETS) exposure may negatively affect birth outcomes, especially birth weight (Dejmek et al., 2000). This is especially important in Jordan where 48% of males smoke tobacco (WHO, 2001). The objectives of this study were to investigate the influence of ETS exposure on neonatal birth weight and to investigate the risk of having a LBW neonate as a result of being exposed to ETS during pregnancy among Jordanian women.

Methods and findings: An epidemiologic correlational design was used to test the study hypotheses. Three hundred participants from Princess Badia Teaching Hospital in Irbid, Jordan were recruited. The ETS exposure questionnaire was used to measure ETS exposure from home, work, and outside in the first, second, and third trimesters. Based on multiple regression analysis, as the reported average number of ETS exposure hours per week (from home, work, and outside) in the second trimester increased, the neonatal birth weight significantly decreased after controlling for significant covariates ($R^2 = .38; F(6,293) = 30.13; p < .05$). Based on logistic regression analysis, women who reported higher average number of ETS exposure hours per week from work in the second trimester, from home and outside in the third trimester were at significantly greater risk for having a LBW neonate than women who reported lower average number of ETS exposure hours ($p < .05$). The adjusted odds ratios were OR = 1.331 (95% CI 1.052 - 1.684) for work, OR =1.075 (95% CI 1.029 - 1.124) for home, and OR = 1.154 (95% CI 1.055 - 1.262) for outside exposure.

Conclusion: The negative effects of ETS exposure on birth outcomes started from the second trimester and continued through the third trimester. Pregnant women should be encouraged to avoid environments in which cigarettes are smoked by others.
Abstract 47
European

ETHICAL CONSIDERATION WHEN ASSESSING QUALITY OF LIFE AND PSYCHOLOGICAL STATUS OF CHILDREN WITH CANCER IN JORDAN

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Aims and objectives
This paper recounts the ethical issues experienced when assessing the psychological status of children with cancer in Jordan and an effort is made to analyse the degree to which it is influenced by pattern of communication and cultural wise of Arab committees.

Background
Until very recently, no studies concentrated on the psychosocial status of children in the Middle East. There is considerable evidence to suggest that children with cancer have been exposed to radiotherapy and chemotherapy is consequently vulnerable to arrange of adverse effect. It is now recognised that we need to know what happens to those children within different context of culture and values; are they more psychologically distressed, or they are better adapted.

Methods
Data were collected from children and mothers of children with cancer who had been with their child at time of interview. In addition to compared group of healthy peers and chronic illness. The methodology for such a study is inherently problematic, not least because of issues related the psychometric properties of translated tools from English into Arabic but even more widely in relation to the triangulation approach of measures and limitation. This paper will present case studies and examples of contentious questions encountered and seek to discuss the ethical conduct of the project.

Conclusion
Exploring children’s psychological distress in a culture where this is not recognised provides the researcher with a number of concerns. The influence of Arab culture and religion on Jordanian children, the wisdom of their elders, and the importance of their family result in reluctance to show emotion or to question decisions which were made on their behalf.
Abstract 48
Jordanian
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NURSE MANAGERS WERE PLAYING A LARGE ACTIVE ROLE IN EVALUATING THE QUALITY OF NURSING SERVICES THROUGH THEIR INVOLVEMENT IN SUCH SERVICES. EVALUATION OF THE MOST IMPORTANT FACTORS THAT IMPACT UPON THE QUALITY OF NURSING SERVICES CAN BE OBTAINED WHEN HOSPITAL IS ACCREDITED. SOME OF THESE FACTORS HAD BEEN HIGHLY RECOMMENDED AND VERY WELL RECOGNIZED AS EVALUATION CRITERIA THAT INCLUDED PLANNING, STAFFING AND EDUCATION AND TRAINING. THE PRESENT STUDY HAD AIMED TO EVALUATE THE IMPACT OF THESE FACTORS UPON THE QUALITY OF NURSING SERVICES THROUGH NURSE MANAGER PERFORMANCE.

A DESCRIPTIVE DESIGN WAS CARRIED OUT FROM OCTOBER 2001, THROUGH DECEMBER 2002 IN IRAQI HOSPITALS. THE STUDY WAS CONDUCTED ON (72) NURSE MANAGER, WHO WERE PERFORMING THEIR ROLES IN HOSPITALS THROUGH (15) GOVERNORATES OUT OF THE NATION.

A CONSTRUCTED QUESTIONNAIRE WAS USED TO COLLECT A QUANTITATIVE DATA IN NATURE AND INTERVIEW TECHNIQUES WAS USED AS MEANS OF DATA COLLECTION.

THE RESULT OF THE STUDY REVEALED THAT THE QUALITY OF NURSING SERVICES WAS DETERIORATING DUE TO THE INADEQUATE NURSE MANAGER’S ROLE PERFORMANCE THAT WAS MANIFESTED THROUGH UNSTABLE ASSOCIATION BETWEEN THE FACTORS OF PLANNING, STAFFING AND EDUCATION AND TRAINING AS THEY WERE INFLUENCING THE QUALITY OF SUCH SERVICES.

IN ADDITION THERE WAS SIGNIFICANT DIFFERENCES BETWEEN THE NURSE MANAGERS PERFORMANCE IN TEACHING AND NON TEACHING HOSPITALS.

IT WAS ALSO INDICATED THAT THE NURSE MANAGERS NUMBER OF YEARS IN ADMINISTRATIVE POSITION AND EDUCATION HAD SIGNIFICANTLY AFFECTED THE QUALITY OF NURSING SERVICES THROUGH THEIR PERFORMANCE.
Abstract 49
Jordanian
THE EFFECT OF EDUCATIONAL QUALIFICATION OF THE UNIVERSITY TEACHER ON HIS TEACHING EFFECTIVENESS AND STUDENTS ACHIEVEMENT IN NURSING COLLEGES AT JORDANIAN UNIVERSITIES

By: Dr. Omar Malkawi, Royal Medical Services, Princess Muna College of Nursing.

Several factors are known to have an effect on outcomes of the teaching learning process. Its well known that educational qualification of the university teacher is one of those factors that has an impact on students achievement and teacher effectiveness, but little known about this effectiveness in Jordan, thus the purpose of this study was to explore the effect of the teacher's educational qualification on the students' achievement and teacher's effectiveness in the Nursing Colleges at Jordanian Universities.

A (72) nursing students were selected, and assigned randomly into six groups. In addition, six faculty members, three of whom hold graduate qualification in Nursing education and the other three hold graduate qualification in clinical nursing specialties were randomly selected.

The six groups studied an infection prevention course, with three of them being taught by an educationally qualified teachers, and the other three groups by a non-educationally qualified teachers.

Students' achievement was measured using achievement test, and teaching effectiveness was measured using the teaching effectiveness scale developed by Reeve (1994).

Using a two-way ANOVA, the results revealed the presence of significant differences in the students' achievement in favor of the students whose were taught by educationally qualified teachers, and significant differences in teaching effectiveness in favor of educationally qualified teachers.

Results of this study were suggestive of the following recommendations: the necessity of educational qualification for the nursing teachers, and repetition of this study to assess the effects of educational qualification of the university teacher on other aspects of teaching learning process.
HOW TO ADVANCE EVIDENCE BASED PRACTICE THROUGH RESEARCH UTILIZATION DO WE NEED TO ESTABLISH?
Erika Sivarajan Froelicher, RN, MA, MPH, PhD UCSF, USA

Introduction: The lengthy delay in adoption of new research recommendations into practice is a major concern in much of the practicing nursing world.

Objectives: A series of fundamental points in the presentation of Randomized Clinical Trials results will be presented to illustrate the manner in which to critique research for adoption into clinical practice. Research utilization and change principles will be incorporated into this presentation in order to offer suggestions for overcoming the delays in adoption of new recommendations.

To identify the types of considerations needed for research utilization of new knowledge gained from randomized clinical trials (RCT) or evidence based guidelines in order to shorten the time to adoption of new recommendations into practice to improve high quality patient care. The basic issues relevant to research utilization will be reviewed and exemplified. The use of example will provide beginning insights as to how research must be reviewed for evaluation of implementation and research utilization for practice. Factors inherent in the change process will be identifies. In order to advance clinical practice, several prerequisites need to be present. Competence in advance nursing practice, competence in research utilization and a keen understanding of the change process and how it applies to the adoption of research utilization into practice

Summary: The interrelationship between strong nursing sciences, nursing practice and research and change principles are necessary in order to implement optimum state of the art evidence based practice.

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Opportunities=Practice
Presentation=Oral
btnsubmit=Submit
Pediatric nursing spans a broad developmental spectrum within a narrow age range. This developmental spectrum presents a challenge for pediatric nurses not only in the delivery of health care, but also in ethical decision making. Whether or not a minor can consent to confidential health care is one of the many issues faced by pediatric nurses. Nurses are confronted every day with situations in which difficult decisions must be made based on the determination of right and wrong. Technological advances have created unprecedented choices not only for society at large, but specifically for nurses and their clients. Nurses caring for children in critical care areas encounter ethical dilemmas such as whether or not to resuscitate a dying child whose quality of life may be bleak or which treatment option will provide the most benefit and to the least harm for a child. Therefore, it is important for nurses to have a basic understanding of the laws that affect their practice and the ethical guidelines that can be used to resolve dilemmas.
Abstract 52

April 25th - 27th 2006

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The information you provide will appear on your badge at the conference
- Dead line for receiving abstracts Feb. 16th 2006

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DIAGNOSTIC VALIDITY OF TWO INSTRUMENTS FOR ASSESSING ANXIETY AND DEPRESSION AMONG PREGNANT WOMEN IN HYDERABAD, PAKISTAN

Presentation Title:

Abstract : (No more than 300 words) The objective of this study was to compare the diagnostic validity of two measures, the Aga Khan University Anxiety and Depression Scale
(AKUADS) and the *How I Feel* scale, for assessing anxiety and depression among pregnant women in Pakistan. The sample included 200 pregnant women in Hyderabad, Pakistan. Using psychiatrist-administered DSM-IV criteria, 71 (36%) of the women were diagnosed with depression and/or anxiety. Receiver operating characteristic (ROC) analyses indicated that the two scales had similar levels of discrimination. This study represents an important initial step in developing measures to assess the psychological well-being of Pakistani pregnant women. However, additional research is needed to improve the sensitivity and specificity of these scales by removing items that do not function well in this population.
Abstract 53

KNOWLEDGE AND ATTITUDES OF NURSING STUDENTS TOWARDS PATIENTS WITH AIDS

By

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As health care system continues to grow in size and complexity, health care delivery becomes less traditional and more innovative. Nursing is responding to the challenge by examining the structure of the professional role, identifying its component parts, and adapting it to better meet the needs and changes of a dynamic health care system. Professional nurses assume a number of roles and subroles concurrently as they seek to provide comprehensive care to clients with multiple disorders and HIV in a variety of health care settings. HIV/AIDS is one of the most devastating epidemics of the twentieth century. Human Immune Deficiency Virus (AIDS) is the virus that is responsible for causing acquired immune deficiency syndrome. The virus impairs cells of the immune system and progressively destroys the body's ability to fight infection and certain cancer tumors. The nurse uses skills, abilities, knowledge, judgment, attitudes, and values to develop sets of appropriate nursing actions. Aim: the study aim at identifying knowledge of nursing students about ADIS, identifying nursing students' attitudes toward patients with AIDS, and Identifying nursing students' willingness to provide care for patients with AIDS. Setting: The study conducted at Faculty of Allied Medical Sciences, which affiliates to Applied Sciences Private University. Only students from nursing department were included in the study. Sample: 50 nursing students were included in the study which represents 90% of the students in the 3rd and 4th year. The study sample was divided into males and females from the third and fourth year. Only 13 were females and the rest of the sample was male nursing students. Instruments: A questionnaire was developed by the researcher; the questionnaire was revised by a board of expertise. Findings: the study revealed that 60% of the nursing students have knowledge about AIDS, 2% of the nursing students prefer to do not work with patients having AIDS. There was a statistical positive relationship between positive attitudes toward patients with AIDS and nursing students with Associate degree of nursing. Conclusion and Recommendations will be made based on the findings of the research.
Abstract 54

**ABSTRACT TITLE:** A RISKY BUSINESS: BALANCING SAFETY AND AUTONOMY IN A LOCAL SOUTH AFRICAN PSYCHIATRIC HOSPITAL

**THEME:** Research/practice

**AUTHORS:**

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**Word count:** 305 including headings
Background
South Africa’s health policy recognises forensic mental health as a specialised aspect of psychiatric care. However, this clinical speciality continues to sit at the margins of both psychiatric service and research. There is very little evidence of how the safety/autonomy binary underlying the processes of risk management and rehabilitation are understood and managed in the South African forensic hospital context. The aims of this presentation are: to outline the organisation of forensic care in one South African forensic hospital; and to illustrate how staff in this hospital balance safety with autonomy in the care of forensic clients.

Significance
The knowledge and skill-base of this speciality are different from those of general psychiatry, and training is limited. It therefore becomes the responsibility of the individual professional to mould her/his disciplinary skills to the forensic context. This study will contribute to the developing South African forensic mental health knowledge base, to the ethical management of clinical situations and to improved collaboration between multidisciplinary staff and between staff, clients and their families.

Methods
A grounded theory approach underlies this study. This presentation draws upon the first of a three-stage, international qualitative study of risk management in forensic mental health care. The views of 22 multidisciplinary staff members who undertook qualitative interviews were analysed. The metaphor of a risk escalator was used to order this account. A report was reviewed by staff and included in the data analysis.

Results
The service is arranged in subsystems, each of which is designed to manage a specific degree of risk. Movement through this system is fuelled by different and often surprising trade-offs between security and safety. Staff members describe a number of organisational, personal and cultural issues underpinning client progression.

Conclusion
The process of risk management in forensic mental health care needs to be understood in its cultural and organisational context.
Abstract

PREPARING THE FUTURE SAUDI NURSES: WHERE ACADEMIA AND SERVICE SECTORS MEET

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The overall aim of the paper is to:

To share with the audience the experience of developing the first nursing program in a nonprofit private college in Saudi Arabia as a result of a partnership between service and education sectors.

At the end of the presentation, participants will be able to:

- Discuss the reasons for the emergence of strategic partnerships between nursing service and education.
- Identify goals, benefits and challenges to involved partners.
- Give an example of partners in action working to enhance nursing education and nursing practice in Saudi Arabia.

Saudi Arabia like most of the countries of the world is facing a shortage of nurses and has to depend on foreign nurses to staff its health care facilities. There are at present 7 baccalaureate degree programs in the Kingdom, who are trying to deal with this shortage but who also face a difficulty in recruiting Saudi nursing students and qualified Saudi nursing faculty. This presentation will discuss the drivers of collaborative partnerships between various organizations and specifically will focus on the reasons behind Service-Education Partnerships? An example of a successful partnership between King Faisal Specialist Hospital and Research Center and Dar Al Hekma College, Jeddah will be shared. The presentation will describe the advantages of Service/Education Partnership for both the service and the academic organizations. Some of the challenges that face the partnerships between education and service will also be discussed.
Abstract 56

Abstract form: Ernestine "Tina" Cuellar, Major, USAFR, NC, RN, PhD
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TOPIC AREA: Research

MOTHERS' PERCEPTIONS of THEIR PRETERM INFANTS' BEHAVIORAL STATE FOLLOWING
a DEVELOPMENTAL INTERVENTION
NIH Funded Study (Supplemental Grant)
2R01 NR04934-02 01A1S1

Background: Developmental theories inform us that early mother-infant interactions are important to mothers' ability to meet the emotional, physiological and nutritional needs of their infants. Research on maternal-infant interactions documents cyclical patterns indicating interactions within that dyad are based on subtle cues emanating from both participants. Feeding is strongly implicated as a time when the dyad is most influenced by maternal perceptions. There is limited research that examines the holistic relationship between the mother-infant dyad during feeding.

Significance: The purpose of this study was to examine the differences in mood, perception and infant state behavior in two groups of mothers', a control and an intervention group. This study also explored the relationship among mothers' mood, mothers' perception of their preterm infants' behavior, and infants' behavioral states.

Method: Data from the Neonatal Perception Inventory, the Positive and Negative Affect Scale and the Anderson Behavioral State Scale were analyzed using descriptive and parametric statistical techniques to answer whether there (a) were significant differences in mothers' perceptions of their preterm infants' state behavior and (b) was there a relationship among mothers' mood, mothers' perception, and infants' state behavior following a 7-day feeding intervention.

Results: The results for the major hypotheses indicate there was no significant difference between the two groups on mothers' perception or mothers' mood. However, there was a significant relationship between mothers' mood and infant behavior, and mothers' perception and infant behavior, during and after feeding for the intervention group.

Conclusion: Nonnutritive sucking and oral support can be used in practice to improve and sustain infants' behaviors during feeding. Since there is a relationship among mothers' mood and perception, and infants' state behavior, especially during feeding, it would appear that the implications
for practice would include making an assessment and planning supportive interventions for mothers who have infants in the NICU.

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Abstract

Nursing Staff Knowledge concerning Hospital Acquired Infections

Prof. Dr. Subhi H. Khalaf
Dr. Muhsin A. Essa
Radhwan H. Ibrahim

** Biology Dept. / College of Science / Mosul University.**
* Nursing College / Mosul University.*

The aim of this research is to measure the knowledge of the nursing staff concerning hospital acquired infection, related microbes and their control methods through a questionnaire study of samples of selected hospitals nurses in Nineveh Governorate (al Razi Teaching Hospital / Khansa Maternity and Pediatric Hospital / Ibn-AL- Atheer Pediatric hospital / Al- Batool Maternity Teaching Hospital and Alsalam Teaching hospital ). The results revealed that the majority of studied nursing staff (76%) have no knowledge about hospital infection and the rest of the sample (24%) has insufficient knowledge which is based on accumulated experience only. It was found that the weakness of knowledge may be due to the poor knowledge they received in curriculum of study and lack of specialized courses in this field in addition to the absence of organized programs to control contamination in their hospitals. The results showed that there are highly significant differences in the knowledge of nursing staff according to their ages and scientific levels (study level). Also, this study revealed that the studied hospitals do not follow the appropriate scientific bases in different sterilization processes and that the number of the nurses is insufficient in comparison with the required need to control a health problem of this kind.
The Attitudes of Operating Room Nurses and Nurse Anesthetist toward Preoperative Conversation

*Dr Radhwan H Ibrahim, *, Dr. Salwa H Khailan, , Miss Hanady J Hassan,

Abstract

The aim of this study was to investigate the attitudes of a group of operating room nurses and nurse anesthetists towards preoperative conversation. A total of (86) individuals agreed to participate. All respondents received a questionnaire, together with a letter describing the study. The questionnaire comprised both open questions about variables of the study and a 47-item five-point Likert-type scale on attitudes towards preoperative conversation. Attitudes were expressed in both positive and negative forms. The attitude scale was divided into four subscales relating to the four research questions. The items reflecting negative attitudes were scored in reverse so that (5) was the most positive response for all the questions, items that were not answered were treated as neutral response and scored as (3). Reliability of the scale was estimated using Cronbach’s alpha coefficient correlation (r=0.88; p<0.001). The results showed that the operation room nurses and anesthetist nurses had a positive attitude towards preoperative conversation. There were significant differences in attitudes related to age, gender, educational level, and category of profession and working hours. This study recommended those older nurses, more than younger nurses, need continuing education in preoperative conversation.
Nurses’ attitudes, towards pressure ulcer prevention
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College of Nursing, University of Mosul,
IRAQ

Aims and objectives. The specific aims of the study were to identify:
• Staff nurses’ attitudes towards pressure ulcer prevention.
• The behavior of staff nurses’ in relation to pressure ulcer prevention.
• Staff nurses’ perceived barriers towards pressure ulcer prevention.

Design. A cross-sectional survey method was used.

Methods. A randomly selected sample of staff nurses (100) working in an acute care setting in an urban location was invited to participate. Data were collected using a pre piloted questionnaire. Data analysis was carried out using SPSS version 10 and SPSS Text Smart version 1.1.

Results. The nurses surveyed demonstrated a positive attitude towards pressure ulcer prevention. However, prevention practices were demonstrated to be haphazard and erratic and were negatively affected by lack of time and staff. These barriers prevented the nurses’ positive attitude from being reflected into effective clinical practice. Education, although poorly accessed, or made available, was rarely cited as impeding practice in this area.

Conclusion. This study suggests that positive attitudes are not enough to ensure that practice change takes place, reinforcing the complex nature of behavioral change. Implementation strategies should introduce ways in which key staff can be empowered to overcome barriers to change.

Abstract 60
The present quasi-experimental study aimed to determine the effectiveness of partograph educational program on nurse-midwives knowledge and practices at the delivery room. The program was designed through the assessment of nurse-midwives needs relative to their knowledge and practices toward using partograph at the delivery room and implemented through a series of educational sessions. The study was conducted in AL-Batool Maternity Teaching Hospital and AL-Khansa Maternity Pediatric Teaching Hospital in Mosul city. The sample was comprised of 60 nurse-midwives who work at the delivery rooms. The sample contains two groups 1st study group includes those in (AL-Batool Maternity Teaching Hospital), 2nd control group those in (AL-khansa Maternity Pediatric Teaching Hospital). The data were obtained from nurse-midwives knowledge & practices testing in the use of partograph, which was developed for the purpose of this study. A demographic sheet employed to determine of the characteristics of the subjects. Instrument validity was determined through the content validity by a panel of experts. Reliability of the instruments was determined through the use of person correlation coefficient for the test-retest approach, which was (r=0.87) for nurse-midwives knowledge and (r= 0.90) for nurse-midwives practices. Application of the educational program was done for the study group from the 1st to 20th of the November 2003. Immediately at the end of the session, post-test was done and first follow up and second follow up also were done after two and four months, for both groups. Analysis of data was performed through the application of descriptive statistics (frequency, percentage)
and inferential statistics (t-test, Analysis of variance) for both groups. The results revealed that nurse-midwives of the study group had benefited from the implementation of an educational program, their knowledge and practice were adequately improved and developed. The study concluded that the educational program on partograph application is necessary for all nurse-midwives who work in the delivery room. Depending on the results, it is recommended that educational program should be implemented in delivery rooms in maternity hospitals of all governorates of Iraq to improve the knowledge of nurse-midwives and to help them to participation in recording the partograph in the delivery rooms.

Abstract (61)

Date=06-01-26
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CLOSINESS AND DISTANCE IN THE NURSE-PATIENT RELATION. THE RELEVANCE OF EDITH STEINS CONCEPT OF EMPATHY.

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CLOSINESS AND DISTANCE IN THE NURSE-PATIENT RELATION. THE RELEVANCE OF EDITH STEINS CONCEPT OF EMPATHY

This paper emanates from the concept of empathy as understood by the German philosopher Edith Stein. It begins by highlighting different interpretations of empathy. According to the German philosopher Martin Buber, empathy cannot be achieved as an act of will. In contrast, the psychologist Carl Rogers mean believes that empathy is identical with dialogue and is the outcome of a cognitive act of active listening. The empathy concept of Edith Stein, philosopher and follower of Edmund Husserl's phenomenology, concept of empathy goes beyond these conflicting views and offers a more complex interpretation, with relevance for both health care and nursing education. Following Steins tree-level model of empathy a tension between closeness and distance. When studying Stein's three-level model of empathy, a field of tension between perspectives of closeness and distance to the patients becomes apparent. The paper concludes by suggesting Steins model of empathy as a strategy to overcome the tension and meet the demands of empathy.
TITLE: WHY NURSES SMOKE

BACKGROUND:

Over the years there has been an ongoing global debate about the implications of the smoking behaviour of nurses in relation to their own health and in the context of their professional role and responsibilities. There appears to be a general consensus from the literature that nurses' smoking behaviour equates with that of women in the population in general which is approximately 28%. The fact however, that many nursing students and registered nurses do smoke remains a matter of concern.

It would appear however that there has not been a sustained effort to target nurses in an attempt to promote a change in their smoking behaviour. Little is known about how nurses themselves feel in relation to their smoking and its possible effects on their own health. There is also little understanding of the relationship between their smoking behaviour and feelings about their professional role as a promoter of health. In the absence of effective smoking cessation interventions with nurses the purpose of this study was to:

(i) Evaluate the effectiveness of an individualised approach to smoking cessation with a group of registered nurses and student nurses in Northern Ireland

(ii) Explore the experiences of nurses who attempt to stop smoking.

(iii) Examine the perceptions of nurses who smoke in relation to the potential effects of smoking on their own health and their professional role.

METHOD:

A longitudinal study over 2 years was carried out. The focus for data collection was one large college of nursing and one general hospital

Phase One: Employed a questionnaire to survey the extent of smoking among the nurses.

Phase Two: Introduced a smoking cessation programme.

Phase Three: Carried out Audio recorded interviews to determine the
reasons why some (25%) were successful in stopping while others were not.

FINDINGS:

The findings suggest that the experiences, perceptions and behaviour of student nurses and registered nurses who smoke, mirror those of women and young people in general. Therefore what is required is a radical shift of emphasis away from the present victim blaming approach to nurses who smoke, to offering support to enable them to change their smoking behaviour.

Abstract 63

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Introduction: Early studies show high smoking cessation rates in men hospitalized with CVD. Such studies in women are lacking.

Objectives: To test the efficacy of a smoking cessation intervention in women smokers hospitalized with a CVD diagnosis.

Methods: A Randomized controlled trial. Demographic, clinical, and smoking history was obtained at baseline; interviews to ascertain self-reported smoking status occurred at 6, 12, 24 and 30 months (m) & was verified with cotinine. Women (n=277) from 10 hospitals with CVD were recruited and randomly assigned to the usual care group (UG) n=135 or the intervention group (IG) n=142. The UG received strong physician advice, a self-help pamphlet; a list of community resources. The IG consisted of a nurse managed cognitive behavioral relapse intervention at the bedside, a videotape, audiotape and workbook; and telephone contacts after discharge at 2, 7, 21, 28 & 90 days.

Results: The women were: 61 (+/-10) years old; 76% Caucasian, 39% married; 47% high school education or less; and 55% had an annual income <$40,000; and smoked for 40 yrs. Time until smoking relapse was used in the Kaplan Meier analysis. The survival probability of the IG was statistically significantly better than the UG. Point-prevalence for nonsmoking at 6, 12, 24, & 30 months was 41, 42, 46 & 50% for UG; and 52, 48, 48, & 50 % for IG, respectively (ns).

Conclusions: This is the first RCT of smoking cessation in women hospitalized with CVD that reports early and late outcomes. This nurse case managed intervention resulted in a greater (ss) sustained nonsmoking rate in IG compared to UG over time (30m), in a older women with limited social and financial resources. Furthermore, the systematic identification and brief intervention in the UG also yielded a high cessation rate over time.

Opportunities=Research
Presentation=Oral
btnsubmit=Submit
Abstract 64

University’s students Knowledge about AIDS/HIV
Dr Radhwan Hussein Ibrahim,*1 Ph.D. CHN

Statement of problem: This study was conducted for the purpose of determining university’s student knowledge about AIDS/HIV.

Methods: the samples of the present study were consisting of (705) university's students. Data were obtained using a self-completed questionnaire. The questionnaire was divided into three sections. Section (A) included questions about descriptive characteristics of the students. Section (B) included questions about HIV/AIDS knowledge. Section (C) included questions about students’ information sources.

Results: Research findings showed moderate Knowledge levels (59.15 ± 14.22 out of 100 points) in a sample group of 705 high school students on all AIDS-related questions. Students in private schools had higher scores than those in public schools; boys had higher scores than girls; Knowledge scores of students were also positively correlated with a higher level of parent education.

Conclusion: To prevent the illness, the most important role of the nurses is to focus on education for individuals, families, and communities.

Keywords: AIDS, knowledge
Abstract 65

Amina al-Tamimi

Jordan Hospital

Effect of Coping Strategies for Chronic Renal Failure Patients in Reducing Anxiety and Depression and improving Adjustment level
Abstract 66

Impact of quality Improvement program in Postoperative Nursing Care of laparoscopic cholecystectomy

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The laparoscopic cholecystectomy is considered an important and widespread operation for treating cholecystitis and gall stones. The incidence of complications is less than open cholecystectomy in addition it needs short stay in hospital. The patient needs special care as soon he recovers to return to normal activities as quickly as possible. Nursing care during this period is very important to the patient. Because it enables the nurse to evaluate. The condition of the patient and controlling all abnormal signs and symptoms which may leads to complications. The aim of the study is to prepare an efficient nursing staff who can detect the complications, as early as possible. An educational program has been constructed to improve the quality of nursing care on the post operative period.

The sample of this study consists of twenty five nurses distributed on three levels of education, secondary school of nursing, technical institutes and nursing college. According to the assessment of nursing staff in this field of specialization, the tool of this research is prepared. It consists of a questionnaire which contains thirty five items, whose reliability and validity have been achieved through a pilot study, and through exposing it to expressed. The questionnaire consists of seven topics being explained during the educational program. The results of this study reveal highly significant differences for all level of education and for the most items ($P > 0.000$). When taken separately the knowledge and practice items, the results show highly significant difference after the applications of the educational program ($P > 0.000$). According to the results, the researcher forward the necessary recommendation. In conclusion educational program are needed to renew the nurses knowledge and improve their practice eventually.
A quasi-experimental study which was carried out in saddam general teaching hospital. The study aims at assessing the knowledge & practice of caregiver of leukemic children about how to take care of the mouth. It also tries to prepare a training program for these mothers & then to evaluate the program. The sample of the study consisted of thirty mothers of leukemic children. The sample was chosen of the leukemic ward in the Saddam General Hospital during the period 2 / 9 / 2001 – 2 / 2 / 2002. The data was collected by using a checklist which was consisted of (34) items for the knowledge distributed on four areas and (25) items for the practice distributed on three areas. The validity and reliability of the study tool was done by conducting a preliminary study and by subjecting it to a number of expert. The result of the study have shows that there is a large lack in the knowledge and practice of mothers of leukemic children about how to take care of the mouth. After applying the program of the study, the results have revealed that there is a significant difference near the level 0,001 between the knowledge and practice of mothers before and after applying the program in the four areas of knowledge (concept and causes of leukemia, consequence result, treatment, and family care) and in the three areas of practice (nutrition, oral hygiene, & drugs). The results shows no significant difference in the results of the post-test of both knowledge & practice with regard to the study variables (the age of the mothers, & the level of education). According to the above conclusions, the researcher recommends the necessary of preparing on educational program for the nurses in order.
To meet and work with teenagers is a challenge for professional caregivers. Adolescence is a period when teenagers are expected to establish autonomy. Asthma is an increasing problem worldwide, but few studies have addressed caregivers' strategies in their work with teenagers with asthma.

Grounded theory was used in this study where the aim was to uncover this phenomenon the study was undertaken at an eight-day asthma camp for teenagers in Sweden. The informants were seven professional caregivers who worked at this camp. Participant observations and interviews were used, the result shows that professional caregivers core concern is to assist teenagers with asthma to take command.

This core concern gives rise to five strategies: showing respect, being at hand promoting own responsibility promoting to exceed boundaries and promoting reflections.

Some differences is seen in how professional caregivers attempt to assist girls and boys respectively, one conclusion drawn from our study is that the result is not only suitable for professional caregivers working at asthma camps; it may also be used as a source of inspiration for caregivers in other settings.
Abstract (69)

During adolescence teens normally revolt against being dependent, if the teen also has a disease as asthma this period may be even more difficult to deal with few studies describe this phenomenon and therefore the aim of this study is to provide a theoretical understanding of the strategies teens with asthma use in daily life in relation to their disease.

Grounded theory was used to uncover the phenomenon the study was undertaken at a Swedish camp for teenagers with asthma. The informants were twelve girls and eleven boys with moderate to severe asthma.

Participant observations and interviews were used the result shows that teens core concern is not letting the disease get the upper hand over life to manage this core concern, teens with asthma use three strategies: keeping a distance to the disease, challenging the disease, and taking the disease into consideration boys mainly keep a distance to the disease while girls more often keep the disease into consideration. Both boys and girls were found to challenge the disease.

A conclusion drawn from our study is that this theoretical understanding, in many respect can be transferred to the daily life to teens with asthma.
Abstract (70)

LONGITUDINAL ANALYSES OF FAILURE TO RESCUE IN HOSPITAL PATIENT CARE UNITS

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Topic Area: Research

Background/Significance
Using the idea of failure to rescue from complications and applying the idea to other measures, it is possible to calculate a “failure to rescue” from medication error rate or “failure to rescue” from falls rate. The purpose of this study was 1) compare the relationships between unit characteristics and patient outcomes for three nursing units in one university teaching hospital across four years (16 fiscal quarters); 2) explore the use of three failure to rescue rates as outcomes, specifically failure to rescue from medication errors, failure to rescue from falls and failure to rescue from decubitus ulcers.

Methods
Staffing data were collected from the ANSOS staffing system, patient data and financial data were collected from TSI, adverse event data were collected from various incident reporting systems, and satisfaction data were collected from different systems that been used across the four years. Data were analyzed using xtggee because it is designed to fit population-averaged panel data models, specifically general linear models and allow specification of within-group correlation structures for the panels and used the Huber/White correction to control the standard errors.

Results
Controlling for patient severity and total direct labor dollars at the unit level and over four years, increasing total hours of care per patient day and a richer skill mix are related to higher levels of patient satisfaction. RN hours of care per patient day, by itself, is not related to patient satisfaction scores. As total hours of care per patient day increased, failure to rescue from medication error also increased. A decreasing number of RN hours per patient day were related to an increasing failure to rescue from falls rate.

Conclusion
The overall conclusion we draw from these results is that it will likely be necessary to vary staffing hours and staff mix depending on which patient outcome or outcomes you wish to achieve. If patient care unit characteristics other than staffing hours and skill mix can be captured, it may be possible to identify other variables that can be varied to achieve positive patient outcomes.
Abstract (71)

NURSING UNIT CHARACTERISTICS AND PATIENT OUTCOMES:
A MULTI-LEVEL MODEL
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Topic Area: Research

Background/Significance
Although many studies have demonstrated a relationship between nurse staffing and patient outcomes at the hospital level, there is a need for more complete models of prediction. The purpose of this study is to investigate the relationship/s between nurse perception of autonomy, control over practice, and relationships with physicians with patient satisfaction with pain management, teaching, and physical care on medical surgical units, after controlling for potential patient, nurse, unit, and hospital confounders.

Methods
The study design is correlational, descriptive, and cross sectional. The sample is convenience of acute care hospitals in California; every effort was made to include both rural and urban hospitals and teaching and community hospitals. Data were collected by patient structured interview, nurse survey, chart review, and using the OSHPD annual hospital database. The study questions were addressed using multiple linear regressions adjusted for robust standard errors and clustering and each outcome variable was assessed using four models. Because a hospital effect was anticipated, models were estimated both without and with dummy variables for the 21 hospitals in the study.

Results
For the estimate of satisfaction with pain management, without hospital dummies the only significant predictor was higher patient functional status. For patient satisfaction with teaching, lower nurse perception of autonomy is significantly associated with higher satisfaction with teaching in all the models, and lower scores of collaboration with physicians was predictive of higher satisfaction with teaching in one model. For satisfaction with physical care, none of the predictors of interest were significant.

Conclusions
One of the most interesting findings of this study is what is not significant in the models, i.e. skill mix, RN HPPD, and total HPPD. Another frustrating finding is that lower autonomy scores and, in one case, lower collaboration scores predict higher patient satisfaction with teaching. For satisfaction with pain management and teaching, there are several large hospital effects. One conclusion is that there are important predictors not in the model that are specific to hospitals and which would help explain the findings. It is imperative that further research be done to explore the mechanism by which nursing care is related to positive patient outcomes and to evaluate whether hospital effects are the major contributor.
Abstract (72)
CAN NURSES CHANGE THE SCENARIO OF POOR ASTHMA MANAGEMENT?

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Background
Asthma is a common disease and the prevalence of asthma among children in Oman is 10-20%.
In the last few years much efforts have been put into improving asthma management in Oman.

Significance:
To identify the major role of nurses in asthma management by presenting our experience in Oman

Method
Since the 1st world asthma day in December 1998, we conducted regional workshops to launch the national asthma guidelines. During this activity we carried out the first study to evaluate health care providers inhaler technique. 85% had poor technique. In 1999 we established a full time asthma counseling facilities. Two nurses were involved in counseling patients and families in the hospital pulmonary clinics, wards, pharmacy, and the health center. Several researches and audits were conducted in asthma management. Numerous patient and institutional-related problems were identified and practical solutions were implemented. Training workshops, presentations and exhibitions were conducted for healthcare providers and public to improve asthma management.
Conclusion:
Nurses can play a major role in improving asthma management

Recommendations:
1. Establishment of local interdisciplinary asthma management teams which include doctors, nurses and pharmacists
2. Establishing asthma counseling clinics in every hospital and primary health care center
3. Conducting asthma management workshops in nursing conferences
4. Implementing asthma management protocol
5. Conduct training courses for health care providers
6. Including the practical issues of asthma management in the nursing and medical students curriculum
7. Regular audit and research
8. Public awareness

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Abstract

BIRTH TECHNOLOGY: INDUCTION OF BIRTH AND ITS IMPACT ON MATERNAL AND FETAL MORBIDITY AND MORTALITY IN NORTHERN JORDAN

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Dr. Marlene Sinclair. Institute of Nursing Research, University of Ulster. Northern Ireland/UK.
Prof. George Kernohan. Institute of Nursing Research, University of Ulster. Northern Ireland/UK.
Prof. Brendan Bunting. Institute of Psychology Research, University of Ulster. Northern Ireland/UK.

Abstract

In 1985 the World Health Organization provided guidance on the appropriate use of technology in childbirth and stated that no country should have an induction rate higher than 10%. However, research indicates that the frequent use of induction technology in childbirth is leading to technological birth becoming the norm in many countries. Jordan is one of many countries in which the use of technology in childbirth appears to be increasing.

Study Aim

To provide baseline data on birth outcomes of women who gave birth in one major maternity hospital in Northern Jordan.

Design


Instrument

A self-assessment questionnaire was developed to collect data about maternal and infant outcomes during the antenatal, intranatal and postnatal period.

Validity and reliability

The instrument was constructed after an extensive review of the literature and was subjected to pre-testing through three pilot studies.

Ethical approval

The Human Subject’s Committee at the Jordan University of Science and Technology approved the study.

Sample size: Power analysis was used to estimate the sample size required to obtain confident intervals: 370 women were recruited to the study, 200 agreed to participate Data analysis:

Data were analysed using the SPSS version 11.0 statistical package (SPSS Inc, Chicago, USA).

Main Findings

The majority of women (n=161, 81%) underwent inductions of labour, 27 (14%) underwent planned caesarean section. A small minority (n=12, 6%) experienced
Abstract 74

Nursing Preparation for Advanced Practice Roles in Cardiovascular Nursing

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The objectives for this presentation include a brief rationale for the need of Cardiovascular Nursing Specialist in light of the global Cardiovascular Disease (CVD) epidemic. A description of a sample master’s program in nursing will also be given including the theoretical and practical foundations of this educational preparation. The cardiovascular nursing program prepares graduates for the full range of advanced practice nursing roles, including the Clinical Nurse Specialist (CNS). We emphasize flexibility so students can focus in areas from health promotion, coronary artery disease prevention, cardiac rehabilitation, or the management of medical, surgical, and critically ill cardiac patients. Faculties advise and guide students in customizing their areas of focus and in choosing clinical placements. Clinical experiences (residencies and practicum’s) take place in hospitals and medical centers, as well as outpatient clinics, private practice settings, and in cardiac rehabilitation centers. Ongoing faculty research activities provide exceptional opportunities for students interested in a research role.

Our specialty builds on the schools core course concept. Courses include:
Human pathophysiology and aging; management of patients with cardiovascular risk factors and procedures and diagnosis in the acute care setting.
A description of course content includes, but is: Theoretic content required for CNS preparation; research and statistics required for critique of literature, use of evidence for practice, and for participation in supervised clinical research; theoretical bases for advanced nursing practice; build on essential core curriculum and also prepare in research critique and utilization; theoretical in the area of specialization in general and specific area of intended practice; professional issues include ethical and legal issues legal issues; and practice issues.

This presentation will cover content that includes the theoretical principles and practical application to specific nursing care problems or patient populations; as well as experiential learning to prepare nurses for a role in advanced practice nursing (APN). The APN can assume roles in research utilization providing evidence based practice models, including: direct practice, expert coaching and guidance in the form of education, counseling and behavioral skill building, consultation, research, and collaboration are all encompassed more or less in the role of the APN depending on setting, expert decision making skills, as well as leadership to empower others and serve as a change agent and through activism. It is recognized that curricula vary; however, the details of the requirements are governed by the philosophy of the nursing school, and the specific state board requirements for specialty practice certification and the respective credentialing centers for each specific degree specialization. Given the health challenges of the 21st century and the expected burden of disease, clearly nursing will need to have preparation to actively participate in the health care delivery of the future.

02/1/2006
Abstract 75

EFFICACY OF SMOKING CESSATION INTERVENTION IN WOMEN HOSPITALIZED WITH CARDIOVASCULAR DISEASE (CVD): WOMEN’S INITIATIVE FOR NONSMOKING (WINS).

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Introduction: Early studies show high smoking cessation rates in men hospitalized with CVD. Such studies in women are lacking.

Objectives: To test the efficacy of a smoking cessation intervention in women smokers hospitalized with a CVD diagnosis.

Methods: A Randomized controlled trial. Demographic, clinical, and smoking history was obtained at baseline; interviews to ascertain self reported smoking status occurred at 6, 12, 24 and 30 months (m) & was verified with cotinine. Women (n=277) from 10 hospitals with CVD were recruited and randomly assigned to the usual care group (UG) n=135 or the intervention group (IG) n=142. The UG received strong physician advice, a self- help pamphlet; a list of community resources. The IG consisted of a nurse managed cognitive behavioral relapse intervention at the bedside, a videotape, audiotape and workbook; and telephone contacts after discharge at 2, 7, 21, 28 & 90 days.

Results: The women were: 61 (+/-10) years old; 76% Caucasian, 39 % married; 47% high school education or less; and 55 % had an annual income <$ 40,000; and smoked for 40 yrs. Time until smoking relapse was used in the Kaplan Meier analysis. The survival probability of the IG was statistically significantly better than the UG. Point-prevalence for nonsmoking at 6, 12, 24, & 30 months was 41, 42, 46 & 50% for UG; and 52, 48, 48, & 50 % for IG, respectively (ns).

Conclusions: This is the first RCT of smoking cessation in women hospitalized with CVD that reports early and late outcomes. This nurse case managed intervention resulted in a greater (ss) sustained nonsmoking rate in IG compared to UG over time (30m), in a older women with limited social and financial resources. Furthermore, the systematic identification and brief intervention in the UG also yielded a high cessation rate over time.

2/1/2006 JCN
Abstract 76

HOW TO ADVANCE EVIDENCE BASED PRACTICE THROUGH RESEARCH UTILIZATION DO WE NEED TO ESTABLISH?
Erika Sivarajan Froelicher, RN, MA, MPH, PhD UCSF, USA

Introduction: The lengthy delay in adoption of new research recommendations into practice is a major concern in much of the practicing nursing world.

Objectives: A series of fundamental points in the presentation of Randomized Clinical Trials results will be presented to illustrate the manner in which to critique research for adoption into clinical practice. Research utilization and change principles will be incorporated into this presentation in order to offer suggestions for overcoming the delays in adoption of new recommendations. To identify the types of considerations needed for research utilization of new knowledge gained from randomized clinical trials (RCT) or evidence based guidelines in order to shorten the time to adoption of new recommendations into practice to improve high quality patient care. The basic issues relevant to research utilization will be reviewed and exemplified. The use of example will provide beginning insights as to how research must be reviewed for evaluation of implementation and research utilization for practice. Factors inherent in the change process will be identifies. In order to advance clinical practice, several prerequisites need to be present. Competence in advance nursing practice, competence in research utilization and a keen understanding of the change process and how it applies to the adoption of research utilization into practice

Summary: The interrelationship between strong nursing sciences, nursing practice and research and change principles are necessary in order to implement optimum state of the art evidence based practice.

2/1/2006 JCN
Abstract 77

BALANCING STAFFING AND PATIENT SAFETY: THE AKUH, PACU EXAMPLE

By: Syed Lubna Ghazal, AKUSON
Co-Authors: Erum Shariff
Saima Sachwani

One of the major responsibilities of management is to utilize human resources effectively. As a nurse incharge in 12-beded PACU of AKUH, I have noticed heavy work load at certain times of the day. However the number of staff nurses remains constant for all three shifts. This brings about concern for patient safety due to high patient nurse ratio. For this reason I have decided to monitor and record the peak hours to justify changes in staffing schedules. I found peak hours between 1100-2300 hours. On an average 8-14 patients are admitted while there are only 3-4 nurses to take care of these patients. I implemented a modified staffing pattern based on this data; in which during peak hours work, more nurses’ work and less on the non-peak hours. Initial feedback from staff and other colleagues showed greater job satisfaction; less fatigue for nurses there by bringing about improved patient care out come. The staffing has been implemented for the more than two years with encouraging results.

Objectives of the study:

- Identify nurse patient ratio in post anesthesia care unit
- Improve nurse patient ratio with the same number of nursing staff
- Modify and implement new staffing patterns to improve patient care outcomes
- Maintain and improve nursing care standards in post anesthesia care unit
- Decrease fatigue and increase job satisfaction among nursing staff.
Profile:

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Feb. 2005- till date

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Risk Factors for Medication Errors among Chronically Ill Old Adults

Kawkab Shishani, PhD, MSN, BSN
Sawsan Samour, BSN

Purpose: To examine risk factors for medication errors among non-institutionalized chronically ill old adults in Jordan. Design: the study utilized a retrospective survey methodology. Sample: 312 old adults were recruited from primary health care centers. Data were collected through extensive review of medical records and interviewing. Results: Five variables were found to be associated with medication errors ($\chi^2_{\text{model}} [5] = 185, p = .00$). These variables were lack of knowledge in benefits, lack of knowledge of side effects, lack of knowledge in management of side effects of prescribed medications, level of education, and total number of prescribed medications. Conclusion: to ensure safe self-administration of medications, patients need to be involved in management of their medications. Failure to identify and manage side effects put chronically ill at risk for medication errors.
Abstract 79

The Jordanian Nursing Council
First International Conference
April 25 – 27 / 2006

Title: Folk Practices of Jordanian Girls during Their Menstrual Period

Roqia Salim Maabreh

Dr. Walid Alnaji
Huda Mohamed

Saeda fahad shdeifat

Audiovisual Aids: Data show

The purpose of this study was to identify folk practices of Jordanian girls during their

menstrual period. Descriptive study design was used to achieve the purpose of this study.

A total number of 489 girls aged from 11 – 18 years were selected conveniently from girls who attended to Prince Hashim Hospital, regardless for treatment or visit. Structured

questionnaire ( S. Moawed, 1997 ) was used to collect data. Data were analyzed using descriptive statistics. The result showed that some of girls avoid certain activities and

practices, including showering, perineal care & exercise. While others avoid certain foods.

Also some of them practiced different folk rituals during the period. The result of this study

Suggests that all health care providers and nurses should use all available opportunities
educate young girls and families about menstruation.

Corresponding to Roqia Maabreh
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Date: Feb 13th 2006

Title:  Miss

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Topic Area : Research

Presentation: Oral/ Power Point
Abstract (81)

Title: Hypertensive Patients at Prince Hashim Hospital: Why they are Nonecompliant with their Antihypertensive Treatment

Authors: LtC. R.N Hikmat Alakash (Presenter).
Dr. Nashat Halasa
2nd lt. pharm. Lana Gsous
RN Afaf Nassar

Objectives of the study: to identify factors responsible for non-compliance with antihypertensive treatment among hypertensive patients.

Design: Descriptive exploratory design was used for the purpose of this study.

Settings: an outpatient medical clinic at Prince Hashem military Hospital.

Sample: A convenient sample was consisted of 100 hypertensive patients attended the medical clinic in the period between Oct. 2004-Jan. 2005 with uncontrolled blood pressure readings (Systolic blood pressure was ranging between 140-200 hgm, Diastolic was between 100-160 hgm) and whom they reported non-compliance with their antihypertensive treatment regimen.

Data Collection Instrument: Was developed by the researchers and based on intensive review of literature regarding factors associated with noncompliance and poor adherence to antihypertensive treatment regimen. The questionnaire was consisting of tow parts, I : the sample characteristics as age, gender, years of being diagnosed as hypertensive, treatment regimen as once, tow or three times a day. Part II was consisting of list of questions supposed to be chosen as a reason behind noncompliance: Unavailability of the drug, insufficient information provided by healthcare team how to take drug and about the importance of taking drug and how to follow up their blood pressure measurement, drug prescription regimen as once, twice or three times a day, adverse effects of the drugs, forgetfulness, the social stigma of the disease ant not to be labeled as sick

Findings: are in the progress and will follow or presented in the presentation.

Conclusion and recommendation: will follow the findings.
Abstract – Draft for
The First International Conference of the Jordanian Nursing Council April 25th – 27th
2006, Amman

‘Family Health for Nurses and Midwives’ – WHO EURO Multi National Study
Christa F. Schrader, German Federal Nursing Association, Berlin, Germany

Background and Significance
WHO (World Health Organisation) has emphasized the significance of primary health care
and health promotion for achieving the goal of “Health for All” in the Declaration of Alma-Ata
(1978) and the Ottawa Charter (1986). The Munich Declaration (2000) underlined the
important role nurses and midwives play in illness prevention and health promotion. At the
same time, it identified Family Health Nursing as a field of action for nurses and midwives.
Subsequently, WHO EURO initiated a multinational pilot project in order to establish Family
Health Nursing and Midwifery in different health care systems. Families were deliberately
chosen as a setting, because families as an institution of primary socialisation (Kolip et al.
1995) lay the basis for health consciousness and health behaviour, thus playing a decisive
role for public health.

Methods and present Results
The German Professional Association of Nurses (Deutscher Berufsverband für Pflegeberufe,
DBfK), as a WHO Collaborating Centre, participates in the WHO EURO pilot study to
establish Family Health Nursing.
During the process of project design and consent, research, scientifically monitored, was
done in respect to the compatibility of the concept with the German health care system. As a
result, it was proved that Family Health Nursing is necessary for enhancing health promotion
and illness prevention in Germany.
The second phase (Implementation and Feasibility) of the project included the adaptation of
the WHO programme to the German health care system as well as the introduction of a two
year education programme “Family Health Nursing”. This programme started in October
2005 in two institutions of further education with 20 nurses and midwives attending the
courses.
Conclusion

It is important to mention that Family Health Nursing and Midwifery does not present a new profession in health care. It constitutes an enlargement of nursing tasks in a new field of action, that is health promotion and illness prevention, especially focusing on primary prevention.

Family Health Nursing and Midwifery tries to guarantee easy access to social and health care services to vulnerable groups by offering the following: preventive visits, accompaniment, counselling, support and empowerment of families. Easily accessible services are intended to fill in gaps in the health care system, on the one hand. On the other hand, they will allow to assess and change the impact of socio economic factors on family health.

(For further reading see DBfK publication Arguments and Strategies; www.Familiengesundheitspflege.de)
Title: A Collaborative International Nursing project between Jordan and Sweden. Integrating Theory and Practice in Nursing Education.

Projectleader:
Lola Carlsson; RN, RNT, Southern Alvsborgs Hospital (SAH), Borås, Sweden.
Jehad Halabi; PhD, RN, Assistant Professor, University of Jordan, Amman, Jordan.

Programleader:
Gunilla Length Persson; RN, RNT, MSc., Director of Clinical Education, Southern Alvsborgs Hospital (SAH), Borås, Sweden.
Margret Lepp; RN, RNT, PhD: Associate Professor, University College of Borås, School of Health Sciences (SHS), Borås, Sweden.
Khaled Waleed; RN, MSc., Faculty of Nursing, University of Jordan, Amman, Jordan.

This paper will explore experiences from the International Collaboration Project between Jordan and Sweden with focus on:

1. The development of the project.
2. Experiences from participating in a program studying an educational ward and learning methods in Sweden, April 2005.
4. Future plans for the project.

The overall project objectives are to support development of Nursing Education in practice towards integration of theory and practice through raising preceptors' pedagogical competency by using different pedagogical approaches.

The gap between theory and practice is a well-known international problem within nursing education. This has consequences for the students learning as it affects their ability to integrate theory and practice in a meaningful and reflective way. This problematic condition requires suitable pedagogical methods in Nursing Education. Furthermore there are problems such as large number of students, teacher centred learning rather than student centred learning and often no adequate learning environment in caring practice.

A model of preceptorship and clinical supervision for nursing students has been developed and practised for five years in an educational ward in Boras, Sweden. The model is attached to students active and reflective learning by using different pedagogical methods such as Drama in Education and Case methodology. The project has led to international teacher exchange, one conference with different workshops. Furthermore a special course is being planned for implementation during 2006 and 2007.
ABSTRACT

"Jordanian Nurses’ Attitude Toward Family Presence During Resuscitation"

Aim:

To identify and explore attitude and factors influencing the attitude of Jordanian staff nurses toward family presence during resuscitation.

Method:

A descriptive correlation study with a convenient sampling method has been carried out, with addressing a self administered questionnaires which have been distributed in major public and private hospitals in Jordan.

Results:

A total of 180 questionnaire has been collected, 104 were from private hospitals (57.8%) and 76 were from public (42.2%) respectively. Of all participants there was 107 male nurses represent around 59.4% of the total sample and the females were 73 (40.3%). The majority of participants (80.6%) believed that the family should not be allowed to be present. 70% of the sample was holding Bsc degree with 65% has an experience less than five years, 60% of participant had a negative experience with family presence. 61.7% of the nurses thinks that family presence is not a patient right. 75.5% believed that family presence increase the stress level for CPR team members, 62.2% believed that family presence would interfere with resuscitation efforts and 65% of participants believed that family presence would lead to increased Malpractice litigation.

Conclusion:

The majority of nurses are not favoring family presence during resuscitation, the most frequent reasons are concerns that family presence makes the resuscitative effort more
stressful for the trauma team as well as it expose the trauma team to a greater risk of malpractice suits. the experience found to have a major effect, beside other factors such as type of the institution and the gender of the participant. However, educational back ground found to have no significant effect on nurses attitudes.

The presenter:

Laila al daken:

The university of Jordan

faculty of nursing:
Abstract 85

chest physiotherapy as a therapeutic maneuver for critically ill patients

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By
Sawsan Soliman Ghazal*, Nadia Taha Mohammed**, and Azza Hamdi El-Soussi**

*Medical Nursing department - Tichreen University
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Although physiotherapy is seen as an integral part of the multidisciplinary team in the most CCUs, there is only limited evidence concerning the effectiveness of chest physiotherapy in this setting. There is an urgent need for further research to be conducted to justify the role of chest physiotherapy in the CCU. This study was conducted to determine the immediate effect of chest physiotherapy on gas exchange and lung mechanics in mechanically ventilated patients. A sample of 60 adult patients selected from the General Intensive Care Units of the Alexandria Main University Hospital was recruited for this study. All patients were on mechanical ventilatory support via an endotracheal tube. Patients were ventilated by the volume assist/control mode, controlled mandatory ventilation or synchronized intermittent mandatory ventilation with a constant inspiratory flow. The level of initial ventilator parameters was adjusted according to each patient’s needs and kept constant throughout the study. Patients were potentially hypoxaemic despite the use of positive end-expiratory pressure (PEEP) and a fractional inspired oxygen (FIO2) of .6 to 1. Sample was randomly divided into two groups: 30 studied and 30 control group patients. Hemodynamic, arterial gasometry, and respiratory mechanics measurements were collected by an assessment tool. Different positions patients were assigned to, and time and frequency of each components of chest physiotherapy procedures, were determined by a chest physiotherapy record. Chest physiotherapy procedures were: postural drainage, mechanical percussion and vibration followed by suction. The main results of this study were that the hemodynamic parameters were shown to be more or less stable throughout the study. The highest number of the studied patients gave large amount of secretions per six hours. It should be pointed out that there was a significant improvement for study group in lung mechanics and there are no significant changes in these variables for control group after 6 hours of the study. Oxygen profile and parameters indicating intrapulmonary shunting showed that the patients were hypoxemic at the beginning of the study. On the whole, hypoxemia improved with chest physiotherapy. It can be concluded from this study that Chest physiotherapy has a significant effect on gas exchange and lung mechanics in mechanically ventilated patients. The oxygenation values suggest improvement in subsequent cycles as indicated from the oxygen profile and parameters indicating intrapulmonary shunting in the studied patients after six hours of chest physiotherapy. This occurred without any deleterious effects on the hemodynamic status and with no untoward side effects in any patient. The advantages of the used technique are its ease of application, patient safety, and patient comfort. Subjectively,
patients were able to tolerate six hours of CPT with ease the arterial blood gases and lung mechanics improved in patients in all positions but the best position is prone position, and the subsequent positions are right and left respectively. Thus, prone and side lying positions can be used to enhance the efficiency of O₂ transport and thereby minimize or avoid use of high concentration of supplemental oxygen and positive end expiratory pressure.

Abstract 86

April 25th-27th 2006

Registration and (Abstract Form if Applicable)

The information you provide will appear on your badge at the conference
- Dead line for receiving abstracts Feb. 16th 2006

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Presentation Title: Males As Nurses: Socio-Cultural Perspective
MALES AS NURSES: SOCIO-CULTURAL PERSPECTIVE

Asad, N & Jan, R

ABSTRACT:

Nursing, traditionally is viewed as a female profession and appears compatible with female traits of nurturance, caring and affection as apposed to male characteristics of being aggressive and dominant. In a patriarchal society male roles are emphasized to be dominant and powerful therefore career such as Nursing is not seen as a profession of choice for males. Individuals who take up professions which are contrary to society’s role expectations are deemed to go through role confusions and dissatisfactions. In male dominated Pakistani society primarily males belonging to under privileged areas take up nursing as it serves as a lucrative option for them, after completing undergraduate nursing degree they either presume careers abroad or go back to their native villages and adopt a physician’s role specially where there is none. Although the profession gives them ample financial returns, during their educational programme they go through major psycho-social crisis. These young boys are faced with extreme self-esteem issues as they see themselves in a sub-ordinate position in the first place with doctors and then the female nurse colleagues and faculty, they perceive themselves as devalued, unskilled and forced to do skills and patient care which does not suit their sense of esteem as a result they go through role restraints and dissatisfaction with their nursing curriculum and clinical training. This paper addresses the psychological and social consequences experienced by male adolescents who choose Nursing as a career; paper also emphasizes the socio-cultural factors relevant to the choices made by this cohort of students.

COMPLETE ADDRESSES ARE AS FOLLOWS FOR MY SELF AND DR. FAFAT JAN.

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Pakistan has been one of the major points for transferring and targeting of human trafficking. It is the country of destination for women trafficking from Bangladesh, Nepal, Burma and India. Estimation has shown that 200,000 Bangladeshi women were trafficked to Pakistan in the last ten years, continuing at the rate of 200-400 women monthly (Hughes, Joy, Sporcie, & Mendelsohn, 2004).

Women trafficking are one of the most critical public health issues that need to be resolved in today’s world. There are various factors that lead women to engage in trafficking; namely, feminization of poverty, women's unequal rights, access to formal labor, and women's restricted abilities to gain power over their own lives in their home countries. Rizvi (2003) discusses Pakistan’s situation as follows:

- 44% women resort to sex trade due to poverty,
- 32% by deception, 18% due to coercion,
- 4% due to surroundings (born to sex workers) and only 2% are involved in the sex trade at their own will.
Thus, this social problem of trafficking led the female victims into various unhealthy behaviors such as beatings, rape, psychological coercion, and serious health problems including sexually transmitted diseases. These alarming situations signify the need for identification of these cases within our own communities. That would facilitate health care providers in assisting the victims to develop awareness about these unjust human acts. From holistic perspective of care of nursing, a nurse can play a pivotal role; therefore, awareness raising and educational programs should be addressed in order to protect the public from severe health consequences.

Due to the cultural and societal influences in our part of the world, women are deprived from their rights that lead to severe health problems. Therefore, the determinants and consequences of trafficking need to be recognized and addressed at the national level as early as possible.

Abstract 88

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Abstract=ADVANCING ACADEMIC STRATEGIES FOR GLOBAL NURSING

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Nursing education evolves with time. Identifying what to offer in the nursing curriculum poses a real challenge to the nurse educator. The nursing curriculum needs to be dynamic and proactively respond to change in order to be relevant. The desired characteristics of such a nursing curriculum include the promotion of critical thinking, lifelong learning and
enhancement of technology, communication, collaborative and leadership skills.

This paper illustrates the nature, range and variety of national, regional and international academic strategies for global nursing at one university in Karachi, Pakistan. Networks linking individuals and institutions in the country and neighboring regions were strengthened. This institution promoted an ethos of global citizenship by reaffirming a sense of identity and self esteem, valuing all faculty and students, acknowledging the importance of personal and social education and an openness to learn from others around the globe. These were integrated within the university's vision and mission and threaded through the nursing curriculum.

By highlighting the contribution of networking and collaboration both faculties and students were alerted to the concept of becoming global citizens. The outcome is the shaping of a nursing curriculum that creates a global community of nurses who support and improve nursing practice, education and leadership worldwide with a belief that each one can make a difference.

Opportunities=Education
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Abstract 90

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Abstract=Community Health Nursing Clinical Practicum as an Avenue for Health Promotion

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Community Health Nursing (CHN) is a mandatory course in any nursing program. It is spread over two years. The second year CHN students provide family centered care with special focus on maternal and child health. Health education is an integral part of the practicum. This paper discusses the identified cultural values, practices and outcomes of
health education by nursing students.

Health education is the most economical way for health promotion among community population with limited resources. It creates understanding by improving knowledge which may lead to safe health practices.

A component of Gordon Functional Health Patterns was used to guide the students' assessment. The CHN catchment area was in one of the city's middle to lower socio-economic communities. Fifty families with 84 women of child bearing age were visited by 25 nursing students during their community clinical for the Fall semester of 2005. Health education sessions with the families were conducted.

Post health education appraisal showed that 80% of the women verbalized the ill-effects of unsafe traditional practices on health. Active support groups were formed in the community. The Lady Health Visitor of the Public Health Center where the students affiliated reported a 20% increases in clinical visits. Follow up after 3 months was done where 60% of the families were found to have modified lifestyle and safe health care practices.

The students' involvement in the community helped modify health seeking behaviors. Sustainable health promotion in the community demands dedicated time and action.

Opportunities=Education
Presentation=Oral
btnsubmit=Submit
Abstract

Title: A Collaborative International Nursing project between Jordan and Sweden. Integrating Theory and Practice in Nursing Education.

Project leader:
Lola Carlsson; RN, RNT, Southern Alvsborgs Hospital (SAH), Borås, Sweden.
Jehad Halabi; PhD, RN, Assistant Professor, University of Jordan, Amman, Jordan.

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This paper will explore experiences from the International Collaboration Project between Jordan and Sweden with focus on:

5. The development of the project.
6. Experiences from participating in a program studying an educational ward and learning methods in Sweden, April 2005.
8. Future plans for the project.

The overall project objectives are to support development of Nursing Education in practice towards integration of theory and practice through raising preceptors' pedagogical competency by using different pedagogical approaches.

The gap between theory and practice is a well-known international problem within nursing education. This has consequences for the students learning as it affects their ability to integrate theory and practice in a meaningful and reflective way. This problematic condition requires suitable pedagogical methods in Nursing Education. Furthermore there are problems such as large number of students, teacher centred learning rather than student centred learning and often no adequate learning environment in caring practice.
A model of preceptorship and clinical supervision for nursing students has been developed and practised for five years in an educational ward in Boras, Sweden. The model is attached to students active and reflective learning by using different pedagogical methods such as Drama in Education and Case methodology. The project has led to international teacher exchange, one conference with different workshops. Furthermore a special course is being planned for implementation during 2006 and 2007.

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Abstract 92

Collaboration among Nongovernmental Organizations Contributes Towards Better Health Care Access

The complexity of changing health care system fosters search for creative solutions in health service organizations, for providing accessible, quality care at an acceptable cost. It is shown that interorganizational collaboration (IoC) increases availability of organizational resources, improves service quality and efficiency, and improves access to health care. In Pakistan, weak health system infrastructure, including limited IoC, appear to contribute to inadequate access to health care. Many nongovernmental organizations (NGOs) provide Primary Health Care to the most vulnerable: women and children. Varying degrees of IoC can be observed among NGOs, however, it has not been systematically studied.

The purpose of this research--the first scientific study of IoC between health service NGOs in Pakistan--was to describe IoC between three pairs of NGOs providing community based health services to women in Karachi, Pakistan. A long-term goal is to build a basis for future research linking IoC to access to health care and health outcomes. A qualitative descriptive study was conducted using a purposive sample of six NGOs. Data were collected using interviews, observation, and record reviews. Validity was strengthened through triangulation and use of an expert panel. Findings indicated that IoC was strongest when the conditions of willingness to cooperate; and needs for funds, expertise, and adaptive efficiency were met. In a complex social environment, IoC tended to be stronger when there was fairly high organizational formalization. Broader IoC also appears to be positively associated with
women’s access to health care. Recommendations are made for future research, education, and management.

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Abstract

Immigrant Muslim Women’s Experiences of Accessing Perinatal Health Services in the United States

Eight million Muslims constitute one of the fastest growing immigrant minority groups in the U.S. Barriers to immigrants’ access to adequate health services include economics, unawareness about how to use the system, linguistic and cultural issues, and lack of trust and cultural sensitivity. Current health services access surveys fail to consider consumers’ experiences and contextual factors such as cultural norms and values and interactions with health service systems. This qualitative study sought to explore South Asian immigrant Muslim women’s experiences of accessing perinatal health services in Minnesota. Data were collected through in-depth phone interviews and two focus group discussions with immigrant women from Pakistan, recruited by convenience sampling method. Data were translated from Urdu to English, transcribed, and analyzed for major content themes and descriptive statistics. University of Minnesota’s Human Subjects Committee reviewed the study.

Eight young women, who migrated to the U.S. from Pakistan in the last 5 years participated. All women reported having adequate health insurance and prenatal care. However, some barriers encountered by other minorities, including gaps in receiving client-centered, culturally-relevant care were expressed. Definite cultural preference for female providers was articulated for Ob/Gyn services and unavailability of female providers was associated with dissatisfaction with services. Provider characteristics such as taking time to listen, explain, and answer questions; open communication; and
reassurance for positive outcomes were most valued. Women recommended improvement in consumer education, need for better understanding of clients’ cultural and religious origins and preferences, and provisions for more female providers. The findings of the study underscore nurses’ continued advocacy for improved health services for the immigrants and further in-depth studies of access issues for this population.

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Abstract 94

Generalized obesity with serum lipids and gallbladder stones in obese adult female
In the north of Jordan

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Introduction: Obesity is a strong risk factor for gallstones and adverse lipid profile, especially among women is well documented in western populations. However limited data are available on the association between generalized obesity with serum lipid and gallstones in developing countries, particularly in Jordan.

Objectives: The aim of this study is to examine the relationship of obesity with gallbladder stones and serum lipids among obese adult female attendance to out patient clinics in Prince Rashed Military hospital.

Methods: A convenience sample of 180 apparently healthy adult females aged 40-50 years were selected from out patient clinics in Prince Rashed Military hospital through the period from September to December 2005. The sample was categorized into approximately equal three groups based on body mass index categories (BMI-C): normal body weight, overweight, and obese: < 25, 25-29.99, ≥ 30 Kg/m², respectively. A pre-tested questionnaire was used during a face to face interview to collect dietary and medical history and information about smoking status. Blood samples were obtained from the participants to determine their serum lipids and lipoproteins including: total cholesterol (TC), triglycerides (TG), high density lipoprotein cholesterol (HDL-C), and low density lipoprotein cholesterol (LDL-C). Laboratory measurements were performed using standard automated procedures (Hitachi 911). Adverse serum lipids were categorized based on Adult Treatment Panel III (ATP III) (2001). Ultrasonography was obtained for each subject. Weight and height measurements were measured to calculate the BMI. Statistical analysis was carried out using SPSS. Analysis of variance (ANOVA) was used to test for any significant differences among means of lipid profile, BMI categories (BMI-C). Chi square test examined the distribution of the prevalence of gallstones and lipid profile abnormalities among BMI-C. A p value of < 0.05 was considered statistically significant.

Results: The mean of BMI for the whole sample was 28.16 Kg/m². There was a statistically significantly (p < 0.0001) increasing trend in the prevalence of gallstones and lipid profile abnormalities as the BMI-C increases.

The prevalence rates of adverse serum lipids among overweight and obese subjects compared with non-obese subjects were (2.1-4.2) and (4.9-6.2) times, respectively. Whereas the
prevalence of gallstones among overweight and obese subjects compared with normal body weight subjects were 3.2, 5.4 times, respectively.

**Conclusion:** It can be stated that obesity is the dominant risk factor on gallstones and lipid profile abnormalities.

**Generalized obesity with serum lipids and gallbladder stones in obese adult female**

*In the north of Jordan*

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**Abstract 95**

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**Topic Area:** Health promotion, colorectal cancer prevention

**Title:** COLORECTAL CANCER SCREENING KNOWLEDGE, BELIEFS, ATTITUDES, AND PRACTICES AMONG ARABS IN THE UNITED STATES

**Abstract:**
Background. Screening has reduced the incidence rate for colorectal cancer (CRC) by 3% annually during 1998-2001, yet, screening rates remain low and CRC remains the 3rd most common cancer and 3rd cause of cancer deaths in the United States (U.S.) with estimated 148,610 new cases, and 55,170 expected deaths in the year 2006. Arab population health status drops after relocating to the U.S., and little is known about their CRC screening practices. Objectives. Using the Health Belief Model (HBM) as a framework, this study will explore the CRC knowledge and beliefs, and screening attitudes and practices among Arab Americans. Design. Descriptive correlational, cross-sectional community survey. Setting. Urban Southern California Arab Community. Sample. A randomly selected 300 Arabs ≥40 years of age, living in Southern California. Eligible participants will answer the self-administered questionnaire. Methods. Based on the HBM, the CRC Knowledge, Perceptions and Screening Survey (CRCKPSS) will be used to measure study variables among the sample. Questionnaire will be available at the participating Arab community center, Mosques and Churches, or mailed to respondents. The questionnaire is estimated to take around 30 minutes to complete. The study will explore the various recommended screening practices; fecal occult blood testing, flexible sigmoidoscopy, colonoscopy, and double-contrast barium enema. Measures. The Arabic version of CRCKPSS questionnaire will be back translated and validated, then used to collect data on participant’s knowledge, perceptions, frequency and intentions to perform CRC screening. This questionnaire was used with different ethnic group and showed internal consistency of .810 using K-R 20, and reliability α = .84. Fatalism construct, adopted from the Powe Fatalism Inventory (PFI), will be added to the tool. Analysis: Predictors of screening frequency and intentions will be examined using multivariate regression models. The dependent variables are the frequency of and the intention to practice CRC screening. Independent variables to be examined include age, gender, highest grade completed, marital status, religion, previous/current occupation, history of screening for CRC, family history of cancer, family history of CRC, and personal history of cancer in addition to the presence of fatalistic beliefs. Significance: The results of the study will help practitioners and educators to understand the Arab’s health promoting behaviors and practices and be used as a guide to develop targeted educational materials as well as culturally sensitive screening programs for this growing population in the U.S.
Abstract 96

Jonsson

Stressful Events among Jordanian Nurses

Anders Jonsson PhD, RN, Boras University
Jehad O Halabi PhD, RN, University of Jordan

Background. The prevalence of posttraumatic stress symptoms and the connection to Sense of Coherence (SOC) among Jordanian nurses has never been investigated.

Aims. To identify the prevalence of posttraumatic stress symptoms and its relationship between daily work exposure and whether different levels of SOC are related to different consequences of traumatic stress.

Method. Data was gathered from nurses working in emergency settings by means of an anonymous questionnaire and by standardised measures and qualitative data.

Results. Over ninety-seven percent of the sample reported high or very high levels of posttraumatic stress symptoms as measured by Impact of Event Scale. On Sense of Coherence Scale the sample scored significant lower than comparable personnel working at setting in western countries did. Post traumatic stress symptoms were associated with poor social support, and weak social networks. The findings stress the necessity for the staff to support each other, and for supervisors to support and counsel their staff and that the management has to promote and make it possible.

Conclusions. The level of stress symptoms seems to be one of the highest among health care workers not working in war zones or at catastrophe settings, the well being of Jordanian nurses appears to be compromised by health care work.

Abstract 97

Mental and Psychological Health Status of Jordanian University Students

Ayman M. Hamdan-Mansour, RN., PhD
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Abstract

Assessment of individual’s mental health and developing effective interventional programs is an important aspect of health promotion. The purpose of this study is to examine the mental and psychosocial health status of university students in Jordan. The specific aims of this study are to: 1) examine the interrelationships among the depression, substance use, optimisms, and anger, 2) examine the differences in substance use among certain demographic characteristics, and 3) examine the personal characteristics of depressed college students. A total of 352 university students recruited from six universities in Jordan completed a battery of five self-reported questionnaires. Central tendency measures (means, and medians) and the dispersion measures (standard deviation and ranges) will be used to describe the variables of the study. The interrelationships among the variable will be examined using t-test or ANCOVA if covariate adjustment is necessary. The study results will be reported and compared with literature. Recommendation will be discussed.

Keywords: Psychological Health, Mental Health, Depression, Anger, Substance Use, Optimism, University Students, Jordan.
Abstract=Title of Paper: THE PROCESS OF IMPLEMENTING A MODEL OF PRECEPTORSHIP IN DIRECT ENTRY MIDWIFERY EDUCATION IN IRELAND
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Type of Presentation Preferred: Concurrent Paper 
Audio Visual Aids Required Powerpoint OR Overhead projector 

'Direct entry' midwifery students, with no prior nursing experience, require support in the practice areas in the initial stages of their course. A three-year pilot 'direct entry' midwifery programme commenced in Ireland in June 2000, for the first time since 1959, run in partnership by the School of Nursing and Midwifery Studies in Trinity College, Dublin and the two maternity hospitals linked with the university. An innovative method of preceptorship was introduced, with 10 supernumerary preceptors, who were allocated two direct entry midwifery students each for an 18-week period during the first year of the programme. A 40-hour programme of 'Teaching, learning and assessing in midwifery practice' was developed, implemented and evaluated prior to the preceptors taking on their role. The students were introduced to the clinical areas from the third week of the programme, and from the tenth to the twenty-eighth week the students and preceptors rotated together through all areas of midwifery practice. Each preceptor was responsible for developing the clinical learning environment for their students in every practice area, and for passing on their knowledge, skills and attitudes. The structure, process and brief outcomes of this unique model of preceptorship are described in this paper.

Keywords: preceptor, student midwife, clinical learning

opportunities=Education
presentation=Oral

Abstract 99

IMPACT OF SOCIAL SUPPORT ON DEPRESSION AMONG JORDANIAN CORONARY ARTERY BYPASS GRAFT SURGERY (CABG) PATIENTS.
By

Areej Saied Mohammad Al-hamad

This descriptive correlational study was conducted to identify the levels of depression and social support that Jordanian CABG patients may encounter in care setting. The most significant predictors of depression among Jordanian CABG patients were also examined. Convenience samples of Jordanian CABG patients admitted to care units from two hospitals (n=181) were interviewed using a structured questionnaire that measured depression and social support. The findings showed that level of depression among those patients was mild and the level of social support was moderate. The dimensions of depression were ranked orderly according to their mean score. Also, the dimensions of social support were ranked orderly according to their mean score. Data analysis indicated that there were significant differences between King Abdullah university hospital and Queen Alia heart institute hospital regarding affective and psychological dimensions of depression, and depression as a total score. Also, there were significant differences between male and female and employed and unemployed CABG patients in the psychological dimension of depression. Furthermore, findings indicated that there was a significant difference between CABG patients who received and not received previous information regarding CABG surgery in the social integration and nurturance dimensions of social support. Moreover, findings indicated that there were significant differences in depression score between sources of information. Furthermore, results indicated that there was a significant strong negative relationship between depression and social support. In addition, age, source of information and period (length of stay in critical care units) were significant predictors of depression. This study may emphasize and urge the need to design proper policy to increase the level of social support that keep CABG patients’ depression at minimum level. Finally, by decreasing the level of depression, the risk of CABG related problems would decrease. Thus, help in decreasing hospital readmission and health cost.
Abstract 100

Amman, April 25th - 27th 2006
- The information you provide will appear on your delegate badge at the conference
- Dead line for receiving abstracts Feb 16th 2006

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Topic Areas:
Technology
Presentation: Poster

ABSTRACT:

Influanza viruses infection is one of the most important infectious diseases that health care workers should know. In these days this virus started his war against humans in most of countries in the world. Before more than 90 years it appeared and killed millions of peoples (like plaque) in europe, and now through mode of genetic evolution it returned back with more varulance and pathogenicity and more resistance to present treatments, it jumped from birds to humans, and within a period of time it
may be transmitted from human to human and outbreaks restarted to kill millions of humans again. This virus is ssRNA virus with outer envelope and verulant surface protiens (HA, NA), it has 8 segments of genomes, each responsible of expression of certain protein that gives the virus it unique and special structure. its replication and life cycle occured in the host using host cell enzymes and other components to replicate, it may also modify its genetic material through this way and this is one of the suggested assumptions of its evolution. Thier is subtypes and strains of this virus each has its own characteristics and pathogenicity. in this paper we will concentrate on the following topics to be our basic step to put a standarised recomendations to prevent and treat this type of infection. we will talk about: its structure, replication and life cycle, subtypes and strains of the virus, how these subtypes and strains develop(antigenic shift and drift), incidants of infection in the past years, clinical features of the disease, treatment options, preventive measures and precautions to be applied in health care sitting, then open discussions will be made to put plans for the near future. i hope this lecture will be of required benefit for the public

mohammad jamil salim

Abstract 101
Patient satisfaction with information provided after diagnosis of Coronary artery diseases in Jordanian private hospitals.
Background: Coronary artery diseases are a major public health problem in developing countries. Health education has come to be considered as integral part of care for patients after coronary artery diseases. In Jordan patients of coronary artery diseases have no formal cardiac education programs.

Aims of the study: To describe level of coronary artery disease patients satisfaction with information received about their disease in Jordan in an attempt to improve quality of patient health care and overall life, also to improve nursing profession by increasing the bulk of knowledge which provide bases for future advance nursing role and for the development of in-hospital educational programs and discharge plan.

Method: The sample of the study was 174 adult patients in coronary care unit from eight private hospitals in Jordan. The study, which is descriptive correlation, was carried out using questionnaire designed by Weetch, 2003.

Results: Patients are moderately satisfied with information they received about coronary artery disease. Patients are in need for information about causes, treatment, medications, of coronary artery disease, and its effect on daily activities.

Conclusion: Structured formal educational program would benefit patients of coronary artery disease during hospitalization.

Key words: Patient satisfaction, information, coronary artery disease, Jordan, nurses, health education.
**Presenter:** Sumayya Attaallah Msn. RN, Community health nursing department Faculty of nursing, University of Jordan.

**Abstract 102**

"Jordanian Nurses’ Attitude Toward Family Presence During Resuscitation"

**Aim:**
To identify and explore attitude and factors influencing the attitude of Jordanian staff nurses toward family presence during resuscitation.

**Method:**
A descriptive correlation study with a convenient sampling method has been carried out, with addressing a self administered questionnaires which have been distributed in major public and private hospitals in Jordan.

**Results:**
A total of 180 questionnaire has been collected, 104 were from private hospitals (57.8%) and 76 were from public (42.2%) respectively. Of all participants there was 107 male nurses represent around 59.4% of the total sample and the females were 73 (40.3%). The majority of participants (80.6%) believed that the family should not be allowed to be present. 70% of the sample was holding Bsc degree with 65% has an experience less than five years, 60% of participant had a negative experience with family presence. 61.7% of the nurses thinks that family presence is not a patient right. 75.5% believed that family presence increase the stress level for CPR team members, 62.2% believed that family presence would interfere with resuscitation efforts and 65% of participants believed that family presence
would lead to increased Malpractice litigation.

**Conclusion:**

The majority of nurses are not favoring family presence during resuscitation, the most frequent reasons are concerns that family presence makes the resuscitative effort more stressful for the trauma team as well as it expose the trauma team to a greater risk of malpractice suits. the experience found to have a major effect , beside other factors such as type of the institution and the gender of the participant. However, educational back ground found to have no significant effect on nurses attitudes.

**The presenter :**

Laila al daken :  

The university of Jordan  

faculty of nursing:

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**Abstract (103)**

*Dr. Amal Samir*  

Kidney Transplantation
Kidney Transplantation has become the treatment of choice for most patients with end-stage renal disease. Major advances have been made in the art and science of organ transplantation since the first kidney transplant was performed in 1954 in Boston between identical twins. The advances made in organ procurement and preservation, surgical techniques, tissue typing and matching, understanding the immune system, immunosuppressant therapy, and preventing and treating rejection have dramatically increased the demand for organs for transplantation. Patients choose kidney transplantation for various reasons, such as the desire to avoid dialysis or to improve their sense of well-being and the wish to lead a more normal life.

Dr. Amal Samir  
Assistant Professor Faculty of Nursing in Philadelphia University

**Abstract (104)**

**The Meaning Of Waiting For Women With Breast Cancer**

Breast cancer is the most frequently diagnosed cancer among women in Canada (Canadian cancer statistics, 2004). One in nine Canadian women are estimated to develop breast cancer during their lifetime and one in 27 will die from the disease (Canadian cancer statistics, 2004). Along with the impact of anticipating a cancer diagnosis, many women have to wait for a definitive diagnosis of an abnormal screen, wait for an appointment with the family doctor, wait for referral to a specialist if an abnormality is detected, wait for referral for adjuvant treatment, wait for follow-up treatment, and wait to hear the results of the treatment.

Consequently, extended periods of time may elapse as women wait before, during, and after their diagnosis of breast cancer.

While the literature addresses the issue of wait time and delays for healthcare services including cancer care, little is known about the lived experiences of women with breast cancer.
cancer as they wait, the purpose of this research is to describe the meaning of waiting for women who have gone through breast cancer diagnosis and treatment. Ten women were interviewed on two occasions 3-5 weeks apart preliminary results will be presented.

Until nurses can understand the lived experience of waiting directly from the stories of women with breast cancer they cannot develop interventions or strategies to support and to meet the needs of these women as they wait.

**Abstract 105**

*American nurses’ work autonomy on patient care and unit operations*

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Background and objectives: Work autonomy is an essential aspect of nurses’ professional lives. The aim of this research was to study American nurses' work autonomy, particularly autonomy over patient care and unit operations decisions.

Methods: Data were collected electronically during the Summer of 2004. A total of 300 American nurses were recruited from two clinical listserves, in which nurses communicate, electronically, as a group.

Findings: Nurses were more autonomous about decisions related to patient care more than unit operations and their total work autonomy was moderate. Correlations and stepwise regression analyses revealed that nurses’ experience, education, and time commitment influence nurses’ work autonomy.

Conclusions: Findings suggest that nurses’ work autonomy should be enhanced to reach its full potential and that nurse administrators should promote their nurses’ work autonomy.

Keywords: Autonomy, nurse, electronic, data collection.
Abstract

Attitudes of Nursing Students towards Mental Illness

Attitudes toward mental illness and mentally-ill clients have been found to influence the care given to those clients by personnel working with them. Therefore, it is important that the nursing students, who will work with those clients in the future, to develop positive and realistic attitudes towards mental illness.

The purposes of this study were to: (1) measure nursing students’ attitudes toward mental illness, (2) investigate the effect of previous contact with mentally patients on the nursing students’ attitudes toward mental illness, and (3) measure the effect of exposure to a psychiatric/mental health course by nursing students on their attitudes toward mental illness.

Opinions about mental illness (OMI) scale which was developed and modifies by Cohen and Struening (1963, 1962) was used to measure the students’ attitudes towards mental illness. OMI consists of 51 items scored on 6-point Likert scale ranging from strongly disagree (0) to strongly agree (5). OMI poses acceptable validity and reliability.

Quasi-experimental, one group pretest-posttest design was used to test the hypotheses. The sample was consisted of 180 nursing students at the Hashemite University who agreed to participate in this study. Data were collected at two points of time: before and after taking a psychiatric/mental health course.

Results of the study showed: (1) no significant differences between students’ attitudes toward mental illness and their age, gender, SES, and place of residency, (2) that nursing students have positive attitudes towards mental illness in four of the five scales, (3) a difference in attitudes towards the mental illness between students who have previous contact with mental patients and those who did not, and (4) that students’ attitudes about mental illness were changed positively after taking the psychiatric/mental health course.
Psychometric Evaluation of the Perception of Risk of Heart Disease Survey (PRHDS)
Among Jordanian.

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Background: Heart disease prevention and treatment relies on the reduction and controlling of the risk factors. Assessment people’s perception of risk of heart disease to explain people engagement in healthy behavior requires a well developed and tested instrument.

Purpose: The goal of this study was to test the psychometric properties of a newly developed instrument entitled the Perception of Risk of Heart Disease Survey (PRHDS). Evidence to support the dimensionality, reliability, and validity of the new instrument was gathered.
**Method:** A cross-sectional, descriptive study with a convenience sample of 300 individuals was conducted in three large, governate (Amman, Irbid, and Zarqa) in Jordan.

**Result:** (In process). A group of 8 lay people will evaluate each item for face validity; a panel of 5 experts will evaluate each item and the total instrument for content validity. Statistics will be calculated on all items to examine central tendency and variation across response option. Exploratory principal component factor analysis using a varimax rotation will be used to evaluate the dimensionality and internal consistency of items. Cronbach’s alpha coefficient and test-retest reliability procedure will be used to assess the internal consistency reliability and stability of each factor and for the total instrument. Support of construct validity will be derived from testing the hypothesis that scores on the survey are directly correlated with peoples’ likelihood to engage in health behaviors.

**Conclusion:** Tools with adequate psychometric properties to measure risk perception of getting heart disease are essentials before further study can be done to explore people likelihood to engage and maintain healthy behaviors.
Title: Hand Hygiene Compliance and Nurse Patient Ratio in Jordan

Background: Appropriately implemented, hand hygiene can prevent nosocomial infections, but there is a lack of research on the effect of specific nurse patient ratios on hand hygiene compliance rates. Further, there have been few studies of infection control practices in Jordanian hospitals.

Methods: One hundred registered nurses from a private health care setting in Jordan who worked in intensive care units and medical surgical wards participated. Two methods, videotaping and self-report, were used to collect data on hand hygiene. Subjects also completed a questionnaire to assess hand hygiene behavior, attitudes, and beliefs.

Results: The overall hand hygiene compliance rate was 32%. Nurse/patient ratios affected hand hygiene before beginning patient care only. The lowest hand hygiene compliance rates were in ICUs when the nurse/patient ratio was less than 1:2. Females had higher compliance rates than males.

Conclusions: The observed low level of overall hand hygiene compliance, lower compliance rates in higher acuity settings, and gender-related differences in compliance are consistent with findings from previous studies of hand hygiene over the past two decades.

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A comprehensive review of the literature revealed lack of baseline information on the Arab American cancer screening behavior and an instrument to measure it. The aims of this study are to develop and test the psychometrics of a 48-item instrument (The Cancer Knowledge, Attitudes, & Beliefs Scale (C-KABS)), and to evaluate the utility of a middle-range theory (Cancer Screening Action Model (C-SAM)) in explaining cancer screening of Arab American Adults. Five experts reviewed the instrument and a content validity index was obtained. Participants (n = 174) were recruited at 2 community sites, and were asked to complete the instrument at three episodes (test, bilingual, and retest) to determine the validity and reliability of the Arabic & English versions of the instrument.

Total alpha of the final instrument, after deleting 8 items, was (0.71). Factor analysis revealed six 6 subscales of the C-KABS: perceived benefits, perceived barriers, cancer screening-related self-efficacy, cancer risk-related knowledge, cancer-related cultural beliefs, and cancer screening behaviors. Alpha for subscales ranged between (0.57) and (.76), number of items per subscale ranged between (3) and (12). English to Arabic versions reliability was (0.92), Test-retest reliability was (0.8), and structural equation modeling using AMOS 4.0 shows that the modified C-SAM has a good fit in the population. Fit indices for the structural model were: Chi Square/df = 2.4, NFI = .98, IFI = .99, CFI = .99, and RMSEA = .09. These results suggest the validity and reliability of both the instrument and the midrange theory for evaluating the Arab American Adults cancer screening practices.